

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE NORTH CAROLINA AGRICULTURAL FOUNDATION, INC. Doing business as		D Employer identification number ** - ***9304
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite NCSU BOX 7207		E Telephone number 919-513-7149
	City or town, state or province, country, and ZIP or foreign postal code RALEIGH, NC 27695-7207		G Gross receipts \$ 46,535,238.
	F Name and address of principal officer: ERIN DELEHANTY SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
	I 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		H(c) Group exemption number

J Website: **SEE SCHEDULE O**

K Form of organization: Corporation Trust Association Other **L** Year of formation: **1944** **M** State of legal domicile: **NC**

Part I Summary

1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O																																																											
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.																																																											
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a) 3 170																																																										
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 161																																																										
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 0																																																										
	6 Total number of volunteers (estimate if necessary) 6 190																																																										
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.																																																										
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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.

Sign Here	Signature of officer		Date
	ERIN DELEHANTY, ASSISTANT TREASURER Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	MARYELLEN PRANCE, CPA	MARYELLEN PRANCE, CP	11/08/21
	Firm's name	Firm's EIN	Check if self-employed <input checked="" type="checkbox"/> PTIN
	WILLIAMS OVERMAN PIERCE, LLP	** - ***1342	P01662078
	Firm's address	Phone no.	
	2501 ATRIUM DRIVE, SUITE 500 RALEIGH, NC 27607	919-782-3444	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

THE NORTH CAROLINA AGRICULTURAL FOUNDATION, INC.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO AID AND PROMOTE BY FINANCIAL ASSISTANCE AND OTHERWISE ALL TYPES OF EDUCATION, RESEARCH, AND OTHER EXTENSION WITHIN THE COLLEGE OF AGRICULTURE AND LIFE SCIENCES AT NC STATE UNIVERSITY.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 34,303,662. including grants of \$ 5,976,960.) (Revenue \$ 23,551,575.) AIDS AND PROMOTES BY FINANCIAL ASSISTANCE AND OTHERWISE ALL TYPES OF EDUCATION, RESEARCH, AND OTHER EXTENSION WITHIN THE COLLEGE OF AGRICULTURE AND LIFE SCIENCES AT NC STATE UNIVERSITY.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 34,303,662.

**THE NORTH CAROLINA AGRICULTURAL
FOUNDATION, INC.**

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> ?	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 Section 501(c)(3) organizations. 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 donor-restricted endowments or in 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</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
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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>	X	

THE NORTH CAROLINA AGRICULTURAL FOUNDATION, INC.

Part IV Checklist of Required Schedules (continued)

	Yes	No
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>		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>	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>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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>		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>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		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>		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>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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>		
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>		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>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

THE NORTH CAROLINA AGRICULTURAL FOUNDATION, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
2b			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
6b			
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7a			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	X	
7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d 0		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		N/A
7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		N/A
7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		N/A
8			
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		N/A
9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		N/A
9b			
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		N/A
10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
10b			
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		N/A
11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		N/A
12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		N/A
13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13b			
c	Enter the amount of reserves on hand		
13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14a			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		X
15			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X
16			

**THE NORTH CAROLINA AGRICULTURAL
FOUNDATION, INC.**

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 170 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
b	Enter the number of voting members included on line 1a, above, who are independent 1b 161		
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?		<input checked="" type="checkbox"/>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	<input checked="" type="checkbox"/>	
b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
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 on Schedule O		<input checked="" type="checkbox"/>

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
b	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?	<input checked="" type="checkbox"/>	
b	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	<input checked="" type="checkbox"/>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<input checked="" type="checkbox"/>	
13	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14	Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
b	Other officers or key employees of the organization	<input checked="" type="checkbox"/>	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
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?		<input checked="" type="checkbox"/>
b	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 ► NONE
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on 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 ►
ERIN DELEHANTY - 919-513-7149
NCSU BOX 7207, RALEIGH, NC 27695

THE NORTH CAROLINA AGRICULTURAL
FOUNDATION, INC.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) 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) MARY PELOQUIN-DODD TREASURER	1.00 40.00	X		X				0.	310,000.	44,857.
(2) SONIA MURPHY PRESIDENT	1.00 40.00	X		X				0.	196,730.	32,956.
(3) ERIN DELEHANTY ASST. TREASURER	1.00 40.00	X		X				0.	142,142.	35,787.
(4) KATHY KENNEL ASST. SECRETARY	1.00 40.00	X		X				0.	124,263.	23,166.
(5) DAVID ANDERSON DIRECTOR	1.00	X						0.	0.	0.
(6) KELLY ARCHAMBAULT DIRECTOR	1.00	X						0.	0.	0.
(7) ALAN AYERS DIRECTOR	1.00	X						0.	0.	0.
(8) V. MAC BALDWIN DIRECTOR	1.00	X						0.	0.	0.
(9) FRANKIE BEAMAN DIRECTOR	1.00	X						0.	0.	0.
(10) NATHAN BENNETT DIRECTOR	1.00	X						0.	0.	0.
(11) CHAD BENTON DIRECTOR	1.00	X						0.	0.	0.
(12) EUGENE BERRYHILL, JR. DIRECTOR	1.00	X						0.	0.	0.
(13) RAY BEST DIRECTOR	1.00	X						0.	0.	0.
(14) STAN BICONISH DIRECTOR	1.00	X						0.	0.	0.
(15) LUKE BLIZZARD DIRECTOR	1.00	X						0.	0.	0.
(16) MARY BOWLES DIRECTOR	1.00	X						0.	0.	0.
(17) GRAHAM BOYD DIRECTOR	1.00	X						0.	0.	0.

