Return of Organization Exempt From Income Tax

	Onder section 501(c), 527, or 4947(a)(1) or the internal Revenue Code (except)
Department of the Treasury	Do not enter social security numbers on this form as it may be ma
Internal Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest info

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

2017

<u>A</u>	ror, th	e 2017 calendar year, or tax year beginning 07/01/17, and ending 06/30/	10		
В	Check if a	oplicable C Name of organization CARTERET COUNTY ECONOMIC		D Employer i	dentification number
_	Address o	hange DEVELOPMENT FOUNDATION, INC			
=		Doing business as		20-59	20155
	Name cha	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone	
	Initial retu	OCAT ADDRESS CONTROL	1.00.1100.110		22-6121
=	Final retur				
	terminated				204 525
_	Amended	MOREHEAD CITY NC 28557		G Gross receip	ots\$ 204,737
=		P Name and address of principal officer	H(a) Is this a gro	ratura far aub	ordinates? Yes X No
	Applicatio	n pending JESSE VINSON	n(a) is this a give	up return for Sub	ordinates, ies No
		163 CAMP MOREHEAD DRIVE	H(b) Are all sub	ordinates includ	ed? Yes No
		MOREHEAD CITY NC 28557	If "No,"	attach a list (s	ee instructions)
_			5		
<u> </u>		npt status X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527	4		
1	Website		H(c) Group exe		
×	Form of c	rganization X Corporation Trust Association Other ▶ L	ear of formation 2	005	A State of legal domicile NC
5 F	Part I	Summary			
_		Briefly describe the organization's mission or most significant activities			
)	' '	THE ORGANIZATION'S MISSION IS TO PROVIDE SUPPORT FOR C	מסקדם מים	י עידעוור	
> ဋ					
夏		ECONOMIC AND COMMUNITY DEVELOPMENT THROUGH CHARITABLE	AND EDUCA	LIONAL	
Governance		EFFORTS.			
ģ	2 (Check this box ▶ if the organization discontinued its operations or disposed of more than 25	5% of its net ass	ets	
ع ز	3 1	Number of voting members of the governing body (Part VI, line 1a)		3	4
ري آ		Number of independent voting members of the governing body (Part VI, line 1b)		4	4
Activities					0
≨ ₹		Fotal number of individuals employed in calendar year 2017 (Part V, line 2a)		5	
Š	6	Total number of volunteers (estimate if necessary)		- 6	4
Ś	7a	Total unrelated business revenue from Part VIII, column (C), line 12	- :: CD	\7a	0
	bi	Net unrelated business taxable income from Form 990-T, line 34	シニハドド	7 (p / p	<u> </u>
		RE	Prior Yea سسٽر سن تي	' /လ /	Current Year
a	8 (Contributions and grants (Part VIII, line 1h)	2110	<u> </u>	204,737
Revenue	9 1	Program service revenue (Part VIII, line 2g)	7 3 4 2018	1 <u>E</u> 1	0
Š	10 1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	• •	- N	0
æ	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11	11	0
		Fotal revenue and lines 8 through 11 (must equal Bort VIII, column (A), line 12)	DEN	.4	204,737
_			(AD-	+	204,737
		Grants and similar amounts paid (Part IX, column (A), lines 1–3)			
	14 1	Benefits paid to or for members (Part IX, column (A), line 4)			0
S	15 3	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			0
Expenses	16a1	Professional fundraising fees (Part IX, column (A), line 11e)			0
g	b	Fotal fundraising expenses (Part IX, column (D), line 25) ▶ 0			
ũ	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			366
		Fotal expenses Add lines 13–17 (must equal Part IX, column (A), line 25)			366
				- t	204,371
_ 9	2 19 1	Revenue less expenses Subtract line 18 from line 12	Beginning of Cur	rent Vear	End of Year
tso	<u> </u>	Fatal assats (Part V. Iras 16)		3,831	208,202
SSe	20	Fotal assets (Part X, line 16)	<u>-</u>		200,202
Net Assets or	21	Total liabilities (Part X, line 26)		0	000000
		Net assets or fund balances Subtract line 21 from line 20		3,831	208,202
<u>_</u> F	<u>Part II</u>	Signature Block	_		
U	Inder pe	nalties of perjury, I declare that I have examined this return, including accompanying schedules and statement	ents, and to the be	est of my know	wledge and belief, it is
tr	ue, corre	ect, and complete Declaration of preparer (other than officer) is based on all information of which preparer h	nas any knowledg	е	
	-	1 m			
Sig	nn	Signature of officer		Date	1 ,
He	_	JESSE VINSON CHAIR		10	123/18
116		Type or print name and title		•	7/10
_					
		Print/Type preparer's name	Date	Check	If PTIN
Pai		Bradford H. Piner	1019	self-emple	oyed P00344207
Pre	parer	Firm's name > Bradford H. Piner, CPA, P.A.	F	rm's EIN ▶	27-1572893
Use	e Only	P.O. Box 750			
		Firm's address Beaufort, NC 28516		hone no	252-728-4832
Mar	v the ID	S discuss this return with the preparer shown above? (see instructions)		hone no	X Yes No
_		rork Reduction Act Notice, see the separate instructions.			Form 990 (2017)
DAA		Tork neededion act notice, see the separate instructions.		MZ) Form 990 (2017)

