HTA



Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public

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

<u>A</u> _	For the	2017 cal	endar year, or tax year b	eginning			, and e	nding					
<u>B</u>	Check if a	applicable	C Name of organization	Iredell Statesv	lle Commu	nity Enrichmei	nt Corp., Inc		D Employ	er identifi	ication nu	mber	
U,	Address	change	Doing business as						ł				
\Box	Name cha	2000	Number and street (or P (box if mail is not	delivered to	street address)	Room/suite		56-19354	32			
몯'	varne cin	ange	110 West Allison Stree	et			<u> </u>		E Telepho	ne numbe	r		
	Initial retu	nu	City or town			State	ZIP code		(704) 872-9811				
\Box	Final return	/terminated	Statesville	·		NC	28677		(104)012	-3011			
\equiv			Foreign country name	Foreign (province/state	e/county	Foreign posta	code				_	
□	Amended	return							G Gross re	eceipts \$		64	42,027
	Application	on pending	F Name and address of prin	ncipal officer				H(a) Is th	nis a group retu	rn for subore	dinates?	Yes	X No
			Darbah Skaf 110 Wes	t Allison Stree	t. Statesvi	lle. NC 2867	77	1	e all subordin			Yes	= No
1 7	av-evem	npt status	X 501(c)(3) 501(c		(insert no)	4947(a)(1)		1 ''	"No," attach a				
		`		, , ,	(insert no)	4947 (a)(1)) UI (JI 321	4		•		-,	
		:: ► isce						(H(c) Gr	oup exemption				
		rganization		rust Associa	tionO	ther ►	LYe	ar of form	ation 199	6 M S	tate of leg	al domicile	NC_
F	art l		mmary										
m	1		escribe the organization		-				e is to ass	ist low to	o mode	rate	
ĕ			families by constructing						nai				
na L		safe and	d affordable housing st	ock in our con	nmunity, a	nd to assist t	he local Ho	using				. 	
Governance	2	Check t	his box ▶ 🔲 if the or	ganization dis	continued	its operation	s or dispos	ed of m	ore than 2	5% of it	s net as	sets	
တိ	3		of voting members of							3			5
•ర	4		of independent voting)		4			5
ies	5		mber of individuals em					., .	•	5			1
.∑	6		mber of volunteers (es			2011 (1 2.11)	,			6			11
Activities &	7a		related business rever			in=164=line=44)		• •	7a			0
	b		elated business taxable					1	• •	7b	-		
_	 ~~	1100 0111	Sidiod Daginoog taxabit	S INCOME HOM	1 OII 11 OOO	1 15 Million 1	ZZ	i	Prior Year	1.0		urrent Year	
Revenue	8	Contribi	utions and grants (Part	VIII line 1h)			S	 		26,884	<u>_</u>		76,700
	9		service revenue (Par			MAY 21:	2018 2	 	·	12,605			5,585
Š	10	-	ent income (Part VIII, o	•	as 3 4 ar			<u> </u>		13,416			37,465
8	11	Other re	evenue (Part VIII, colum	nn (A) lines 5	64 8c 0	OGDEN	'	i		0			14,833
	12		enue—add lines 8 throug					<u> </u>	1	52,905			04,917
	13		and similar amounts pa					 		0		<u>_</u>	04,011
	14		paid to or for member			•	•						
"	1		other compensation, em				se 5_10\	 		0			
Se	16a		ional fundraising fees (-					
Expenses	b		ndraising expenses (Pa	=		•			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	V. 3	** 30		
Ä	17		xpenses (Part IX, colur					<u> </u>	1 400	85,537	<u> </u>		17,905
	18		penses. Add lines 13-				ine 25)	 		85,537			17,905
	19		e less expenses. Subt			coluitiit (A), i		<u> </u>		67,368			12,988
٠		71010110	o lede experiees, euch	idet iiiie 10 iio	111 11110 12		 -	Begin	ning of Curr			End of Year	
ets	20	Total as	sets (Part X, line 16) .							52,521			55,619
Ass	21		bilities (Part X, line 26)		•		•	—		27,695			20,481
Net Assets or	22		ets or fund balances		1 from line	20		 		324,826			35,138
	art II		nature Block	1	1 1/0/11 11/10					, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			00,100
			y, I declare that I have exami	ned this leturn, into	luding accom	panying schedu	les and stateme	ents, and	to the best of	my knowle	edae		
and	belief, it	is true, con	ct, and complete Declaration	n of preparer (othe	r than officer	is based on all i	information of w	hich prep	parer has any	knowledge	e		
Sig	an		Lanne-	N ANTON							5/14/2	018	
He	_		Signature of officer		/				Dat	e			
110			Darbah Skaf		1		co	0					
			Type or print name and title		1		-						
_		Prin	t/Type preparer's name		Preparer's s	gnature		Da	ate	Ob .	ا . ا	PTIN	
Pa					SELE DO	EDADED DE	THEM	-		Check self-emp			
	epare	1 -			OCLF-PK	EPARED RE	. i Urkin			<u>_</u>	,		
Us	e Onl	у	n's name 🕨						Firm's EIN				
		Firm	n's address 🕨						Phone no				
Ma	y the I	RS discu	ss this return with the p	oreparer show	n above?	(see instruct	ions)				. [Yes	No
Fo	Paper	work Red	uction Act Notice, see t	he senarate ins	tructions							Form QC	90 (2017)