THE NORTH CAROLINA AGRICULTURAL FOUNDATION, INC.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SAM BRAKE, JR. DIRECTOR	1.00	X						0.	0.	0.
(19) TONY BURD DIRECTOR	1.00	X						0.	0.	0.
(20) ANDREW BURLESON DIRECTOR	1.00	X						0.	0.	0.
(21) TOMMY BURLESON DIRECTOR	1.00	X						0.	0.	0.
(22) FRED BURT DIRECTOR	1.00	X						0.	0.	0.
(23) COLTIN CARAWAY DIRECTOR	1.00	X						0.	0.	0.
(24) JEFF CHANDLER DIRECTOR	1.00	X						0.	0.	0.
(25) JOHN CLAPP DIRECTOR	1.00	X						0.	0.	0.
(26) ASHLEY COLLINS DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								0.	773,135.	136,766.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								0.	773,135.	136,766.

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, 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) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) KEITH COLLINS DIRECTOR	1.00	X						0.	0.	0.
(28) HENRY COOK DIRECTOR	1.00	X						0.	0.	0.
(29) LESLIE COOK DIRECTOR	1.00	X						0.	0.	0.
(30) RICK COOR DIRECTOR	1.00	X						0.	0.	0.
(31) DAVID CORRELL DIRECTOR	1.00	X						0.	0.	0.
(32) DAVID CORUM DIRECTOR	1.00	X						0.	0.	0.
(33) JAMIE CRAFT DIRECTOR	1.00	X						0.	0.	0.
(34) BOB CREWS DIRECTOR	1.00	X						0.	0.	0.
(35) ANDY CURLISS DIRECTOR	1.00	X						0.	0.	0.
(36) AMY DALRYMPLE DIRECTOR	1.00	X						0.	0.	0.
(37) JUSTIN DALTON DIRECTOR	1.00	X						0.	0.	0.
(38) PETER DANIEL DIRECTOR	1.00	X						0.	0.	0.
(39) JAY DARDEN, IV DIRECTOR	1.00	X						0.	0.	0.
(40) THOMAS DARK DIRECTOR	1.00	X						0.	0.	0.
(41) JEFF DARNELL DIRECTOR	1.00	X						0.	0.	0.
(42) DAVID DAVENPORT DIRECTOR	1.00	X						0.	0.	0.
(43) SAMUEL DAVIS DIRECTOR	1.00	X						0.	0.	0.
(44) CHAD DOCSH DIRECTOR	1.00	X						0.	0.	0.
(45) JOSEPH DUPREE, JR. DIRECTOR	1.00	X						0.	0.	0.
(46) KATIE EARL DIRECTOR	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) RONNIE ELLIOTT DIRECTOR	1.00	X					0.	0.	0.	
(48) ANDREW EURE, JR. DIRECTOR	1.00	X					0.	0.	0.	
(49) JASON FARMER DIRECTOR	1.00	X					0.	0.	0.	
(50) BETH FARRELL DIRECTOR	1.00	X					0.	0.	0.	
(51) ROBERT FLEMING, JR. DIRECTOR	1.00	X					0.	0.	0.	
(52) BOB FORD DIRECTOR	1.00	X					0.	0.	0.	
(53) JANE GARDNER DIRECTOR	1.00	X					0.	0.	0.	
(54) JIMMY GENTRY DIRECTOR	1.00	X					0.	0.	0.	
(55) MALCOLM GIBBS DIRECTOR	1.00	X					0.	0.	0.	
(56) BRENDA GILBERT DIRECTOR	1.00	X					0.	0.	0.	
(57) KARL GILLESPIE DIRECTOR	1.00	X					0.	0.	0.	
(58) NED GILLISPIE DIRECTOR	1.00	X					0.	0.	0.	
(59) CHARLES GLASS DIRECTOR	1.00	X					0.	0.	0.	
(60) ROB GLOVER DIRECTOR	1.00	X					0.	0.	0.	
(61) MICHELLE GRAINGER DIRECTOR	1.00	X					0.	0.	0.	
(62) ARCHIE GRIFFIN DIRECTOR	1.00	X					0.	0.	0.	
(63) MARGARET HAMM DIRECTOR	1.00	X					0.	0.	0.	
(64) JERRY HARDESTY DIRECTOR	1.00	X					0.	0.	0.	
(65) SHAWN HARDING DIRECTOR	1.00	X					0.	0.	0.	
(66) MICHAEL HARE DIRECTOR	1.00	X					0.	0.	0.	
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(67) BRAD HARGETT DIRECTOR	1.00	X					0.	0.	0.	
(68) NORMAN HARRELL DIRECTOR	1.00	X					0.	0.	0.	
(69) E.B. HARRIS DIRECTOR	1.00	X					0.	0.	0.	
(70) LINDA HARRIS DIRECTOR	1.00	X					0.	0.	0.	
(71) DAVID HARTMAN DIRECTOR	1.00	X					0.	0.	0.	
(72) RONALD HAWKINS DIRECTOR	1.00	X					0.	0.	0.	
(73) DAVID HEATH DIRECTOR	1.00	X					0.	0.	0.	
(74) ZANE HEDGECOCK DIRECTOR	1.00	X					0.	0.	0.	
(75) JOSEPH HIGHTOWER DIRECTOR	1.00	X					0.	0.	0.	
(76) KENDALL HILL DIRECTOR	1.00	X					0.	0.	0.	
(77) CLAY HINNANT DIRECTOR	1.00	X					0.	0.	0.	
(78) BONNIE HOLLOMAN DIRECTOR	1.00	X					0.	0.	0.	
(79) SARA HOUGH DIRECTOR	1.00	X					0.	0.	0.	
