# EXTENDED TO MAY 17, 2021

Department of the Treasury Internal Revenue Service

OMB No 1545-0047

EXTENDED TO MAY 17, 2021

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public to the instructions and the latest information. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

<u>A</u>	For tr	e 2019 calendar year, or tax year beginning $JUL~1$ , $~2019$ and en	ل iding	<u>UN 30, 2020</u>									
В	Check i	C Name of organization		D Employer identific	ation number								
_	applicat	JACKSONVILLE ONSLOW ECONOMIC DEVELOPMEN	NT										
	Addr chan	ess INC.											
	Nam- chan	Doing business as		23-70872	00								
	Initia	Number and street (or P.O box if mail is not delivered to street address) Ro	om/suite	E Telephone number									
Γ	Final	2694 HENDERCON DRIVE		910-347-3									
_	termi			G Gross receipts \$	239,314.								
Г	Ame	nded TACKCONTITUE NC 20546		H(a) Is this a group re									
F	Application F Name and address of principal officer MARK SUTHERLAND for subordinates? Yes X No												
_	Ition	SAME AS C ABOVE	- (										
_	T	······································		H(b) Are all subordinates in									
					list (see instructions)								
		ite: WWW.JOEDNC.COM	1	H(c) Group exemption									
		forganization X Corporation Trust Association Other ►	L Year	of formation: 19/UM	State of legal domicile: NC								
	art I	Summary											
é	1	Briefly describe the organization's mission or most significant activities PROMOT	LE IN	DUSTRIAL DE	VELOPMENT								
Governance													
ern	2	Check this box  If the organization discontinued its operations or disposed	d of more	than 25% of its net as									
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	40								
ص ص	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	40								
es	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)		5	3								
Ϋ́	6	Total number of volunteers (estimate if necessary)		6	0								
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.								
٩	b	Net unrelated business taxable income from Form 990-T, line 39		7b	0.								
				Prior Year	Current Year								
a)	8	Contributions and grants (Part VIII, line 1h)		187,100.	214,028.								
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.								
Ş	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		597.	286.								
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>A</b>		25,000.								
		Tetal revenue, add lines 8 through 11 (must sound Best VIII) solume (A) line 100	CETY	$ED_{188,263}$	239,314.								
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		100, 203. 	0.								
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)  Benefits paid to or for members (Part IX, column (A), line 4)  MAR	R 1 2 2	021 [위 0:	0.								
	14	Terrente para la errier membere ( art m, estamm ( y, mie ),											
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			191,222.								
eus	16a	Professional fundraising fees (Part IX, column (A), line 11e)		<u>ur</u> 0.	0.								
Š	b		0.		150 055								
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		127,535.	463,365.								
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		325,779.	<u>654,587.</u>								
	19	Revenue less expenses Subtract line 18 from line 12		-137,516.	<u>-415,273.</u>								
Sor			Be	ginning of Current Year	End of Year								
set	20	Total assets (Part X, line 16)	<u></u>	466,875.	51,769 <b>.</b>								
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		3,266.	3,433.								
캺	22	Net assets or fund balances Subtract line 21 from line 20		463,609.	48,336.								
P	art II	Signature Block											
Und	ler pen	alties of perjury, I declare that I have examined this return, including accompanying schedules at	ınd statemi	ents, and to the best of my	knowledge and belief, it is								
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which	h preparer	has any knowledge.									
		M. Aras	···	2-23-	2021								
Sig	ın	Signature of officer		Date									
He		MARK SUTHERLAND, EXECUTIVE DIRECTOR											
110		Type or print name and title											
				ate _ Check 3	PTIN								
Da.	_	Print/Type preparer's name  Preparer's signature  Preparer's signature	12.	1. (. 707 li 🗀									
DIEVEN N. DEARLDOROUGH, CI/V													
	parer	Firm's name WILLIAMS SCARBOROUGH GRAY, LLP		Firm's EIN .	56-1313870								
use	Only	Firm's address P.O. BOX 5003			10) 455 0405								
	JACKSONVILLE, NC 28540-5003 Phone no. (910) 455-2196												
		RS discuss this return with the preparer shown above? (see instructions)			X Yes No								
9320	001 01-	20-20 ` LHA For Paperwork Reduction Act Notice, see the separate instructions	s.		Form <b>990</b> (2019)								

932001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

23-7087200 Form 990 (2019) Page 2 Part III Statement of Program Service Accomplishments X Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission THE MISSION OF THE COMMITTEE OF 100 AND JACKSONVILLE ONSLOW ECONOMIC DEVELOPMENT IS TO STIMULATE, ENCOURAGE AND PROMOTE ECONOMIC DEVELOPMENT IN ONSLOW COUNTY AND ITS MUNICIPALITIES. WE STRIVE TO ACCOMPLISH THIS THROUGH THE RECRUITMENT OF NEW BUSINESS AND Did the organization undertake any significant program services during the year which were not listed on the Yes X No prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O Yes X No Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported 654,587 including grants of \$ ) (Revenue \$ ) (Expenses \$ THE ORGANIZATION PROMOTES ECONOMIC GROWTH IN ONSLOW COUNTY, NORTH CAROLINA. (Code \_\_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_ ) (Revenue \$ \_\_\_\_\_ ) (Revenue \$ ) (Expenses \$ including grants of \$ 4d Other program services (Describe on Schedule O) (Expenses \$ including grants of \$ 654,587. Total program service expenses