	90 (2017)	Iredell Statesville Community Enrichment Corp., Inc.	56-1935432	Page 2
Pa		tatement of Program Service Accomplishments		
	C	heck if Schedule O contains a response or note to any line in this Part III		[_]
1		nbe the organization's mission:		
	of existing h	omes to provide additional safe and affordable housing stock in our community,		
		t the local Housing Authority in its mission to serve the community with		
		mprove the quality of life of participants		
2	Did the orga	nization undertake any significant program services during the year which were not listed on		
	the prior For	m 990 or 990-EZ?	. Yes	X No
	If "Yes," des	cribe these new services on Schedule O.		_ _
3	Did the orga	nization cease conducting, or make significant changes in how it conducts, any program		
			Tyes	X No
	If "Yes," des	cribe these changes on Schedule O.	_	
4		e organization's program service accomplishments for each of its three largest program servic	es, as measured	l by
		ection 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and		
		enses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 117,905 including grants of \$) (Revenue	\$)
	Depreciation	/ Amortization for low to moderate income rental housing		

	/O			
4b) (Expenses \$ including grants of \$) (Revenue		
				-
		•••••••••••••••••••••••••••••••••••••••		
		•••••••••••••••••••••••••••••••••••••••		
4c	(Code:) (Expenses \$ including grants of \$) (Revenu	 e \$)
		••••••		
		•••••		
		•••••		
		••••••		
		••••••		
	***********	•••••		
4d	Other progr	am services. (Describe in Schedule O)		
	(Expenses	\$ 0 including grants of \$ 0) (Revenue \$	0)	
40	Total progra	am service expenses > 117 905		

ADMUSB

			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		x	
~		1		
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		_X_
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	3		Χ_
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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	1 1		
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	[]		
	Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	}		
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? 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 Schedule D, Part III	8		Х
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		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	. 23.7	- 5	\$ 3 T
• •	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	عمد انتشاط	27.200	كى ئىد
u	Schedule D, Part VI	11a	х	Ì
h	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	```	<u> </u>	
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	1	X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	 ` ` ` `		
Ī	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	}	X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	1		
-	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	}	x
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	-	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.	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete		 	
	Schedule D, Parts XI and XII	12a	1	_x_
Ь	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"	<u> </u>	†	†- <u>`</u> `
_	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b	X	1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	T	X
14a		14a	T-	X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,		t	1
_	fundraising, business, investment, and program service activities outside the United States, or aggregate	1	}	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	1	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	1	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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	1	1	1
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	{	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	 	1	1
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	1	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	··•	 	1
. •	If "Yes," complete Schedule G, Part III	19		×
		1.3		