(80) QUINN HOWARD DIRECTOR	1.00	X					0.	0.	0.	
(81) JIM HUNT DIRECTOR	1.00	X					0.	0.	0.	
(82) EDDIE JENNINGS DIRECTOR	1.00	X					0.	0.	0.	
(83) DEBORAH JOHNSON DIRECTOR	1.00	X					0.	0.	0.	
(84) THOMAS JOYNER DIRECTOR	1.00	X					0.	0.	0.	
(85) CHARLES KING DIRECTOR	1.00	X					0.	0.	0.	
(86) WHITNEY KING DIRECTOR	1.00	X					0.	0.	0.	
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(87) JOHN KINNEER DIRECTOR	1.00	X					0.	0.	0.	
(88) WILLIAM KNOWLES DIRECTOR	1.00	X					0.	0.	0.	
(89) TIM KREGER DIRECTOR	1.00	X					0.	0.	0.	
(90) BUNDY LANE DIRECTOR	1.00	X					0.	0.	0.	
(91) TED LANKFORD DIRECTOR	1.00	X					0.	0.	0.	
(92) DAVID LEE DIRECTOR	1.00	X					0.	0.	0.	
(93) AYDEN LEE, JR. DIRECTOR	1.00	X					0.	0.	0.	
(94) BERNARD LENNON DIRECTOR	1.00	X					0.	0.	0.	
(95) ROY LINDSEY DIRECTOR	1.00	X					0.	0.	0.	
(96) GEORGIA LOVE DIRECTOR	1.00	X					0.	0.	0.	
(97) JEREMY MARTIN DIRECTOR	1.00	X					0.	0.	0.	
(98) LUKE MATHIS DIRECTOR	1.00	X					0.	0.	0.	
(99) SHERRY MCCOMAS DIRECTOR	1.00	X					0.	0.	0.	
(100) MARTIN MCLEOD DIRECTOR	1.00	X					0.	0.	0.	
(101) NORMAN MILLER, JR. DIRECTOR	1.00	X					0.	0.	0.	
(102) MATTHEW MINTMIER DIRECTOR	1.00	X					0.	0.	0.	
(103) SHANE MITCHELL DIRECTOR	1.00	X					0.	0.	0.	
(104) ANTOINE MOORE DIRECTOR	1.00	X					0.	0.	0.	
(105) ROBERT MYERS DIRECTOR	1.00	X					0.	0.	0.	
(106) EMILY NAIL DIRECTOR	1.00	X					0.	0.	0.	
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(107) GORDON NEVILLE DIRECTOR	1.00	X					0.	0.	0.	
(108) ROBIN NICHOLSON DIRECTOR	1.00	X					0.	0.	0.	
(109) STANLEY OLIVER DIRECTOR	1.00	X					0.	0.	0.	
(110) CHRISTIAN OVERTON DIRECTOR	1.00	X					0.	0.	0.	
(111) JACOB PARKER DIRECTOR	1.00	X					0.	0.	0.	
(112) DAVID PEELE DIRECTOR	1.00	X					0.	0.	0.	
(113) PARKER PHILIPS DIRECTOR	1.00	X					0.	0.	0.	
(114) FRED PITTILLO DIRECTOR	1.00	X					0.	0.	0.	
(115) DEREK POTTER DIRECTOR	1.00	X					0.	0.	0.	
(116) MARK POWELL DIRECTOR	1.00	X					0.	0.	0.	
(117) NELSON POWELL DIRECTOR	1.00	X					0.	0.	0.	
(118) LISA PRINCE DIRECTOR	1.00	X					0.	0.	0.	
(119) ROGER PRITCHARD DIRECTOR	1.00	X					0.	0.	0.	
(120) KRIS RADFORD DIRECTOR	1.00	X					0.	0.	0.	
(121) HENRY RAMSEUR DIRECTOR	1.00	X					0.	0.	0.	
(122) RICHARD RENEGAR DIRECTOR	1.00	X					0.	0.	0.	
(123) HEBER RESPASS DIRECTOR	1.00	X					0.	0.	0.	
(124) NICK RHODES DIRECTOR	1.00	X					0.	0.	0.	
(125) DAVID RIVES DIRECTOR	1.00	X					0.	0.	0.	
(126) HARVEY ROBERTS DIRECTOR	1.00	X					0.	0.	0.	
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(127) BLAIR ROBERTSON DIRECTOR	1.00	X					0.	0.	0.	
(128) SHARON ROGERS DIRECTOR	1.00	X					0.	0.	0.	
(129) SUSAN ROLLINS DIRECTOR	1.00	X					0.	0.	0.	
(130) JAY ROUSE DIRECTOR	1.00	X					0.	0.	0.	
(131) JOHN SEMMES DIRECTOR	1.00	X					0.	0.	0.	
(132) MICHAEL SHAW DIRECTOR	1.00	X					0.	0.	0.	
(133) THOMAS SHAW DIRECTOR	1.00	X					0.	0.	0.	
(134) MICHAEL SHIFLETT DIRECTOR	1.00	X					0.	0.	0.	
(135) GARY SIKES DIRECTOR	1.00	X					0.	0.	0.	
(136) GEORGE SIMPSON DIRECTOR	1.00	X					0.	0.	0.	
(137) CONNIE SMITH DIRECTOR	1.00	X					0.	0.	0.	
(138) JEFF SMITH DIRECTOR	1.00	X					0.	0.	0.	
(139) WALTER SMITH DIRECTOR	1.00	X					0.	0.	0.	
(140) STEVE SORRELLS DIRECTOR	1.00	X					0.	0.	0.	
(141) ROBERT SUTTER DIRECTOR	1.00	X					0.	0.	0.	
(142) PAUL TALLEY DIRECTOR	1.00	X					0.	0.	0.	
(143) ZACHARY TAYLOR DIRECTOR	1.00	X					0.	0.	0.	
(144) RONNIE TRANTHAM DIRECTOR	1.00	X					0.	0.	0.	
(145) TOM TRAYLOR DIRECTOR	1.00	X					0.	0.	0.	
(146) STEVE TROXLER DIRECTOR	1.00	X					0.	0.	0.	
Total to Part VII, Section A, line 1c										