Form 990 (2019)

Page 3

Form 990 (2019) 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)?			,,
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		7.7
	public office? If "Yes," complete Schedule C, Part I	3		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? If "Yes," complete Schedule C, Part II	4	-	<del> </del>
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	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	3		1
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		<u> </u>	1
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u> </u>	<del> </del>	
Ŭ	Schedule D, Part III	8		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?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
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			İ
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	<u></u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	<u> </u>	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			17
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	-
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			Х
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		Α.
IZd	Schedule D, Parts XI and XII	12a		Х
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		23
Ü	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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? If "Yes," complete Schedule F, Parts II and IV	15		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? If "Yes," complete Schedule F, Parts III and IV	16	L	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? If "Yes," complete Schedule G, Part I	17		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? If "Yes," complete Schedule G, Part II	18	-	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	-	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			X
_	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		$-\Delta$

· 	990 (2019) INC. 23-7087	200	n	A
	1990 (2019) INC. 23-7087 TIV   Checklist of Required Schedules (continued)	<u> </u>		age 4
<u> </u>	The officerist of frequired 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? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
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? If "Yes," complete			l
	Schedule J	23		_X_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
~	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
26				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			v
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u> </u>
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			l
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> X</u>
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)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		_X_
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			ľ
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		- <del></del>
32	Schedule N, Part II	32		х
22	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33				v
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		77	!
	Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u>
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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1.	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		162	140
	The state of the s			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	
932004	01-20-20	Form	990	(2019)

Form	990 (2019) INC. 23-7087	200	Р	age 5
Par				
			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 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	-
-	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?	За		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	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		Х
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)			
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
oa	any contributions that were not tax deductible as charitable contributions?	6a		х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	<u> </u>		
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	OD		
	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?	- 7а	-	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.5		
·	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
•	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
g h	If the organization received a contribution of qualified intellectual property, and the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711		
Ü	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	30		
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
D	amounts due or received from them)			
122	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	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note: See the instructions for additional information the organization must report on Schedule O	100		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
n	organization is licensed to issue qualified health plans			
_	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14a		- 22
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	140		
10	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N	13_	-	- 21
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O	16		- 43
	ii res, complete i offit 47 20, Scriedule O			<u> </u>

Form 990 (2019)

INC.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response or changes on Schedule O See instructions

	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion 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	4	סר		
	If there are material differences in voting rights among members of the governing body, or if the governing			1		
	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	4	ol		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship			1		
	officer, director, trustee, or key employee?		•	2		х
3	Did the organization delegate control over management duties customarily performed by or under the	e dıre	ct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?		·	3	X	
4	Did the organization make any significant changes to its governing documents since the prior Form S	90 w	as filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		Х
6	Did the organization have members or stockholders?			6	Х	
	Did the organization have members, stockholders, or other persons who had the power to elect or a	niogo	one or			
	more members of the governing body?	•		7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockh	olders, or			
	persons other than the governing body?			7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar bv tl	ne followina:			
a	The governing body?		<b>.</b>	8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched	at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenu	e Code )			
			,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such cl	naptei	s, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	•		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befo	re filing the form?	11a	X	
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			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give i ise	to cor	iflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," a	escribe			
	ın Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13		X
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approve	al by i	ndependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-				
а	The organization's CEO, Executive Director, or top management official			15a	Х	
	Other officers or key employees of the organization			15b	Х	
	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 arrange	nent v	vith a	1		
	taxable entity during the year?			16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua	te its	participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga					
	exempt status with respect to such arrangements?			16b		
Sec	tion 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, a	nd 99	0-T (Section 501(c)(	3)s onl	/) avaı	lable
	for public inspection. Indicate how you made these available. Check all that apply		. , , ,			
	Own website Another's website X Upon request Other (explain	on Se	chedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			nd fina	ncıal	
	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 bo	oks a	nd records			
-	MARK SUTHERLAND - 910-347-3141					
	3684 HENDERSON DRIVE, JACKSONVILLE, NC, JACKSONVII	LE.	NC 2854	5		

Form 990 (	2019) INC	•	23-7087200	Page 7
Part VII	Compensation of Off	ficers, Directors, Trustees, Key Employees, High	est Compensated	
	Employees and Inde	anandant Contractors		