Part IV

			Yes	No
20a	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			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>X</u> _
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	{ }	1	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		- [
	organization's current and former officers, directors, trustees, key employees, and highest compensated	1 1	1	
	employees? If "Yes," complete Schedule J	23		_X_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	{	1	
	\$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		
	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		<u>X</u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			l
	disqualified persons? If "Yes," complete Schedule L, Part II	26	ļ	_X_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	1	l	
	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	54	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			٠,
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	-4		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	<u> </u>	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	206	Ì	
_	Schedule L, Part IV	28b	 	X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	ĺ	X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X	 ^
30	Did the organization receive more than \$25,000 in non-cash contributions in the rest complete schedule in	25	 ^-	 -
30	conservation contributions? If "Yes," complete Schedule M	30	x	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	130	<u> </u>	
٠.	Part I	31	1	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	<u></u>	-	1
	If "Yes," complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	}	×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	1	1	1
	Ill, or IV, and Part V, line 1	34	X	1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	1
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled		T^{-}	\top
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	i	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related		1	1
	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		1	T^-
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part		1	
	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	X	}

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V. Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . Did the organization comply with backup withholding rules for reportable payments to vendors and reportable X 1c Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a Statements, filed for the calendar year ending with or within the year covered by this return 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) Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . 3ь 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 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 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b С If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7<u>a</u> and services provided to the payor? 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 If "Yes," indicate the number of Forms 8282 filed during the year d * Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 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 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the S. 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 9b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter. а 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 **%** 11 Section 501(c)(12) organizations. Enter: Gross income from other sources (Do not net amounts due or paid to other sources 12a 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 . . . 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 Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b Enter the amount of reserves on hand 13c Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b Х

	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O Check if Schedule O contains a response or note to any line in this Part VI		Ħ	ions.
Secti	ion 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	5		ļ
	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.	1	- ;	
b	Enter the number of voting members included in line 1a, above, who are independent 1b	5	- /	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	\neg	•	
	any other officer, director, trustee, or key employee?	. 2	-	x
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
_	· ·			 ^ -
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7-		×
_	one or more members of the governing body?	7a		 ^- -
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
•	stockholders, or persons other than the governing body?	. 7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	11.20	. ′	3 7 1
	the year by the following:	4 mm	initiate	
a	The governing body?	8a	- X	
ь	Each committee with authority to act on behalf of the governing body?	. 8b	_X_	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	. 9	L	<u> </u>
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	; Code.)	Yes	No
40-	Did the executivation have lead shorters broughts as officiated?	10a	163	X
10a	Did the organization have local chapters, branches, or affiliates?	100	├	+^-
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	405	[
44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		X
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		480	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40-		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	├ -
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	┼──
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	1.0	,	
	describe in Schedule O how this was done	12c	X	+
13	Did the organization have a written whistleblower policy?	13	 	X
14	Did the organization have a written document retention and destruction policy?	14	X ≥ >>	+
15	Did the process for determining compensation of the following persons include a review and approval by	WÎ.	*	1 3
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		+
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		3.4	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	<u> </u>		سين أ
	with a taxable entity during the year?	16a	↓	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its) :	1 6
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard	ت شا		
	the organization's exempt status with respect to such arrangements?	16b		
Sect	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NC		- - - -	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 5	01(c)(3)s	only	/)
	available for public inspection Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedul	e O)		
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of inte	rest polic	y, ar	ıd

State the name, address, and telephone number of the person who possesses the organization's books and records

financial statements available to the public during the tax year.

Statesville Housing Authority
110 West Allison Street, Statesville, NC 28677

20

Iredell Statesville Community Enrichment Co.	rp., Inc.	56-1935432	Page 7

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated		
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII.		