**THE NORTH CAROLINA AGRICULTURAL
FOUNDATION, INC.**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(147) ERICA UPTON PETERSON DIRECTOR	1.00	X						0.	0.	0.
(148) KEATON VANDEMARK DIRECTOR	1.00	X						0.	0.	0.
(149) MILTON VAUGHAN DIRECTOR	1.00	X						0.	0.	0.
(150) C. VERNON, III DIRECTOR	1.00	X						0.	0.	0.
(151) CHARLOTTE VICK DIRECTOR	1.00	X						0.	0.	0.
(152) OWEN WAGNER DIRECTOR	1.00	X						0.	0.	0.
(153) WILBUR WARD DIRECTOR	1.00	X						0.	0.	0.
(154) BRIAN WARREN DIRECTOR	1.00	X						0.	0.	0.
(155) DAN WARREN DIRECTOR	1.00	X						0.	0.	0.
(156) WAYNE WATSON DIRECTOR	1.00	X						0.	0.	0.
(157) MARK WELONS DIRECTOR	1.00	X						0.	0.	0.
(158) GENE WEST DIRECTOR	1.00	X						0.	0.	0.
(159) BRITTANY WHITMIRE DIRECTOR	1.00	X						0.	0.	0.
(160) JEFF WILSON DIRECTOR	1.00	X						0.	0.	0.
(161) STEVE WILSON DIRECTOR	1.00	X						0.	0.	0.
(162) LARRY WOOTEN DIRECTOR	1.00	X						0.	0.	0.
(163) KENNETH WRIGHT DIRECTOR	1.00	X						0.	0.	0.
(164) BRANDON YOUNG DIRECTOR	1.00	X						0.	0.	0.
(165) PAULA WOODALL ASST. TREASURER	1.00	X		X				0.	0.	0.
(166) DEBBIE WORLEY ASST. SECRETARY	1.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c										

THE NORTH CAROLINA AGRICULTURAL FOUNDATION, INC.

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i>										
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(167) KELLY POWELL-MCIVER CHAIR	1.00	X		X				0.	0.	0.
(168) SCOTT PRESTAGE PAST CHAIRMAN	1.00	X		X				0.	0.	0.
(169) BRYAN BLINSON SECRETARY	1.00	X		X				0.	0.	0.
(170) JOHNNY BARNES VICE CHAIR	1.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c										

THE NORTH CAROLINA AGRICULTURAL FOUNDATION, INC.

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	38,510.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	690,958.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	15,998,073.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 3,509,613.			
	h Total. Add lines 1a-1f			16,727,541.			
Program Service Revenue	2 a PROGRAM REVENUES		Business Code				
			611710	23,551,575.	23,551,575.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f			23,551,575.				
Other Revenue	3			735,633.		735,633.	
	4						
	5			447,227.		447,227.	
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
				4,850,125.	149,373.		
	b	Less: cost or other basis and sales expenses		2,600,983.	60,782.		
	c	Gain or (loss)		2,249,142.	88,591.		
d Net gain or (loss)			2,337,733.		2,337,733.		
8 a		Gross income from fundraising events (not including \$ 38,510. of contributions reported on line 1c). See Part IV, line 18	8a	73,764.			
b		Less: direct expenses	8b	79,196.			
c		Net income or (loss) from fundraising events		-5,432.		-5,432.	
9 a		Gross income from gaming activities. See Part IV, line 19	9a				
b		Less: direct expenses	9b				
c		Net income or (loss) from gaming activities					
10 a		Gross sales of inventory, less returns and allowances	10a				
b		Less: cost of goods sold	10b				
c		Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a		Business Code				
	b						
	c						
	d		All other revenue				
	e		Total. Add lines 11a-11d				
12 Total revenue. See instructions			43,794,277.	23,551,575.	0.	3,515,161.	

**THE NORTH CAROLINA AGRICULTURAL
FOUNDATION, INC.**

Form 990 (2020)

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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) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	5,976,960.	5,976,960.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	367,929.			367,929.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal	16,771.			16,771.
c Accounting	102,600.		102,600.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	522,250.		522,250.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	28,618.	19,071.		9,547.
13 Office expenses	112,252.	75,247.		37,005.
14 Information technology				
15 Royalties				
16 Occupancy	73,414.	72,942.		472.
17 Travel	139,342.	127,449.		11,893.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	55,926.	52,791.		3,135.
20 Interest	284,174.	284,174.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	14,582.	14,582.		
23 Insurance	38,022.	15,542.		22,480.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CAPITAL TRANSFERS	24,418,312.	24,418,312.		
b EDUCATION EQUIPMENT	1,023,213.	1,017,489.		5,724.
c MISC. SERVICES AND FEES	802,778.	799,419.		3,359.
d SUPPLIES	600,519.	596,901.		3,618.
e All other expenses <u>SEE SCH O</u>	894,676.	832,783.		61,893.
25 Total functional expenses. Add lines 1 through 24e	35,472,338.	34,303,662.	624,850.	543,826.
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 if following SOP 98-2 (ASC 958-720)

THE NORTH CAROLINA AGRICULTURAL
FOUNDATION, INC.

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	42,003,323.	2	50,443,158.
	3 Pledges and grants receivable, net	5,579,389.	3	4,769,460.
	4 Accounts receivable, net	3,678,084.	4	3,892,055.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 32,220,925.		
	b Less: accumulated depreciation	10b 172,560.	32,123,729.	10c 32,048,365.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	103,094,202.	12	142,540,682.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	18,243.	15	33,044.
16 Total assets. Add lines 1 through 15 (must equal line 33)	186,496,970.	16	233,726,764.	
Liabilities	17 Accounts payable and accrued expenses	3,674,956.	17	3,806,000.
	18 Grants payable		18	
	19 Deferred revenue	10,254.	19	183,524.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	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	4,261,082.	25	5,746,539.
	26 Total liabilities. Add lines 17 through 25	7,946,292.	26	9,736,063.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	4,034,685.	27	217,977,906.
	28 Net assets with donor restrictions	174,515,993.	28	6,012,795.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	178,550,678.	32	223,990,701.
	33 Total liabilities and net assets/fund balances	186,496,970.	33	233,726,764.