-	-							
<b>-</b>								
Check	ıf Sch	nedule ()	contains a r	9200029	or note t	n anv lir	ne 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	box	not c , unle cer an	ss pe	ntion more rson	than is bot	th an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) COWANDA BAZILE	1.00								_	_
BOARD OF DIRECTOR	1	X						0.	0.	<u> </u>
(2) MIKE ALFORD	1.00									
BOARD OF DIRECTOR		X	<b></b> .				ļ	0.	0.	0.
(3) JEFF D. CLARK	1.00	ļ					1			
BOARD OF DIRECTOR		X						0.	0.	0.
(4) JEFF WENZEL	1.00							_		_
BOARD OF DIRECTOR		X					ļ	0.	0.	0.
(5) JOEY CARTER	1.00	1							_	
PAST CHAIRMAN		X						0.	0.	0.
(6) COL. CURTIS EBITZ	1.00	1								_
BOARD OF DIRECTOR		X	L				_	0.	0.	0.
(7) JEFF T. CLARK	1.00							_	_	_
VICE CHAIR		X	_				ļ	0.	0.	0.
(8) MARK SUTHERLAND	60.00	ļ								
EXECUTIVE COMMITTEE		X		X				83,450.	0.	<u> </u>
(9) HARRY BROWN	1.00	ļ						_	_	_
BOARD OF DIRECTOR		X						0.	0.	<u> </u>
(10) RAY EVANS	1.00	ļ								_
BOARD OF DIRECTOR		X						0.	0.	0.
(11) SUSAN EDWARDS	1.00	1								
CHAIRMAN		X						0.	0.	0.
(12) RANDY TOMSIC	1.00	ļ								
BOARD OF DIRECTOR		X						0.	0.	0.
(13) MATT RAY	1.00									
TREASURER		X						0.	0.	0.
(14) BRIG GEN BENJAMIN WATSON	1.00	1								
BOARD OF DIRECTOR		X				_		0.	0.	0.
(15) PENNEY B DEAL	1.00	-				1				_
BOARD OF DIRECTOR		X						0.	0.	0.
(16) WENDY FLETCHER-HARDEE	1.00	1								_
BOARD OF DIRECTOR		X				<u></u>		0.	0.	0.
(17) MCKINLEY SMITH	1.00									
BOARD OF DIRECTOR		X						0.	0.	0.

INC.

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Part VII   Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	and	d Hı	ghe	st C	Compensated Employee	es (continued)			
(A)				2)			(D) (E)			(F)		
Name and title	Average			Posi	ition			Reportable	Reportable		Estimate	ed
	hours per		not c					compensation	compensation		amount	of
	week	offi	cer an	d a d	recto	r/trus	tee)	from	from related		other	
	(list any	ector						the	organizations		compensa	ation
	hours for	ğ				喜		organization	(W-2/1099-MISC)		from th	e
	related	ste (	ruste		١	Sel SS		(W-2/1099-MISC)			organizat	
	organizations	al tru	onal t		loyee	E   S g					and relat	
	below line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former				organizati	ons
		르	Su!	# <sub>0</sub>	Ke	풀통	ē		<del> </del>	-		
(18) RON MASSEY	1.00											_
EXECUTIVE COMMITTEE		X	_					0.	0	•		0.
(19) PAM THOMAS	1.00							_	_			_
BOARD OF DIRECTOR		X						0.	0	•		0.
(20) DAN OLIVER	1.00											
EXECUTIVE COMMITTEE		X						0.	0	•		0.
(21) MILLIE CHALK	1.00											
BOARD OF DIRECTOR		X						0.	0	•		0.
(22) SANDRA FOUNTAIN	1.00											
BOARD OF DIRECTOR		X						0.	0			0.
(23) LAURETTE LEAGON	1.00											
BOARD OF DIRECTOR		Х		i				0.	0			0.
(24) TINA GLOVER	1.00									Ť		
BOARD OF DIRECTOR		X						0.	0			0.
(25) GREG HINES	1.00	<u> </u>								Ť		
BOARD OF DIRECTOR		x						1 0.	0			0.
	1.00									•	-	
(26) JEFF HUDSON	1.00	x						0.	0			0.
BOARD OF DIRECTOR		Α	ـــــا					83,450.	0			0.
1b Subtotal								61,950.	0	_		0.
c Total from continuation sheets to Part VI	i, Section A							145,400.	0			0.
d Total (add lines 1b and 1c)										•		<u> </u>
2 Total number of individuals (including but n	ot limited to tr	iose	liste	d at	oove	e) wr	no re	eceived more than \$100	OUU of reportable			^
compensation from the organization											Yes	<u>0</u>   No
										Г	165	INO
3 Did the organization list any former officer,	•		кеу е	empi	oye	e, or	nıg	nest compensated emp	loyee on		_ [	,,,
line 1a? If "Yes," complete Schedule J for si										$\vdash$	3	<u> X</u>
4 For any individual listed on line 1a, is the su									he organization			
and related organizations greater than \$150										$\vdash$	4	X
5 Did any person listed on line 1a receive or a	ccrue compe	nsat	ion f	rom	any	unr	elat	ed organization or indivi	dual for services			
rendered to the organization? If "Yes," com	plete Schedul	e <i>J f</i>	or su	ıch j	pers	on				Ш.	5	<u> </u>
Section B. Independent Contractors												
<ol> <li>Complete this table for your five highest con</li> </ol>	mpensated inc	depe	ende	nt c	ontr	acto	rs t	hat received more than	\$100,000 of comper	ısat	ion from	
the organization Report compensation for t	the calendar y	ear	endı	ng w	/ith (	or w	ıthır	n the organization's tax y	ear			
(A)								(B)			(C)	
Name and business	address	N	ONE	<u> </u>				Description of s	ervices	Co	mpensatio	n
							T					
							7					
2 Total number of independent contractors (ii	ncludina but n	ot li	miter	d to	tho	se lis	 sted	above) who received m	ore than			
\$100,000 of compensation from the organiz					_	)						