		RTERET COU					20-5	920155			Page 2
Par		ment of Program of if Schedule O				v line ir	thie P	art III			
TI E	Briefly describe the ORGANI	ne organization's mis ZATION'S M	ssion: MISSION	IS T	O PROVID	E SUI	PPORT	FOR CARI			
ı	prior Form 990 or If "Yes," describe	these new services	on Schedule ()					-	Yes	X No
	services?	on cease conducting these changes on S		nificant ch	anges in how it o	conducts,	, any pro	gram		Yes	X No
	expenses Section	anization's program s n 501(c)(3) and 501 s, and revenue, if ar	(c)(4) organiza	tions are i	equired to report						
T	(Code D PROVIDE EVELOPMEN)(Expenses \$ CARTERET	COUNTY		ncluding grants o		ITS		evenue AND)
				,							
4b	(Code) (Expenses \$		ı	ncluding grants o	of \$) (R	evenue	\$)
									,		
										,	
	(Codo) (Expenses \$		· 	ncluding grants o) (R	evenue	•	
40	(Code) (Expenses \$			ncluding grants c	лφ		<i>)</i> (n	evenue	y	,
	Other program se (Expenses \$	ervices (Describe in		grants of) (F	Revenue \$)	
	Total program se	rvice expenses >		3	66		<u></u>				990 (2017)
DAA										Form 3	ラフリ (2017)



Part IV . Checklist of Required Schedules

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

	Yes	No
1	X	
2	X	
		v
3		<u>X</u>
		v
4		<u>x</u> _
5		х
-3		-22
	,	
6		x
Ť		
7		х
8		х
9		х
10		Х
11a		X
11b		X
11c		X
11d		X
11e		X
11f		X
12a		_X_
		v
12b		X
13		
14a		<u>X</u>
446		х
14b		
15		х
13		- 11
16		х
0		
17		x
18		x
19		х
	m 99 0	(2017)
		•

Form 990 (2017) CARTERET COUNTY ECONOMIC Part IV Checklist of Required Schedules (continued)