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

Form 990 (2017)

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. Position (A) (B) (do not check more than one (E) Name and Title Average box, unless person is both an Reportable Reportable Estimated compensation compensation amount of hours per officer and a director/trustee) week (list any Officer from from related other Individual trustee Highest compensated employee Institutional Key hours for organizations compensation director organization (W-2/1099-MISC) from the related employee (W-2/1099-MISC) organization organizations and related below dotted trustee organizations (1) Diane Fletcher 0.25 Board Chair 0.25 Х (2) Bernadene Moton 0.25 Vice Board Chair 0.25 (3) Josh Daily 0.25 Board Member 0.25 (4) John Gallina 0.25 **Board Member** 0.25 (5) Raylla Murray 0.25 0.25 Board Member (6) Darbah Skaf 15.00 COO Х _ (7)_____ (9) (10)

Pa	rt VII Section A. Officers, Directors, Tr	ustees, Key Ei	mplo	yee	s, a	nd	High	est	Compensated	Employees	(conti	nued)	
					(C Pos	C)							
	(A) Name and title	(B) Average hours per	box,	unles er <u>an</u> e	neck ss pe	more rson	than o	an	(D) Reportable compensation	(E) Reportable compensatio		(F) Estimated amount o	
	-	week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organization: (W-2/1099-MIS	SC)	other compensati from the organizatio and relate organizatio	on d
(15)			-	-	-	-					+		
(16)			-								+		
(17)				-					i				
(18)			-	-					<u> </u>		1		
(19)			-	-	-	-							
(20)			-					!					
(21)													
(22)													
(23)													
(24)													
(25)			1										
1b c d	Sub-total . Total from continuation sheets to Part VII, Total (add lines 1b and 1c)	Section A			•			A A A	0		0 0		0
2	Total number of individuals (including but not reportable compensation from the organizatio	limited to those			ove 0	e) w	ho re	cei	ed more than \$	100,000 of			
3	Did the organization list any former officer, di employee on line 1a? <i>If</i> "Yes," complete Sche	rector, or truste			nplo	•	e, or h	_	•	ed	177	Yes 3	No
4	For any individual listed on line 1a, is the sum the organization and related organizations grandividual		,000		"Yes							4	X
5	Did any person listed on line 1a receive or ac for services rendered to the organization? If "									ındividual	~~	5	X
Sec	tion B. Independent Contractors											لــــــــــــــــــــــــــــــــــ	
1	Complete this table for your five highest componentation from the organization. Report of year.											s tax	
	(A) Name and business add	dress							(B) Description of se	ervices	Co	(C) mpensation	1
								 					(
								+					
						_							
	Total number of independent contractors (inc	luding but not !!	mita	1 10	tha	00 !	oted		wal who receive		1000		
2	Total number of independent contractors (incomore than \$100,000 of compensation from the	•			เมาดร	se II	istea :	aDC 1	ve) who receive	الله الله الله الله الله الله الله الله	74.75% 24.13		