Form 990 INC.									23-708	7200
Part VII Section A. Officers, Director	s, Trustees, Key E	mple	oyee	s, a	nd l	lıgh	est	Compensated Employ	ees (continued)	
(A)	(B)			((	C)			(D)	(E)	(F)
Name and title	Average			Pos				Reportable	Reportable	Estimated
	hours	(ci	hecl	k all t	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week (list any	قِ ا				ploye		the organization	organizations (W·2/1099-MISC)	compensation from the
	hours for	direc				ma pa		(W-2/1099-MISC)	(** 27 1000 *********************************	organization
	related	tee o	ustee		•	ensat		,		and related
	organizations	al trus	nal tr		loyee	dwoo				organizations
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
	line)	≝	Ĕ	₽	»	Ŧ	.e			
(27) MAT RAYMOND, III	1.00	,,						0		
BOARD OF DIRECTOR	1 00	X						0.	0.	0.
(28) LINDSAY GRESS	1.00	٠,								_
BOARD OF DIRECTOR	1.00	X						0.	0.	0.
(29) RICHARD JEFFERSON	1.00	x						0.	0.	0.
BOARD OF DIRECTOR	1.00	^						0.	U•	0.
(30) MELISSA LEIFHEIT EXECUTIVE COMMITTEE	1.00	x						0.	0.	0.
(31) JASON MCLEOD	1.00							0.	•	
BOARD OF DIRECTOR	1.00	Х						0.	0.	0.
(32) SHARON RUSSELL	1.00									<u> </u>
EXECUTIVE COMMITTEE		x						0.	0.	0.
(33) ROYCE BENNETT	1.00							-		
EXECUTIVE COMMITTEE		x						0.	0.	0.
(34) DAVID HEATHERLY	1.00									
BOARD OF DIRECTOR		X						0.	0.	0.
(35) SCOTT RIGGS	1.00									
BOARD OF DIRECTOR		X						0.	0.	0.
(36) MIKE SCALISE	1.00	i								
BOARD OF DIRECTOR		X						0.	0.	0.
(37) CHRIS SEABERG	1.00								_	
BOARD OF DIRECTOR	4 00	X						0.	0.	0.
(38) DOUGLAS MEDLIN	1.00								•	
BOARD OF DIRECTOR	1 00	X				-		0.	0.	0.
(39) DAN TUMAN	1.00	77						_	0	^
BOARD OF DIRECTOR	40.00	Х					—	0.	0.	0.
(40) SHEILA KNIGHT	40.00	х						61,950.	0.	0.
EXECUTIVE COMMITTEE (41) BBOB WARDEN	1.00	_						01,930.	0.	
EXECUTIVE COMMITTEE	1.00	Х						0.	0.	0.
EXECUTIVE COMMITTEE		- 72						0.	<u></u>	•
			L							
								<u>.</u>		
Total to Part VII, Section A, line 1c								61,950.		