20a Duthe organization operate one or more hispatal facilities? If "Pes", complete Schedule H 11" "Set 10 in De 20, and the organization attache and by office sustained frame assistance to the organization or domests government on Part IX, column (A), line 19 if "Pes", complete Schedule i, Parts I and III 21				Yes	No
b II "vest to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of paints or other assistation to any diometer organization or diometer, government on Part IX, column (A), line 17 if "Ves," complete Schedule I, Parts 1 and II 21	20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
21 Dut the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (N, line 2° II' "Ves." complete Schedule I. Parts I and II 21 X Dut the organization are than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (N, line 2° II' "Yes." complete Schedule I. Parts I and III 22 X Dut the organization are an are several post of the service of the service of Schedule I. Parts I and III 23 X Dut the organization are at the several post of the service of Schedule I. Parts I and III 32 X X Dut the organization are at the several post of the service of Schedule I I service I servic			20b		
domestic povernment on Part IX. Column (A), line 1? If "Pes" complete Schedule I, Parts 1 and II		· ·			
22 I but the organization report more than \$5.000 of grants or other assistance to or for domestic individuals on Part IX, column (X), line 27 II reps. "Complete Schedule I. Parts I and all II and III and I		· · · · · · · · · · · · · · · · · · ·	21		X
Part IX, column (A), line 2º II "Yes." complete Schedule I. Parts I and III 20 Did the organization answer "Yes" lo Part IVI, Section A, line 3. 4, or 5 about compensation of the organization river and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I. Was a substantial companies of the year, that was issued after December 31, 2002? If "Yes," answer lines 240 through 24d and complete Schedule Is If I'No." job to line 25s and through 24d and complete Schedule Is If I'No." job to line 25s and through 24d and complete Schedule Is If I'No." job to line 25s and through 24d and complete Schedule Is I'No." job to line 25s and through 24d and complete Schedule Is I'No." job to line 25s and through 24d and complete Schedule Is I'No." job to line 25s and through 24d and complete Schedule Is I'No." job to line 25s and through 24d and complete Schedule Is I'No." job to line 25s and 15s and	22				
organization's current and farmer officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J 23		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
amployees? If "Yes," complete Schedule I 23 X About 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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No." go to line 25s 24e X 25b Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 26c Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 26d Did the organization and tax an "on behalf of issuer for bonds outstanding at any time during the year? 26d Did the organization and tax an "on behalf of issuer for bonds outstanding at any time during the year? 26d Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part II 26s X 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 prior Forms 990 or 990-E27 If "Yes," complete Schedule L. Part II 27d Did the organization reported any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L. Part II 28d Was the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee employee. 28d X 29d Vas the organization provide a grant or other assistance to an officer, director, trustee, key employee? If "Yes," complete Schedule L. Part IV 29d Vas the organization receive more than \$25.00 in non-cash contributions? If "Yes," complete Schedule L. Part IV 29d A murth of which a current or former officer, director, trustee, or key employee? If "Yes," complete	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
24a Dd 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? If "Yes," answer lines 24b through 24d and complete Schedule K If "No." go to line 25e Dd the organization minist an a rescribe account other than a refunding secrow at any time during the year to defease any tax-exempt bonds? 24d Dd the organization minist an accord account other than a refunding secrow at any time during the year to defease any tax-exempt bonds? 24d Dd the organization are an an on behalf of issuer for bonds outstanding at any time during the year? 24d Dd the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 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 organizations prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part II Is the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former offices, directors, fusueses, key employees, highest compensated employees, or disqualitied persons? If "Yes," complete Schedule L, Part III 25b X X Uses the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial confliction or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV Was the organization approaches the propose thereof, a grant selection committee member, or to a 35% controlled entity or family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Was the organization or exployee prophyses the prophyses the organization or exployee prophyses the prophyses the prophyses the prophyses the prophyses th		organization's current and former officers, directors, trustees, key employees, and highest compensated			
24a Dit the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b Intrough 24d and complete Schedule K. If "No." go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of tax-exempt bonds of the organization and the part of the defease any tax-exempt bonds? Did the organization invest any proceeds of tax-exempt bonds outstanding at any time during the year? Did the organization and any of the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I I 25a X is the organization aware that it engaged in an excess benefit transaction with a disqualified person of the organization aware that it engaged in an excess benefit transaction with a disqualified person of the organization and the transaction has not been reported on any of the organization proof 900-E27 If "Yes," complete Schedule L, Part II 25b X Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 25b X		employees? If "Yes," complete Schedule J	23		X
through 24d and complete Schedule K. If "No." go to line 25e Did the organization mental in proceeds of take-evempt bonds beyond a temporary period exception? Did the organization maintain an ascrow account other than a refunding escrow at any time during the year to defease any tak-evempt bonds? Did the organization are as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization are 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)(23) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25b 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-E2? If "Yes," complete Schedule L, Part I I 25b IX 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any ourrent or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 26b IX 30 Did the organization proport any amount on Part X, line 5, 6, or 22 for receivables from or payables to any ourrent or former officer, director, furustee, key employee, substantial contributor or employee thereof, a grant aelection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV 30 Was the organization review of these persons? If "Yes," complete Schedule L, Part IV 31 A A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 32 A Inamity member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule M, Part II 31 Did the organizat	24a				
b Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d		\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
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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 organizations prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I 25b X 25	25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
year, and that the transaction has not been reported on any of the organization's pnor Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
## Yes," complete Schedule L, Part I ## Yes," complete Schedule L, Part I ## Zeb Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? ## "Yes," complete Schedule L, Part II ## Zeb	þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, inghest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28 X 29 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 X 30 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 X 31 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV 28 X 32 Did the organization receive contributions of art, histonical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 32 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 33 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 33 X 34 Was the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35 X 36 Section 501(c)(3) organizations. Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Y		year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 26		If "Yes," complete Schedule L, Part I	25b		X
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complete Schedule N, Part II 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 36 If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI lines 11b and	32		J.	<u> </u>	
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sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	33	·			
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or IV, and Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 5 If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	34	·			
Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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)? If "Yes," complete Schedule R, Part V, line 2 35b 35cction 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	•		34		х
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related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	36			ĺ	
Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		· · · · · · · · · · · · · · · · · · ·	36	L :	X
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37	•			
Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and					
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			37		X
	38				
			38		X