**THE NORTH CAROLINA AGRICULTURAL
FOUNDATION, INC.**

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	43,794,277.
2 Total expenses (must equal Part IX, column (A), line 25)	2	35,472,338.
3 Revenue less expenses. Subtract line 2 from line 1	3	8,321,939.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	178,550,678.
5 Net unrealized gains (losses) on investments	5	38,332,292.
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain on Schedule O)	9	-1,214,208.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	223,990,701.

Part XII Financial Statements and Reporting

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

		Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?	2a		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b Were the organization's financial statements audited by an independent accountant?	2b	X	
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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?	2c	X	
If the organization changed either its oversight process or selection process during the tax year, explain on 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?	3a	X	
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 on Schedule O and describe any steps taken to undergo such audits	3b	X	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization THE NORTH CAROLINA AGRICULTURAL FOUNDATION, INC. Employer identification number ** - *** 9304

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 [X] 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).

Table with 6 columns: (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? (Yes/No), (v) Amount of monetary support (see instructions), (vi) Amount of other support (see instructions). Includes a Total row at the bottom.

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

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	16515217.	14911116.	13730228.	14314924.	16727541.	76199026.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	16515217.	14911116.	13730228.	14314924.	16727541.	76199026.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						795,428.
6 Public support. Subtract line 5 from line 4.						75403598.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	16515217.	14911116.	13730228.	14314924.	16727541.	76199026.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1065814.	1235545.	1530003.	1550507.	1182860.	6564729.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						82763755.
12 Gross receipts from related activities, etc. (see instructions)					12	41,564,535.
13 First 5 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	91.11 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	88.94 %
16a 33 1/3% support test - 2020. 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		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. 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		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 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		<input type="checkbox"/>
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		<input type="checkbox"/>

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

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 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

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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 lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in line 11a above?		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "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 officers, 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>		
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>		

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>		

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?		
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>		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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>		
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
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>		

**THE NORTH CAROLINA AGRICULTURAL
FOUNDATION, INC.**

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 Adjusted Net Income (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 Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2 Acquisition indebtedness applicable to non-exempt-use assets	2	
3 Subtract line 2 from line 1d.	3	
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by 0.035.	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount	(A) Prior Year	(B) Current Year (optional)
1 Adjusted net income for prior year (from Section A, line 8, column A)	1	Current Year
2 Enter 0.85 of line 1.	2	
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4 Enter greater of line 2 or line 3.	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7 <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).		

**THE NORTH CAROLINA AGRICULTURAL
FOUNDATION, INC.**

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	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9 Distributable amount for 2020 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

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.)

Horizontal lines for supplemental information input.

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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

**THE NORTH CAROLINA AGRICULTURAL
FOUNDATION, INC.**

Employer identification number

**** - *** 9304**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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 NORTH CAROLINA AGRICULTURAL FOUNDATION, INC.	Employer identification number ** - ***9304
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>1,106,219.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ <u>374,167.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ <u>401,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ <u>429,077.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ <u>447,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ <u>780,711.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE NORTH CAROLINA AGRICULTURAL FOUNDATION, INC.	Employer identification number ** - ***9304
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 403,885.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 2,046,856.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 689,940.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE NORTH CAROLINA AGRICULTURAL FOUNDATION, INC.	Employer identification number ** - ***9304
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	SECURITIES _____ _____ _____	\$ <u>1,106,219.</u>	<u>11/17/20</u>
6	GIFT IN KIND _____ _____ _____	\$ <u>780,711.</u>	<u>06/30/21</u>
7	SECURITIES _____ _____ _____	\$ <u>403,885.</u>	<u>05/05/21</u>
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization THE NORTH CAROLINA AGRICULTURAL FOUNDATION, INC.	Employer identification number ** - *** 9304
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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 info. once.) ▶ \$ _____
 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)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization THE NORTH CAROLINA AGRICULTURAL FOUNDATION, INC. **Employer identification number** ** - *** 9304

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):

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

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	4
b Total acreage restricted by conservation easements	428.00
c Number of conservation easements on a certified historic structure included in (a)	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	

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 ▶ 1

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 ▶ 40

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 FASB 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 FASB 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 on 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

**THE NORTH CAROLINA AGRICULTURAL
FOUNDATION, INC.**

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 make significant use of its collection items (check all that apply):
- a** Public exhibition **d** Loan or exchange program
b Scholarly research **e** Other _____
c Preservation for future generations
- 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? Yes No

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? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- 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.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	125,746,337.	124,971,007.	120,164,624.	110,520,069.	102,551,811.
b Contributions	2,546,598.	2,315,894.	2,029,266.	2,928,188.	2,411,894.
c Net investment earnings, gains, and losses	39,842,631.	1,853,527.	6,024,538.	9,411,212.	7,724,059.
d Grants or scholarships					
e Other expenditures for facilities and programs	4,790,035.	3,394,091.	3,247,421.	2,694,845.	2,167,695.
f Administrative expenses					
g End of year balance	163,345,531.	125,746,337.	124,971,007.	120,164,624.	110,520,069.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 1.9009 %
- b** Permanent endowment ▶ 56.8321 %
- c** Term endowment ▶ 41.2669 %
- 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:
- | | | |
|------------------------------------|--------------------------|-------------------------------------|
| | Yes | No |
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- 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.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		32,007,496.		32,007,496.
b Buildings				
c Leasehold improvements				
d Equipment		213,429.	172,560.	40,869.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 32,048,365.

**THE NORTH CAROLINA AGRICULTURAL
FOUNDATION, INC.**

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 (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) NC STATE INVESTMENT FUND	131,854,696.	END-OF-YEAR MARKET VALUE
(B) LIFE INCOME FUNDS	10,564,261.	END-OF-YEAR MARKET VALUE
(C) STIF	121,725.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	142,540,682.	