Form 990 (2019) INC.
Part VIII Statement of Revenue 23-7087200 Page **9** 

			Check if Schedule O	conta	ains a res	oonse	or note to any lin	e in this Part VIII			
			Oliock ii Gollogale G			301100	<u> </u>	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
									function revenue	business revenue	sections 512 - 514
ts ts	1	а	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues		1b		79,156.				
ğ,ğ			Fundraising events		10		,				
ar /			Related organizations		1d						
s, G			Government grants (conti	ıbutı		1	130,000.				
P.S.		f	All other contributions, gifts,								
the the			similar amounts not included		I		4,872.				
들이		g	Noncash contributions included in	lines		1					
a Ĉ		_	Total. Add lines 1a-1f				<b></b>	214,028.			
					•		Business Code	-			
စ္ပ	2	a									
اه ک		b									
Se ji		С									
eve		d									
Program Service Revenue		е									
ፈ		f	All other program service	reve	nue						
		д	Total. Add lines 2a-2f				<b>•</b>		•		
	3	;	Investment income (include	ding	dıvıdends	, intere	est, and				
			other similar amounts)				<b>&gt;</b>	286.	286.		
	4		Income from investment of	of tax	exempt l	ond p	roceeds >				
	5	i	Royalties				<b></b>				
					(ı) Re	al	(II) Personal				
	6	а	Gross rents	6a				•			
		b	Less rental expenses	6b							
		С	Rental income or (loss)	6c							
		d	Net rental income or (loss	)			<b></b>				
	7	а	Gross amount from sales of		(ı) Secu	rities	(II) Other				
			assets other than inventory	7a							
		b	Less cost or other basis								
ے ا			and sales expenses	7b							
ther Revenue		С	Gain or (loss)	7с							
<u>بر</u>		đ	Net gain or (loss)				<u> </u>				
를	8	а	Gross income from fundraisii	ng ev	ents (not						
0			including \$		of						
			contributions reported on	line	1c) See						
			Part IV, line 18			8a					
			Less direct expenses			8b	<u> </u>				
			Net income or (loss) from		_		<u> </u>				
	9	а	Gross income from gamin	g ac	tivities Se	- 1					
			Part IV, line 19			9a					
			Less direct expenses			9b	L				
			Net income or (loss) from	_	_	ies	<u> </u>				
	10	а	Gross sales of inventory, I	ess	returns						1
		_	and allowances			10a					
			Less cost of goods sold			10b		<u></u>			
		С	Net income or (loss) from	sales	ot inven	ory	Bueinose Code				
Sn		_	MTCC				Business Code	25 000	25,000.	-	
	11		MISC				900099	25,000.	25,000.		
틸팅		b							<u> </u>		<del></del>
Miscellaneous Revenue		G	All other revenue								
Σ			Total. Add lines 11a-11d					25,000.			
1	12		Total revenue See instruction	ns				239,314.	25,286.	0.	0.
	<u></u>					_				·	· · · · · · · · · · · · · · · · · · ·

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Form 990 (2019)

| Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(1) organizations must complete all columns. All other organizations must complete column (A)

	Check if Schedule O contains a respons				X
	not include amounts reported on lines 6b, 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  Grants and other assistance to domestic				
2					,
3	Individuals See Part IV, line 22 Grants and other assistance to foreign				
3	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	83,450.	83,450.		
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	83,317.	83,317.		
7	Other salaries and wages		-		
8	Pension plan accruals and contributions (include	·			
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	10,950.	10,950.		
10	Payroll taxes	13,505.	13,505.		
11	Fees for services (nonemployees)				
а	Management				· <del>-</del> -
b	Legal				
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,	121 220	121 220		
	column (A) amount, list line 11g expenses on Sch O.)	131,339. 2,872.	131,339.		
12	Advertising and promotion	9,984.	2,872. 9,984.		
13	Office expenses Information technology	3,304.	3,304.		<del>_</del>
14 15	Royalties				
16	Occupancy	28,875.	28,875.		
17	Travel	2,281.	2,281.		
18	Payments of travel or entertainment expenses	2,2011	2/2021		
.0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,434.	4,434.		
20	Interest	,			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	2,540.	2,540.		
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.)				
а	LOSS OF SHELL BUILDING	242,448.	242,448.		
b	DUES & SUBSCRIPTIONS	20,604.	20,604.		
С	AUTO EXPENSE	12,750.	12,750.		
d	INVESTOR	3,848.	3,848.		
е	All other expenses	1,390.	1,390.	_	
25	Total functional expenses Add lines 1 through 24e	654,587.	654,587.	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 X if following SOP 98-2 (ASC 958-720)	l			Form <b>990</b> (2019)
03201	0 01-20-20				⊢orm 99U (2019)

Form 990 (2019)
Part X Balance Sheet

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Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
	T		(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	224,427.	2	51,769
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	····
	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	
sts	7	Notes and loans receivable, net		7	
Assets	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 14,143.			_
	b	Less accumulated depreciation 10b 14,143.	242,448.	10c	0.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	466,875.	16	51,769
	17	Accounts payable and accrued expenses		17	-
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
La		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	2 266		2 122
		of Schedule D	3,266. 3,266.		3,433.
	26	Total liabilities. Add lines 17 through 25	3,200.	26	3,433.
S		Organizations that follow FASB ASC 958, check here			
Ě	07	and complete lines 27, 28, 32, and 33.  Net assets without donor restrictions	463,609.	07	48,336.
3ala	27	Net assets with donor restrictions  Net assets with donor restrictions	403,003.	27 28	40,330.
쀨	28			28	
훈		Organizations that do not follow FASB ASC 958, check here			
5	-00	and complete lines 29 through 33.			
ets	29	Capital stock or trust principal, or current funds		29	
4ss	30	Paid-in or capital surplus, or land, building, or equipment fund		30	<del>.</del>
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds	162 600	31	10 226
z	32	Total net assets or fund balances	463,609.	32	48,336.
	33	Total liabilities and net assets/fund balances	466,875.	33	51,769. Form <b>990</b> (2019

	1990 (2019) INC.	<u> 23-708</u>	<u>7200</u>	<u>Pa</u>	ge <b>12</b>
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			<u> 14.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>87.</u>
3	Revenue less expenses Subtract line 2 from line 1	3	<u>-41</u>		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	<u>46</u>	3,6	<u>09.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	4	8,3	<u> 36.</u>
Pa	rt XII Financial Statements and Reporting				
_	Check if Schedule O contains a response or note to any line in this Part XII				LX
			,	Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	: O			,
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both				,
	X Separate basis Consolidated basis 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 separa	te 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	ie 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 Sc	hedule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the St	ngle Audıt			
	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 requ	iired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2019)

# **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 Open to Public Inspection

Name of the organization

JACKSONVILLE ONSLOW ECONOMIC DEVELOPMENT INC.