<u> P</u> a	irt V J. Statements Regarding Other IRS Filings and Tax Compliance			\Box
	Check if Schedule O contains a response or note to any line in this Part V	 -		
10	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	\vdash	Yes	No
1a b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b. 0			1
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			ĺ
Ů	reportable gaming (gambling) winnings to prize winners?	1c		x
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		.	1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in 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)?	4a		X
b	If "Yes," enter the name of the foreign country ▶			l
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			ĺ
	(FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
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?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	65		ĺ
7	gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c)	6b		
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		:	l
а	and services provided to the payor?	7a		ļ
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	1.5		
•	required to file Form 8282?	7c		l
d	If "Yes," indicate the number of Forms 8282 filed during the year	1		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C3	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			ļ
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	1 1		ĺ
а	Initiation fees and capital contributions included on Part VIII, line 12	l		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	 		
11	Section 501(c)(12) organizations. Enter			Ì
a	Gross income from members or shareholders [11a]			1
b	Gross income from other sources (Do not net amounts due or paid to other sources			
100	against amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
12a	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		
b 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?	13a	-	
u	Note. See the instructions for additional information the organization must report on Schedule O	100		
ь	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			l
С	Enter the amount of reserves on hand	 -		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

20-5920155 Form 990 (2017) CARTERET COUNTY ECONOMIC Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year 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 in Schedule O Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 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? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, h stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the moetings held or written actions undertaken during the year by the following X 8a The governing body? X 8b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X • the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a X 10a Did the organization have local chapters, branches, or affiliates? If "Yes." did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **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 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c describe in Schedule O how this was done X Did the organization have a written whistleblower policy? 13 13 X 14 14 Did the organization have a written document retention and destruction policy? 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? X 15a The organization's CEO, Executive Director, or top management official X **b** Other officers or key employees of the organization 15b 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 X 16a with a taxable entity during the year? 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 16b organization's exempt status with respect to such arrangements? Section C. Disclosure None 17 List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request X Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year 20 State the name, address, and telephone number of the person who possesses the organization's books and records 1614 PELHAM ROAD DONNA PHILLIPS 252-222-6121 WINTERVILLE NC 28590

Part VII

Form 000 (2017)	CARTERET	COINTY	ECONOMIC
FORM 990 (2017)	CHRICKEI	L.COUNTE	CCONOMIC.

20-5920155

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and	
	Independent Contractors	
	Chook of Cabadula O captains a response or note to any line in this Bort VIII	٦

<u>Check if Schedule O contains a response or note to any line in this Part VII</u>

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(1) JESSE VINSON	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key	J3,£		organization	(W-2/1099-MISC)	compensation from the
(1) JESSE VINSON			ustee		Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-21035-WISC)	organization and related organizations
(.,										
A	1.00	١,,		,,						
CHAIR (2) JOHN HOWARD	0.00	X		X	_	-	_	0	0	0
(2) BOHN HOWARD	1.00									
VICE-CHAIR	0.00	x		x				o	o	0
(3) DONNA PHILLIPS			<u> </u>							
	1.00									
SECRETARY	0.00	X		X		L.		0	0	0
(4) PAT JOYCE										
	1.00			١						
TREASURER	0.00	X	<u> </u>	X	_			0	0	0
(5)										
(6)			-							
(7)										
-										
(8)										
(9)										
10)										
11)										
}									١	

Pa	rt VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)	
	(A) Name and title	(B) Average hours per week (list any hours for	bo off	x, unle icer a	Pos check ess pe nd a d	rson i Irecto	than constitutions	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	,	organization and related organizations
c	Sub-total Total from continuation she	ets to Part VII, S	Secti	on A	<u> </u>			>			
d_ 2	Total (add lines 1b and 1c) Total number of individuals (in reportable compensation from	ncluding but not I	ımıte	d to	thos	e lıs	ted a	bov	e) who received more than	\$100,000 of	
3	Did the organization list any for employee on line 1a? If "Yes,"	ormer officer, dir	ecto	r, or					oyee, or highest compensa	ited	Yes No
4	For any individual listed on line organization and related organization and related organization.	e 1a, is the sum	of re	port	able	com	pens	atio			4 X
5 Sect	Did any person listed on line 1 for services rendered to the or on B. Independent Contractor	rganization? <i>If "</i> Y								ındıvıdual	5 X
1	Complete this table for your five compensation from the organic	ve highest comp									-ar
		(A) business address								(B) tion of services	(C) Compensation
										·	
2	Total number of independent of received more than \$100,000	contractors (inclu of compensation	ding fror	but n the	not I org	imite aniz	ed to ation	tho:	se listed above) who	0_	
DAA											Form 990 (2017)