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: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (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)	
(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) LIFE INCOME FUNDS PAYABLE	5,678,005.
(3) DUE TO OTHERS	68,534.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	5,746,539.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

THE NORTH CAROLINA AGRICULTURAL
FOUNDATION, INC.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	81,962,939.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	38,332,292.	
b	Donated services and use of facilities	2b	1,495,000.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-1,136,380.	
e	Add lines 2a through 2d	2e	38,690,912.	
3	Subtract line 2e from line 1	3	43,272,027.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	522,250.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	522,250.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	43,794,277.	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	36,524,284.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	1,495,000.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	79,196.	
e	Add lines 2a through 2d	2e	1,574,196.	
3	Subtract line 2e from line 1	3	34,950,088.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	522,250.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	522,250.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	35,472,338.	

Part XIII Supplemental Information.

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

PART II, LINE 9:

DONATED EASEMENTS ARE STATED AT FAIR VALUE AS OF THE DATE OF DONATION.

THE ORGANIZATION HOLDS CONSERVATION EASEMENTS FOR WHICH IT MAY HAVE FUTURE

COMMITMENTS FOR AN UNDETERMINABLE AMOUNT. THE PURPOSE OF THESE

CONSERVATION EASEMENTS IS TO MAINTAIN WETLAND AND/OR RIPARIAN RESOURCES

AND OTHER NATURAL VALUES AND PREVENT THE USE OR DEVELOPMENT FOR ANY

PURPOSE OR IN ANY MANNER THAT WOULD CONFLICT WITH THE MAINTENANCE OF THE

PROPERTIES IN THEIR NATURAL CONDITIONS.

PART V, LINE 4:

THE FOUNDATION'S ENDOWMENT CONSISTS OF 750 INDIVIDUAL FUNDS ESTABLISHED

FOR A VARIETY OF PURPOSES RELATED TO THE FOUNDATION'S MISSION OF THE

Part XIII Supplemental Information (continued)

UNIVERSITY.

PART X, LINE 2:

MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE FOUNDATION, AND HAS CONCLUDED THAT AS OF JUNE 30, 2021, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE ACCOMPANYING FINANCIAL STATEMENTS. THE FOUNDATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. MANAGEMENT BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO TAX YEAR 2017.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPLIT INTEREST CHANGE	-1,215,576.
FUNDRAISING EXPENSES NETTED WITH REVENUE	79,196.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-1,136,380.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES NETTED WITH REVENUE	79,196.
--	---------

**THE NORTH CAROLINA AGRICULTURAL
FOUNDATION, INC.**

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 (add col. (a) through col. (c))
		DAIRY YOUTH GOLF (TOP GO (event type)	DAIRY YOUTH GOLF TOURNAM (event type)	3 (total number)	
Revenue	1 Gross receipts	16,663.	9,211.	86,400.	112,274.
	2 Less: Contributions	60.	2,360.	36,090.	38,510.
	3 Gross income (line 1 minus line 2)	16,603.	6,851.	50,310.	73,764.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages		123.	3,024.	3,147.
	8 Entertainment	1,165.	2,546.		3,711.
	9 Other direct expenses		268.	72,070.	72,338.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				79,196.
11 Net income summary. Subtract line 10 from line 3, column (d)				-5,432.	

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))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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: _____

THE NORTH CAROLINA AGRICULTURAL FOUNDATION, INC.

- 11 Does the organization conduct gaming activities with nonmembers?
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?
13 Indicate the percentage of gaming activity conducted in:
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Yes No
Yes No
13a %
13b %

Name
Address

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?
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?
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 explanations 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.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization **THE NORTH CAROLINA AGRICULTURAL
FOUNDATION, INC.**

**Employer identification number
-*9304**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
NORTH CAROLINA STATE UNIVERSITY NCSU BOX 7205 RALEIGH, NC 27695	**_*****	170(C)(1)	5,976,960.	0.	BOOK	N/A	SCHOLARSHIPS, FACULTY SUPPORT, DEPARTMENTAL SUPPORT AND FACILITY SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **1.**
- 3** Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) 2020

THE NORTH CAROLINA AGRICULTURAL
FOUNDATION, INC.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

GRANTS REPRESENT REIMBURSEMENT OF EXPENSES PROCESSED THROUGH THE
UNIVERSITY'S ACCOUNTING SYSTEMS, AND ARE SUBJECT TO UNIVERSITY AND STATE OF
NORTH CAROLINA GUIDELINES, IN ADDITION TO ANY RESTRICTIONS PLACED DIRECTLY
BY DONORS.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2020

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization **THE NORTH CAROLINA AGRICULTURAL FOUNDATION, INC.**

Employer identification number
****-***9304**

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2020

THE NORTH CAROLINA AGRICULTURAL
FOUNDATION, INC.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MARY PELOQUIN-DODD TREASURER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	310,000.	0.	0.	38,479.	6,378.	354,857.	0.
(2) SONIA MURPHY PRESIDENT	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	196,730.	0.	0.	26,578.	6,378.	229,686.	0.
(3) ERIN DELEHANTY ASST. TREASURER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	142,142.	0.	0.	29,409.	6,378.	177,929.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE J, PART II - COMPENSATION FROM RELATED ORGANIZATIONS

THE BOARD MEMBERS THAT ARE COMPENSATED RECEIVE COMPENSATION FROM NC
STATE UNIVERSITY, A 170(C)(1) ORGANIZATION RELATED TO THE NORTH
CAROLINA AGRICULTURAL FOUNDATION, INC.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **THE NORTH CAROLINA AGRICULTURAL FOUNDATION, INC.** Employer identification number ****-***9304**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	20	2,404,519.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential	X	2	303,047.	FMV
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (MACHINERY)	X	1	780,711.	FMV
26 Other ▶ (PROM.NOTE-1/2)	X	1	21,336.	FMV
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 1

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

THE NORTH CAROLINA AGRICULTURAL
FOUNDATION, INC.

Employer identification number

** - ***9304

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TO AID AND PROMOTE BY FINANCIAL ASSISTANCE AND OTHERWISE ALL TYPES OF
EDUCATION, RESEARCH, AND OTHER EXTENSION WITHIN THE COLLEGE OF
AGRICULTURE AND LIFE SCIENCES AT NC STATE UNIVERSITY.