Employer identification number 23-7087200

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir		
		(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 advis	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	└─ Yes └─ No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Pa	<del></del>		Part IV, line 7
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (for example, recrea		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 quali	fied conservation contribution in the form	
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	` '	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic struct	} I
	listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe	• .	
_	violations, and enforcement of the conservation easements i		└── Yes └── No
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing con-	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ding of violations, and enforcing consens	ation againments during the year
7	\$	uning of violations, and emorcing conserva	ation easements during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	n(h)(4)(B)(i)
Ū	and section 170(h)(4)(B)(ii)?	to caucity and requirements or cooken tro	Yes No
9	In Part XIII, describe how the organization reports conservati	ion easements in its revenue and expense	
Ū	balance sheet, and include, if applicable, the text of the footi	·	
	organization's accounting for conservation easements	note to the organization of maneral elatern	
Pai	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in fu	urtherance of public
	service, provide in Part XIII the text of the footnote to its fina		•
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	•	
	provide the following amounts relating to these items	,	,
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financia	
-	the following amounts required to be reported under FASB A		9 Fre 1.4
а	Revenue included on Form 990, Part VIII, line 1		<b>▶</b> \$
	Assets included in Form 990, Part X		<b>\$</b>

Sche	dule D (Form 990) 2019 INC .								87200	
Pa	t III Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures,	or Other	r Simil	ar Asse	ts(continu	ied)
3	Using the organization's acquisition, access	ion, and other record	ls, chec	k any of the	following that	at make sıç	gnıfıcant	use of its		
	collection items (check all that apply)									
а	Public exhibition	c	·	Loan or exc	hange progr	am				
b	Scholarly research	e	. L	Other						
С	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explai	n how t	hey further t	he organızatı	on's exem	npt purp	ose in Par	t XIII	
5	During the year, did the organization solicit of	or receive donations	of art, h	istorical trea	sures, or oth	er sımılar :	assets		_	
	to be sold to raise funds rather than to be m								Yes	No_
Pa	t IV Escrow and Custodial Arran		ete if the	e organizatio	n answered	"Yes" on F	Form 990	0, Part IV,	line 9, or	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	ns or other as	ssets not i	ncluded		_	
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
<b>2</b> a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or co	ustodial acco	ount liabilit	:y?		_ Yes	L No
	If "Yes," explain the arrangement in Part XIII									
Pai	t V Endowment Funds. Complete	of the organization an	swered	"Yes" on Fo	orm 990, Pari	t IV, line 10	)			
		(a) Current year	(b) F	rior year	(c) Two yea	rs back (	d) Three y	years back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions			<del></del>						
С	Net investment earnings, gains, and losses								ļ	
d	Grants or scholarships								<u> </u>	
е	Other expenditures for facilities									
	and programs								<u> </u>	
f	Administrative expenses								ļ <u>.</u>	
g	End of year balance				<u> </u>				<u> </u>	
2	Provide the estimated percentage of the cur	rent year end baland	•	g, column (a	a)) held as					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment -	%								
С		%								
	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posses.	ession of the organiza	ation tha	at are held a	ind administe	ered for the	e organiz	zation	Г.	
	by									res No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
	If "Yes" on line 3a(ii), are the related organiza	•							3b	
Da:	t VI Land, Buildings, and Equipn		wment	tunas						
T ai			) Doct I	/ line 11a C	)	Don't V. II	.no 10			
	Complete if the organization answere	Ti .		1					(d) Daa!	
	Description of property	(a) Cost or o basis (investr		1	or other (other)		cumulate reciation		(d) Book	value
	Land	Dasis (IIIVESU	n <del>e</del> nt/	Dasis	(ouidi)	depi	CHARION			
	Land							<del></del> -		
	Buildings	-								
	Leasehold improvements	-		1	1 112		111	12		
	Equipment			<u> </u>	4,143.		14,1	43.		0.
	Other  Add lines 1a through 1e (Column (d) must e	ugual Form 000 Post	V colu	no (P) line 1	100.)				<del></del>	0.
iUldi	. rigginies ra unough le (Columni (a) Must e	quai i Uiiii 33U, Mail	n, colui	ו שוווו , נשו וווו	UU /					· ·