[Pa	rt V	III Statement of Reve Check if Schedule	e <mark>nue</mark> O con	tains a i	response d	or note to any line	ın this Part VIII		
	`					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts its	1a	Federated campaigns	1a						
Sia Offi	b	Membership dues	1b						
S, C	С	Fundraising events	1c						
ar l		Related organizations	1d						
s, (Government grants (contributions)	1e						
ion	f	All other contributions, gifts, grants,							
the		and similar amounts not included above	1f		204,737				
E S	g	Noncash contributions included in lines 1a	-1f	\$					
Program Service Revenue Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f			•	204,737			
ıue					Busn Code				
ven	2a								
æ	b								
ζį	C								
Ser	d								
ш	е								
og	f	All other program service reve	enue						
4	g	Total. Add lines 2a-2f							<u> </u>
	3	Investment income (including	dıvıder	ıds, ıntere	est,				
		and other similar amounts)			•				
	4	Income from investment of ta	x-exem	pt bond p	roceeds 🕨				
	5	Royalties			<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•		
		(ı) Real		(II) F	Personal				
	6a	Gross rents							•
	b	Less rental exps							
	С	Rental inc or (loss)							
	d 7a	Net rental income or (loss) Gross amount from		1					
	, a	sales of assets (i) Securitie	3	(11)	Other				
		other than inventory							
	b	Less cost or other			'				;
		basis & sales exps							
	С	Gain or (loss)							
	d	Net gain or (loss)	. 1	.	•				
e	8a	Gross income from fundraising even	ents						
/en		(not including \$							
Вè		of contributions reported on line 10	- 1						
Other Revenue		See Part IV, line 18	a						
ă		Less direct expenses	b		•				
	C	Net income or (loss) from fun		events					
	9a	Gross income from gaming activiti	85			-			
		See Part IV, line 19	d b				we did (urus,	
		Less direct expenses	- 1	tu utuaa				\ 	
		Net income or (loss) from gar		uviues					
	TUA	Gross sales of inventory, less returns and allowances							
		Less cost of goods sold	a b						
		Net income or (loss) from sale	- 1	uonton/		-			
	_ t	Miscellaneous Revenue	_	ventory	Busn Code				
	11a	17100011011000011101000							
	b							 	
	, ,							 	
	d	All other revenue							
		Total. Add lines 11a-11d							!
		Total revenue. See instruction	ns		•	204,737	0	0	0

Form 990 (2017) CARTERET COUNTY ECONOMIC Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) orga	anizations must complete all columns	All other organizations mu	st complete column (A)	
Check if Schedule C	O contains a response or note to any	line in this Part IX		

	ot include amounts reported on lines 6b, b, 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				
2	Grants and other assistance to domestic				-
	ındıvıduals 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				·
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 (non-employees)				
а	Management				
b	Legal		·		
С	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion		•		
13	Office expenses	125	125		
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	241	241		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e lf	[
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а					
b			•	<u></u>	
C					
d					
е	All other expenses				
25	Total functional expenses Add lines 1 through 24e	366	366	0	0
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				
	following SOP 98-2 (ASC 958-720)			<u> </u>	000