FORM 990, PART VI, SECTION A, LINE 1:

THE EXECUTIVE COMMITTEE CONSISTS OF THE CHAIRMAN AND THE IMMEDIATE PAST
CHAIRMAN OF THE FOUNDATION, PRESIDENT OF THE NORTH CAROLINA FARM BUREAU
FEDERATION OR THE FEDERATION'S REPRESENTATIVE, AND SIXTEEN MEMBERS OF THE
BOARD OF DIRECTORS (FOUR MEMBERS ELECTED TO FOUR YEAR TERMS EACH YEAR). THE
PAST CHAIRMAN OF THE FOUNDATION SHALL BE NON-VOTING MEMBER OF THE EXECUTIVE
COMMITTEE AND SERVE IN AN ADVISORY CAPACITY ONLY, UNLESS THE PAST CHAIRMAN
IS ALSO A MEMBER OF THE BOARD IN WHICH CASE THAT INDIVIDUAL WILL BE A
VOTING MEMBER OF THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE SHALL
EXERCISE ALL OF THE POWERS OF THE FOUNDATION IN THE INTERIM BETWEEN
MEETINGS OF THE BOARD, INCLUDING ALL OF THE POWERS THAT HAVE BEEN CONFERRED
UPON IT OR UPON THE BOARD, EXCEPT THAT THE EXECUTIVE COMMITTEE SHALL HAVE
NO POWER OR AUTHORITY TO (A) AUTHORIZE DISTRIBUTIONS; (B) APPROVE
DISSOLUTION, MERGER OR SALE, PLEDGE OR TRANSFER OF ALL OR SUBSTANTIALLY ALL
OF THE FOUNDATION'S ASSETS; (C) ELECT, APPOINT OR REMOVE DIRECTORS, FILL
VACANCIES ON THE BOARD OR ANY OF ITS COMMITTEES; OR (D) ADOPT, AMEND OR
REPEAL THE ARTICLES OF INCORPORATION OR BYLAWS.

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

DRAFT 990 IS DISTRIBUTED TO BOARD MEMBERS FOR THEIR REVIEW PRIOR TO FILING.

Name of the organization THE NORTH CAROLINA AGRICULTURAL
FOUNDATION, INC.

Employer identification number
-*9304

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

NC AGRICULTURAL FOUNDATION WILL ESTABLISH AND MAINTAIN CONFLICT OF INTEREST AND ETHICS POLICIES PERTAINING TO ITS RELATIONSHIP WITH NC STATE, MEMBERS OF THE GOVERNING BOARD OF NC AGRICULTURAL FOUNDATION, AND PERSONS DOING BUSINESS WITH NC AGRICULTURAL FOUNDATION AND ESTABLISHING REQUIRED ETHICAL STANDARDS FOR THE MEMBERS OF THE GOVERNING BOARD OF THE NC AGRICULTURAL FOUNDATION. SUCH POLICIES SHALL PROVIDE THAT (A) ALL TRANSACTIONS (OTHER THAN EXPENSE REIMBURSEMENTS) BETWEEN NC AGRICULTURAL FOUNDATION AND AN OFFICER, DIRECTOR, OR EMPLOYEE OF NC AGRICULTURAL FOUNDATION MUST BE APPROVED BY THE BOARD OF NC AGRICULTURAL FOUNDATION; (B) NO OFFICER, DIRECTOR OR EMPLOYEE OF NC AGRICULTURAL FOUNDATION HAVING A PRIVATE BUSINESS INTEREST IN A NC AGRICULTURAL FOUNDATION BUSINESS TRANSACTION MAY BE INVOLVED IN THE DECISION WITH RESPECT TO WHETHER NC AGRICULTURAL FOUNDATION SHOULD ENTER INTO SUCH TRANSACTION; (C) NO NC AGRICULTURAL FOUNDATION SCHOLARSHIP OR FELLOWSHIP AWARD MAY BE MADE TO AN OFFICER, DIRECTOR, OR EMPLOYEE OF NC AGRICULTURAL FOUNDATION OR TO A FAMILY MEMBER OF SUCH PERSON UNLESS THE RECIPIENT OF THE AWARD IS DETERMINED BY AN INDEPENDENT AWARDS COMMITTEE.

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

THE BOARD OF DIRECTORS AND OFFICERS OF THE NORTH CAROLINA AGRICULTURAL FOUNDATION THAT DO RECEIVE COMPENSATION ARE COMPENSATED BY NC STATE UNIVERSITY, A 170(C)(1) ORGANIZATION RELATED TO THE NORTH CAROLINA AGRICULTURAL FOUNDATION. NC STATE UNIVERSITY SETS THE COMPENSATION OF THESE EMPLOYEES BY ACQUIRING COMPARABILITY DATA WHICH IS REVIEWED AND APPROVED BY INDEPENDENT PERSONS WITH CONTEMPORANEOUS SUBSTANTIATION OF THE DECISION.

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

Name of the organization	THE NORTH CAROLINA AGRICULTURAL FOUNDATION, INC.	Employer identification number	** - ***9304
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THE 990 IS LISTED ON THE WEBSITE. FORM 1023 (WHICH WAS FILED PRIOR TO JULY 15, 1987) IS NOT PUBLICLY AVAILABLE.

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

THE AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE WEBSITE:

[HTTP://FOUNDATIONSACCOUNTING.OFA.NCSU.EDU/FOUNDATIONS/NORTH-CAROLINA-AGRICULTURAL-FOUNDATION-INC/](http://FOUNDATIONSACCOUNTING.OFA.NCSU.EDU/FOUNDATIONS/NORTH-CAROLINA-AGRICULTURAL-FOUNDATION-INC/). OTHER GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:

EQUIP RENTAL & MAINTENANCE:

PROGRAM SERVICE EXPENSES	456,310.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	5,912.
TOTAL EXPENSES	462,222.

CONTRACTED SERVICES:

PROGRAM SERVICE EXPENSES	183,952.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	18,918.
TOTAL EXPENSES	202,870.