▶ 0 . Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 INC.		23	-7087200 Page <b>3</b>
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
<u>(F)</u>			<u> </u>
(G)	1		
(H)			
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
	an Form 000 Post IV line 5	11a Cas Form 000 Port V line 12	
Complete if the organization answered "Yes"  (a) Description of investment	(b) Book value	(c) Method of valuation Cost or en	d-of-vear market value
	(D) DON TOILE	(0)	
(3)			
(4)			
(5)			<del></del>
(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 1	11d See Form 990, Part X, line 15	
(a)	Description		(b) Book value
(1)			
(2)			
(3)		<del></del>	
(4)			
(5)			
(6)			
			_
(8)	=		
(9)	****		
Total. (Column (b) must equal Form 990, Part X, col (B) lin	e 15)	<b>&gt;</b>	
Part X Other Liabilities.			_
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11e or 11f See Form 990, Part X, line 25	
1. (a) Description of liability	·		(b) Book value
(1) Federal income taxes			1 004
(2) PAYROLL WITHHOLDINGS			1,984.
(3) CREDIT CARD PAYABLE			747.
(4) DUE TO OTHER ENTITIES			702.
(5)	<del></del>		
(6)	<del>-</del>		
(7)			
(8)			
(9)	- 05 )		2 422
Total. (Column (b) must equal Form 990, Part X, col (B) lin		Alexander de Company d	3,433.
2. Liability for uncertain tax positions. In Part XIII, provide			
organization's liability for uncertain tax positions unde	FROD AGO 740 Check he	ne ii the text of the foothole has been p	TOVIDED IN PARLAIII

Schedule D (Form 990) 2019

	dule D (Form 990) 2019 LNC •		23-7087200	
Par	t XI Reconciliation of Revenue per Audited Financial Stat	ements With Revenue	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	: 12a	<del></del>	· · · · · · · · · · · · · · · · · · ·
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1		
	Net unrealized gains (losses) on investments	2a		
	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c	<del> </del>	
	Other (Describe in Part XIII )	2d		
_	Add lines 2a through 2d		2e	
3 4	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1		3	
-	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII )	4b		
	Add lines 4a and 4b	1.0	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
	t XII Reconciliation of Expenses per Audited Financial Sta	tements With Expense	s 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	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b		
	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	)	4c 5	
5 Par	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information.		5	ΧI
5 Par	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, Part	5	XI,
5 Par	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information.	Part IV, lines 1b and 2b, Part	5	XI,
5 Par	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, Part	5	XI,
5 Par	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, Part	5	XI,
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5 Par Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, Part	5	XI,
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5 Par Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, Part	5	XI,
5 Par Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, Part	5	XI,
5 Par Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, Part	5	XI,
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5 Par	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, Part	5	XI,
5 Par	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, Part	5	XI,
5 Par	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, Part	5	XI,
5 Par	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, Part	5	XI,
5 Par	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, Part	5	XI,
5 Par Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, Part	5	XI,
5 Par Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, Part	5	XI,
5 Par Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, Part	5	XI,
5 Par Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, Part	5	XI,
5 Par Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, Part	5	XI,
5 Par Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, Part	5	XI,
5 Par Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, Part	5	XI,
5 Par	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, Part	5	XI,

# 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.

Open to Public

OMB No 1545-0047

Inspection

Name of the organization

JACKSONVILLE ONSLOW ECONOMIC DEVELOPMENT INC.

Employer identification number 23-7087200

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
INVESTMENT, THE CREATION OF NEW JOBS AND ASSISTING IN THE RETENTION AND
EXPANSION OF OUR EXISTING BUSINESS AND INDUSTRY.
FORM 990, PART VI, SECTION A, LINE 3:
THE ORGANIZATION OUTSOURCES THEIR PAYROLL TO AN OUTSIDE ACCOUNTING FIRM.
THE ORGANIZATION OUTSOURCES THEIR PAIROLD TO AN OUTSIDE ACCOUNTING FIRM.
TORK OOO PART UT GROWTON A LINE C
FORM 990, PART VI, SECTION A, LINE 6:
THE ARTICLES OF INCORPORATION ONE VOTE FOR EACH MEMBER WHO SUBSCIRBES OR
DONATES TO THE CAPITAL FUNDS OF THE CORPORATION. THESE MEMBERS ELECT THE
BOARD OF DIRECTORS ON AN ANNUAL BASIS.
FORM 990, PART VI, SECTION A, LINE 7A:
MEMBERS HAVE THE ABILITY TO ELECT BOARD MEMBERS OF THE GOVERNING BODY.
MINDLING MIVE THE ADILLY TO EDUCT DOING MEMBERS OF THE GOVERNMEN BODIV
FORM 990, PART VI, SECTION B, LINE 11B:
THE ACCOUNTING FIRM COMPLETES THE 990 AND PROCESSES IT FOR MAILING. THE
ACCOUNTING FIRM THEN GIVES IT TO THE ORGANIZATION AND IT'S GOVERNING BOARD
TO REVIEW. IF THE ORGANIZATION BELIEVES THE 990 TO BE COMPLETED CORRECTLY,
IT MAILS IT INTO THE IRS.
FORM 990, PART VI, SECTION B, LINE 12C:
THE BOARD OF DIRECTORS ARE REQUIRED TO REVIEW AND DISCUSS THE POLICY
ANNUALLY AND SIGN IT.