Form 990 (2017) CARTERET COUNTY ECONOMIC

Part X 1 Balance Sheet

<u>- F</u>	<u> </u>	Check if Schedule O contains a response or note	to any line in this Part X			
		Citati ii Conodale C contains a respense of field	is any might and I dit A	(A)		(B)
	_			Beginning of year		End of year
	1	Cash—non-interest bearing		3,831	1	208,202
	2	Savings and temporary cash investments	[2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former off	icers, directors,			
		trustees, key employees, and highest compensated employees	oloyees			•
		Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified pers	sons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B),	and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary	employees' beneficiary			
ţ	İ	organizations (see instructions) Complete Part II of Sch	edule L		6	
Assets	7	Notes and loans receivable, net			7	
ä	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges	[9	
	10a	Land, buildings, and equipment cost or		<u>. </u>		
		other basis Complete Part VI of Schedule D	10a			
	þ	Less accumulated depreciation	10b		10c	
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11	<u> </u>		12	
	13	Investments—program-related See Part IV, line 11		13		
	14	Intangible assets		14		
	15	,			15	
	16_	Total assets. Add lines 1 through 15 (must equal line 3-	4)	3,831	16	208,202
	17	Accounts payable and accrued expenses	<u> </u>		17	
	18	Grants payable			18	
	19	Deferred revenue	<u> </u>		19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of			21	
es	22	Loans and other payables to current and former officers				!
Liabilities	İ	trustees, key employees, highest compensated employe	ees, and			
iat		disqualified persons Complete Part II of Schedule L			22	
_	23	Secured mortgages and notes payable to unrelated third	f - Control of the co		23	
	24	Unsecured notes and loans payable to unrelated third pa	<u> </u>		24	
	25	Other liabilities (including federal income tax, payables t				
		parties, and other liabilities not included on lines 17-24)	Complete Part X			
		of Schedule D	-	0	25	0
	26_	Total liabilities. Add lines 17 through 25	k here ▶ X and		26	
Ø		Organizations that follow SFAS 117 (ASC 958), check	k here ▶ X and			
nce	27	complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	1	3,831	27	208,202
Balances	27 28	Temporarily restricted net assets	<u> </u>	3,031	28	200,202
В	29	Permanently restricted net assets	ļ-		29	
Ë	29	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and			
Net Assets or Fund	1	complete lines 30 through 34.	,, shook liefe allu			
ets	30	Capital stock or trust principal, or current funds			30	
SS	31	Paid-in or capital surplus, or land, building, or equipmen	t fund		31	
et A	32	Retained earnings, endowment, accumulated income, o			32	
ž	33	Total net assets or fund balances		3,831	33	208,202
	34	Total liabilities and net assets/fund halances	ŀ	3.831	34	208,202

Form **990** (2017)

orm	990 (2017) CARTERET COUNTY ECONOMIC 20-5920155			Pa	age 12
Pa	rt 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		204,	737
2	Total expenses (must equal Part IX, column (A), line 25)	2			366
3	Revenue less expenses Subtract line 2 from line 1	3		204,	371
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	_ 4		3,	831
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				_
	33, column (B))	10		208,	202
Pa	rt 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 X Cash Accrual Other				İ
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		l		
	Schedule O		·		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			1 X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		21	<u> </u>	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				1 .
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		20	:	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O			_	الــــا
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				1
	the Single Audit Act and OMB Circular A-133?		38	1	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 in Schedule O and describe any steps taken to undergo such audits		31		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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.

OMB No 1545-0047 2017

> Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

i Part I

▶ Go to www.irs.gov/Form990 for instructions and the latest information. CARTERET COUNTY ECONOMIC DEVELOPMENT FOUNDATION, INC

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

Employer identification number 20-5920155

1	Ш	A church, cor	ivention of churches, or ass	ociation of churches described	in section	1 1/0(6)(1)(A)(I).	1 101	
2		A school desc	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990 or 9	90-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	e						
5		An organizati	on operated for the benefit o	of a college or university owned	or operat	ed by a g	overnmental unit described in		
	_	section 170(b)(1)(A)(iv). (Complete Part	II)					
6		A federal, sta	te, or local government or g	overnmental unit described in <mark>s</mark>	ection 17	'0(b)(1)(A)(v).		
7		-	on that normally receives a section 170(b)(1)(A)(vi). (Co	substantial part of its support fro omplete Part II)	om a gove	ernmental	unit or from the general public		
8		A community	trust described in section 1	1 70(b)(1)(A)(vi). (Complete Part	tII)		•		
9		•	•	cribed in section 170(b)(1)(A)(i) of agriculture (see instructions)			•	ge .	
10	<u>X</u>	An organization receipts from support from	activities related to its exent gross investment income ar	l) more than 33 1/3% of its sup inpt functions—subject to certain d unrelated business taxable in	exception ncome (le	ns, and (2 ss section	2) no more than 33 1/3% of its is 511 tax) from businesses	oss	
44	\Box		•	0, 1975 See section 509(a)(2)					
11 12	H	•	•	exclusively to test for public safe exclusively for the benefit of, to	-			909	
12	'	of one or mor	e publicly supported organiz	exclusively for the benefit of, to eations described in section 50 nat describes the type of support	9(a)(1) or	section 5	509(a)(2). See section 509(a)(3).	
	а	Type I. A	supporting organization ope	erated, supervised, or controlled	d by its su	pported o	rganization(s), typically by givi	ng	
			• , , ,	ver to regularly appoint or elect		of the di	rectors or trustees of the		
		,.	5 5	omplete Part IV, Sections A a			•	•	
	b	control or	management of the suppor	pervised or controlled in connecting organization vested in the					
	_			Part IV, Sections A and C.	d in conn	otion with	and functionally integrated w	u tha	
	с	its suppo	rted organization(s) (see ins	upporting organization operated tructions) You must complete	Part IV,	Sections	A, D, and E.		
	đ	that is no	t functionally integrated. The	 A supporting organization ope organization generally must sa nust complete Part IV, Sectio 	atisfy a dis	stribution	requirement and an attentiven	• •	
	е	Check the	is box if the organization rec	eived a written determination front- n-functionally integrated suppor	om the IR	S that it is			
	f		nber of supported organizati						
	g	Provide the fo	ollowing information about th	ne supported organization(s)					
(1) Nam	ne of supported	(II) EIN	(III) Type of organization	(IV) Is the	organization	(v) Amount of monetary	(vi) Amount of	
	or	ganization		(described on lines 1–10		or governing	support (see	other support (see	
				above (see instructions))	Yes	ment?	instructions)	instructions)	
(A)					165	140			
(B)									
(C)					-				
(D)									
(E) —									
Tota	ıł								
				1		·	0-1	\ /Earm 000 at 000 E7\ 2017	