PRINTING & BINDING:

PROGRAM SERVICE EXPENSES	119,524.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	23,126.
TOTAL EXPENSES	142,650.

Name of the organization THE NORTH CAROLINA AGRICULTURAL FOUNDATION, INC.	Employer identification number **-***9304
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DUES & SUBSCRIPTIONS:

PROGRAM SERVICE EXPENSES	72,997.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	13,937.
TOTAL EXPENSES	86,934.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A	894,676.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

TRANSFER TO OTHER UNIVERSITY AFFILIATES	1,368.
SPLIT INTEREST CHANGE	-1,215,576.
TOTAL TO FORM 990, PART XI, LINE 9	-1,214,208.

PAGE 1, ITEM J- WEBSITE

[HTTP://FOUNDATIONSACCOUNTING.OFA.NCSU.EDU/FOUNDATIONS/
NORTH-CAROLINA-AGRICULTURAL-FOUNDATION-INC](http://foundationsaccounting.ofa.ncsu.edu/foundations/north-carolina-agricultural-foundation-inc)

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **THE NORTH CAROLINA AGRICULTURAL FOUNDATION, INC.** Employer identification number ****-***9304**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
NORTH CAROLINA STATE UNIVERSITY FOUNDATION INC - 56-6049503, NCSU BOX 7207, RALEIGH, NC 27695	SUPPORTS THE VARIOUS COLLEGES WITHIN THE UNIVERSITY	NORTH CAROLINA	501(C)(3)	170(B)(1)(A)(IV)	N/A		X
NC STATE INVESTMENT FUND, INC - 31-1607634 NCSU BOX 7207 RALEIGH, NC 27695	INVEST FUNDS OF NC STATE UNIVERSITY ENDOWMENT AND RELATED FOUNDATIONS	NORTH CAROLINA	501(C)(3)	509(A)(3)	N/A		X
NORTH CAROLINA STATE UNIVERSITY - 56-6000756 NCSU BOX 7205 RALEIGH, NC 27695	EDUCATION	NORTH CAROLINA	170(C)(1)		N/A		X
NORTH CAROLINA VETERINARY MEDICAL FOUNDATION - 58-1344473, NCSU BOX 7207, RALEIGH, NC 27695	PROVIDES FINANCIAL SUPPORT IN THE FIELD OF VETERINARY MEDICINE AT NCSU	NORTH CAROLINA	501(C)(3)	170(B)(1)(A)(IV)	N/A		X

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

Schedule R (Form 990) 2020

THE NORTH CAROLINA AGRICULTURAL
FOUNDATION, INC.

Schedule R (Form 990)

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Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
NC STATE UNIVERSITY ALUMNI ASSOCIATION - 56-6035544, NCSU BOX 7207, RALEIGH, NC 27695	PROMOTES ALUMNI AFFAIRS & AWARENESS OF NCSU IN THE COMMUNITY	NORTH CAROLINA	501(C)(3)	170(B)(1)(A)(IV)	N/A		X
NC STATE UNIVERSITY COLLEGE OF SCIENCES FOUNDATION, INC - 58-1524289, NCSU BOX 7207, RALEIGH, NC 27695	SUPPORTS THE COLLEGE OF SCIENCES AT NCSU	NORTH CAROLINA	501(C)(3)	170(B)(1)(A)(IV)	N/A		X
NORTH CAROLINA TOBACCO FOUNDATION - 59-1715828, NCSU BOX 7207, RALEIGH, NC 27695	SUPPORTS THE TOBACCO CURRICULUM AT NCSU	NORTH CAROLINA	501(C)(3)	170(B)(1)(A)(IV)	N/A		X
NC STATE ENGINEERING FOUNDATION - 56-6046987 NCSU BOX 7207 RALEIGH, NC 27695	SUPPORTS THE COLLEGE OF ENGINEERING AT NCSU	NORTH CAROLINA	501(C)(3)	170(B)(1)(A)(IV)	N/A		X
NC STATE NATURAL RESOURCES FOUNDATION - 56-0653350, NCSU BOX 7207, RALEIGH, NC 27695	SUPPORT ORGANIZATION OF NC STATE UNIVERSITY	NORTH CAROLINA	501(C)(3)	170(B)(1)(A)(IV)	N/A		X
NC STATE UNIVERSITY PARTNERSHIP CORPORATION - 56-1444287, NCSU BOX 7207, RALEIGH, NC 27695	SUPPORT ORGANIZATION OF NC STATE UNIVERSITY	NORTH CAROLINA	501(C)(3)	509(A)(3)	N/A		X
NC STATE UNIVERSITY STUDENT AID ASSOCIATION - 56-0650623, PO BOX 37100, RALEIGH, NC 27627	SUPPORTS ATHLETIC PROGRAM AT NCSU	NORTH CAROLINA	501(C)(3)	170(B)(1)(A)(IV)	N/A		X
NORTH CAROLINA TEXTILE FOUNDATION - 56-6045324, NCSU BOX 8301, RALEIGH, NC 27695	AIDS EDUCATION & RESEARCH IN THE COLLEGE OF TEXTILES OF NCSU	NORTH CAROLINA	501(C)(3)	170(B)(1)(A)(IV)	N/A		X

**THE NORTH CAROLINA AGRICULTURAL
FOUNDATION, INC.**

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
CHARITABLE REMAINDER TRUSTS (16)	ASSET INVESTMENT	NC	N/A	TRUST					X

**THE NORTH CAROLINA AGRICULTURAL
FOUNDATION, INC.**

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)	X	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

**THE NORTH CAROLINA AGRICULTURAL
FOUNDATION, INC.**

Schedule R (Form 990) 2020

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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) <small>Are all partners sec. 501(c)(3) orgs.?</small>		(f) Share of total income	(g) Share of end-of-year assets	(h) <small>Dispropor- tionate allocations?</small>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) <small>General or managing partner?</small>		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for supplemental information input.