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.

Open to Public Inspection

OMB No 1545-0047

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

Employer identification number

JACKSONVILLE ONSLOW ECONOMIC DEVELOPMENT Name of the organization

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

Part

23-7087200

Direct controlling 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 End-of-year assets Total income ਉ Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part II

(g) Section 512(b)(13)

controlled entity?

Direct controlling

entity

Public charity status (if section

Exempt Code

Legal domicile (state or

Primary activity

Name, address, and EIN of related organization

FURTHER ECONOMIC

JACKSONVILLE ONSLOW ECONOMIC DEVELOPMENT

foreign country)

0

section

<u>e</u>

501(c)(3))

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Yes

JACKSONVILLE

×

DEVELOPMENT, INC. ONSLOW ECONOMIC LINE 7 501(C)(3) NORTH CAROLINA DEVELOPMENT IN THE CITY OF JACKSONVILLE AND ONSLOW 28546 PARTNERSHIP INC. - 26-3563855, 3684 HENDERSON DRIVE, JACKSONVILLE, NC

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2019

**V** 

932181 09-10-19 LHA

Schedule R (Form 990) 2019 INC.

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 Part III

Page 2

23-7087200

General or Percentage managing ownership Yes No 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 (I) Section 512(bX13) controlled entity? Percentage ownership Yes No Ξ Code V-UBI amount in box n 20 of Schedule L K-1 (Form 1065) Share of end-of-year assets Ξ Disproportionate Yes No allocations? Ξ Share of total income Share of end-of-year assets <u>6</u> Type of entity (C corp, S corp, or trust) **e** Share of total income (d)
Direct controlling
entity Predominant income (related, unrelated, excluded from tax under sections 512-514) **e** Legal domicile (state or foreign country) <u>o</u> Direct controlling entity **©** Primary activity (c)
Legal
domicile
(state or
foreign
country) Primary activity **e** Name, address, and EIN of related organization Name, address, and EIN of related organization Part IV

Schedule R (Form 990) 2019

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Yes

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# JACKSONVILLE ONSLOW ECONOMIC DEVELOPMENT

INC

Schedule R (Form 990) 2019

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

Note: Complete line 1 if any ent During the tax year, did the	ity is listed in Parts II, III, or IV of this schedule	e organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
Complete line 1 uring the tax year	_	rganization
	Note: Complete line 1 if any	uring the tax yea

red organi	
more relat	
with one or	
any of the following transactions with one of more related organi	trolled entity
tne tollowing	ities, (iii) royalties, or (iv) rent from a con
ige in any or	lties, or (iv) rei
ization engage in a	s, (iii) royalt
Juring the tax year, did the organiza	(ii) annuitie
tax year, di	of (i) interest,
ouring the	Receipt of
_	G

- Gift, grant, or capital contribution to related organization(s) ۵
- c Gift, grant, or capital contribution from related organization(s)
  - d Loans or loan guarantees to or for related organization(s)
    - e Loans or loan guarantees by related organization(s)
- f Dividends from related organization(s)
- Sale of assets to related organization(s) 0
- Purchase of assets from related organization(s)
- i Exchange of assets with related organization(s)
- J Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- 1 Performance of services or membership or fundraising solicitations for related organization(s)
  - m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

- Sharing of paid employees with related organization(s)
- Reimbursement paid to related organization(s) for expenses Ω
- q Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)
- 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	(c) Amount involved	(d) Method of determining amount involved
	type (a-s)		
£			
(5)			
(3)			
(4)			
(5)			
(9)			

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INC. Schedule R (Form 990) 2019 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

| (h) | (i) v. | Code V-UBI | General or Percentage bonate amount in box 20 managing ownership of Schedule K-1 | partner? | Of Schedule K-1 | partner? | Ovnership | Ves No end-of-year Share of assets **6** Share of Income total (e) Are all partners sec 501(c)(3) orgs ? Yes No Predominant income (related, unrelated, excluded from tax under—sections 512-514) ਉ (state or foreign country) Legal domicile છ Primary activity Name, address, and EIN of entity

۳. و.		ONSLOW ECONOMIC		
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Provide additional in	Information  Information for responses to ques	tions on Schedule R. See instri	uctions	
Trovido againoriarii	normation for responded to quee	tion on conscale it cos money	3040410	ν
PART II, IDENTIF	ICATION OF RELATE	ED TAX-EXEMPT OR	GANIZATIONS:	
		•		
NAME OF RELATED (	ORGANIZATION:			
JACKSONVILLE ONSI	LOW ECONOMIC DEVE	CLOPMENT PARTNER	SHIP, INC.	
			•	
PRIMARY ACTIVITY	: FURTHER ECONOMI	C DEVELOPMENT I	N THE CITY OF	JACKSONVILLE
AND ONSLOW COUNTY	Y			
			<u> </u>	
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