20-5920155

Page 2

<u> P</u> a	(Complete only if you che	cked the box or	n line 5, 7, or 8	of Part I or if t	he organizatio	n failed to qua	, , ,
<u></u>	Part III. If the organization	talls to quality	under the test	s listed below,	please comple	ete Pan III.)	
	tion A. Public Support	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
Calci	idal year (or listal year beginning iii)	(a) 2013	(6) 2014	(0) 2013	(4) 2010	(6) 2017	(i) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
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						
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)						
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support		· · · · · · · · · · · · · · · · · · ·				
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016,	(e) 2017	(f) Total
7	Amounts from line 4	···	,	<u> </u>		 	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, 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						
12	Gross receipts from related activities, etc	(see instructions)				<u>_1</u>	2
13	First five years. If the Form 990 is for the	- /	t, second, third, fo	ourth, or fifth tax ye	ar as a section 50	01(c)(3)	_
	organization, check this box and stop her		 				<u> </u>
Sec	tion C. Computation of Public Su	· · /					
14	Public support percentage for 2017 (line 6		-	nn (f))			4 %
15	Public support percentage from 2016 Sch	/				_	15 %
16a	33 1/3% support test—2017. If the organ				33 1/3% or more,	check this	. ┌
	box and stop here. The organization goal	, ,	•		45 00 4/00/		
b	33 1/3% support test—2016. If the organ				15 15 33 1/3% 01 1	nore, check	▶ □
172	this box and stop here. The organization 10%-facts-and-circumstances/test—201	•	• • •		6a or 16b and lu	no 1 <i>1</i> is	
1/4	10% or more, and if the organization meet	_					
	Part VI how the organization meets the "fa						
	organization	icis-and-circumsta	inces test The Oi	gamzation qualifie	s as a publicly su	pported	▶ [
b	10%-facts-and-circumstances test—201	6. If the organizati	on did not check	a box on line 13. 1	6a. 16b. or 17a. a	ind line	
-	15 is 10% or more, and if the organization	~					
	Explain in Part VI how the organization me						
	supported organization			J 			▶ □
18	Private foundation. If the organization dis	d not check a box	on line 13, 16a, 16	6b, 17a, or 17b, ch	eck this box and	see	▶ [
						Schedule A (Fo	rm 990 or 990-EZ) 2017

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 t	he tests listed t	pelow, please c	omplete Part II	.)	·
	tion A. Public Support			1	<u> </u>	r	
Caler	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership					004 505	
	fees received (Do not include any "unusual grants")					204,737	204,737
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		<u>.</u>				
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	-				204,737	204,737
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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6)						204,737
	tion B. Total Support		,	,	y-		
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6					204,737	204,737
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included 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)	-11				204,737	204,737
14	First five years. If the Form 990 is for the	organization's firs	st second third fo	urth or fifth tax ve	ar as a section 50:		204,137
• •	organization, check this box and stop her	3	,, 0000, a, a, a, a, a	oran, or martax you	ar ao a cochen co		▶ □
Sec	tion C. Computation of Public Su		tage				
15	Public support percentage for 2017 (line 8			nn (f))		15	100.00%
16	Public support percentage from 2016 Sch	• • • • • • • • • • • • • • • • • • • •	•	· · · · · · · · · · · · · · · · · · ·		16	%
	tion D. Computation of Investme					<u> </u>	
17	Investment income percentage for 2017 (i			3, column (f))		17	%
18	Investment income percentage from 2016					18	%
19a				e 14, and line 15 is	more than 33 1/3		
	17 is not more than 33 1/3%, check this b						► X
b	33 1/3% support tests—2016. If the orga	nization did not ch	neck a box on line	14 or line 19a, and	line 16 is more tha	an 33 1/3%, and	_
	line 18 is not more than 33 1/3%, check the	-	-			_	▶ <u> </u>
20	Private foundation. If the organization did	d not check a box	on line 14, 19a, or	19b, check this bo	x and see instruct	ions	▶

Part IV! Supporting Organizations

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

Section A. All Supporting Organiz	ations
-----------------------------------	--------

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

		Yes	No
		·	
	1		
	2		ļ
	3a		<u> </u>
		·	
	3b		<u> </u>
	3c		
	4a	-	
	4b		ļ
] {
	4c		
	5a		
	5b		
	5c		<u> </u>
	6	,	
	7		
	8		
	9a		
	9b		
	9с		
	10a		
(Fo	10b rm 99	0 or 990-	EZ) 2017
•			,

Schedu	ile A (Form 990 or 990-EZ) 2017 CARTERET COUNTY ECONOMIC	<u> 20-5920155</u>		Page 5
Par	t IV Supporting Organizations (continued)			
-			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	<u>-</u>	<u> </u>	
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part V	//. 11c		<u> </u>
	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		1	
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			ĺ
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			·
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1_1_	 	<u> </u>
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		<u> </u>
Sect	on 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)? 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)	1		
Sect	on D. All Type III Supporting Organizations			
	71 11 9 9		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		1	 '''•
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior	tav		
	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		'	 	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI ho			
_	the organization maintained a close and continuous working relationship with the supported organization(s)	2	 	
3	By reason of the relationship described in (2), did the organization's supported organizations have a	}	ŀ	
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3	<u> </u>	
Sect	on 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 (s	see instructions)		
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government of	entity (see instructions)		
2 /	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		-	
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined		l	
_	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			1
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b	<u> </u>	ļ
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		ļ	
	trustees of each of the supported organizations? Provide details in Part VI.	3a	<u> </u>	<u></u>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of ear	ch	ļ	
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard	3b		ŀ

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting		ons	Tage o
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust	• • •		ee
instructions. All other Type III non-functionally integrated supporting organization			
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)
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	1	
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally inte	grated Type III	supporting organization	(see
instructions)	_		

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organization	tions (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purpo			
2	Amounts paid to perform activity that directly furthers exempt purpose	s of supported	. —	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supp	orted organizations		
4	Amounts paid to acquire exempt-use assets		_	
	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organiz	ation is responsive		
	(provide details in Part VI) See instructions			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(iı) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2017			
a				
	From 2013			
	From 2014			
	From 2015		., .,	
	From 2016			
	Total of lines 3a through e			l
	Applied to underdistributions of prior years			Į.
	Applied to 2017 distributable amount			
	Carryover from 2012 not applied (see instructions)			
i	Remainder Subtract lines 3g, 3h, and 3i from 3f			!
4	Distributions for 2017 from			
	Section D, line 7 \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			١
с	Remainder Subtract lines 4a and 4b from 4			,
5	Remaining underdistributions for years prior to 2017, if			
	any Subtract lines 3g and 4a from line 2 For result			
	greater than zero, explain in Part VI See instructions			
6	Remaining underdistributions for 2017 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c			
8	Breakdown of line 7			
a	Excess from 2013			
	Excess from 2014			
	Excess from 2015)
	Excess from 2016			
	Excess from 2017			

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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.)

SCHEDULE O

(Form 990 or 990-EZ)

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

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

CARTERET COUNTY ECONOMIC DEVELOPMENT FOUNDATION, INC

Employer identification number 20-5920155

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 RETURN AVAILABLE TO BOARD MEMBERS FOR REVIEW BEFORE FILING.

Form 990, Part VI, Line 18 - No Public Disclosure Explanation ALL DOCUMENTS AVAILABLE UPON REQUEST.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public