		Check if Schedule O contains	s a response or	note to any line	in this Part VIII.			. \square
1					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns	. 1a	0			:	ļ
Grants	b	Membership dues .	. 1b	0			:	
tributions, Gifts, Grants Other Similar Amounts		Fundraising events	1c	0				
ia g	d	Related organizations	1d	0				1
Sim S	e	Government grants (contribution		0				}
er tř	Ť	All other contributions, gifts, grad			ı			į ,
Contributions, Gifts, and Other Similar Ar		similar amounts not included ab		76,700				!
Cont	g	Noncash contributions included in li	•	76,700				(
	<u>· h</u>	Total. Add lines 1a-1f	` 	Business Code	76,700			<u>'</u>
Program Service Revenue	2a	Fees						
eve	b	rees		541610	5,585 0			
Se F	c				0	 		
ez	d				0			
S	e				0			
E G	f	All other program service revenu	ле		0		 	
2	g	Total. Add lines 2a-2f.		. ▶	5,585	Dang Cak	4 124 4 4 2	多品品 长期
	3	Investment income (including di	vidends, interes	t, and				
		other similar amounts)		.	12,938	12,938	<u> </u>	
1	4	Income from investment of tax-e	exempt bond pro	ceeds . >	0			
- 1	5	Royalties	بندنی زید ے	.	0			
	_		(ı) Real	(II) Personal				
	6a	Gross rents	424,327					
Ì	b	Less rental expenses	439,160					
	c d	Rental income or (loss) Net rental income or (loss) .	-14,833	0	44.000	44.000		
- 1		Gross amount from sales of	(ı) Secunties	(II) Other	-14,833	-14,833		
1	, a	assets other than inventory.	0	122,477				
	b	Less: cost or other basis		122,411				
ļ		and sales expenses	0	97,950				19-1-2 to 18-1-18
	С	Gain or (loss)	0	24,527				
1	d	Net gain or (loss)			24,527	24,527		Proce 2 consideration and other Special Specia
							100	
ع ا	8a	Gross income from fundraising						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
\eq		events (not including \$	0					
&		of contributions reported on line	1c).	_				
Other Revenue		See Part IV, line 18	. а	0			, , , , , ,	**
ᅙ	C	Less direct expenses . Net income or (loss) from fundra		L <u>0</u>			manner state of	Lander a sum de la come de la
		Gross income from gaming activ	•	 	, , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·	 	
	Ju	See Part IV, line 19		0			,	· · · · · · · · · · · · · · · · · · ·
	ь	Less: direct expenses		<u>0</u>				π',
		Net income or (loss) from gamir		<u>_</u>	0			
		Gross sales of inventory, less	.g =======	Γ -	. , , , ,			
		• • • • • • • • • • • • • • • • • • •	a	l o	, ,	}	1	
	b	Less cost of goods sold .	b	0		1		
	С	Net income or (loss) from sales	of inventory		0			
		Miscellaneous Revenue		Business Code				
	11a			 	0			
	Ь			}	0		 	
	C	All other revenue		ļ	0		 	
	d	All other revenue		L	0	<u>'</u>	 	
	42	Total revenue See instructions			104.017	20.24	,	

Par	Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must complete al	ll columns. All other	organizations mus	t complete column	(A)
	Check if Schedule O contains a response or note				
	not include amounts reported on lines 6b, 7b, 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		САРБІЛОВО	gonomen	
•	domestic governments See Part IV, line 21	o			
2	Grants and other assistance to domestic	_			1
_	Individuals See Part IV, line 22	ol			
3	Grants and other assistance to foreign				
•	organizations, foreign governments, and foreign		ļ		
	individuals. See Part IV, lines 15 and 16.	ol	l		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
•	trustees, and key employees	o	Ĭ	ol	
6	Compensation not included above, to disqualified				
•	persons (as defined under section 4958(f)(1)) and			ì	
	persons described in section 4958(c)(3)(B)	l ol			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include	<u>-</u>			
3	section 401(k) and 403(b) employer contributions).	l ol			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees):	<u>-</u>			
		o		1	
a	Management	0			·
b	Legal				
С	Accounting	0			
d	Lobbying		3 7 7 70	**** %* **	
e	Professional fundraising services See Part IV, line 17.	0	\$ e 'W ,	<u> </u>	
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.)	0		0	
12	Advertising and promotion	0			
13	Office expenses	0			
14	Information technology	0			
15	Royalties	0			
16	Occupancy .	0			
17	Travel	0			
18	Payments of travel or entertainment expenses		ļ		
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings.	0			
20	Interest	7,682	7,682		
21	Payments to affiliates	0			<u></u>
22	Depreciation, depletion, and amortization	110,223	110,223	0	
23	Insurance	0			
24	Other expenses Itemize expenses not covered	4			
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column		1		
	(A) amount, list line 24e expenses on Schedule O.)		<u> </u>		
а		0			
b		0			
С		C			
d		C			
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	117,905	117,905	0	
26	Joint costs. Complete this line only if the	117,000	111,500	<u> </u>	
	organization reported in column (B) joint costs		'	1	1
	from a combined educational campaign and	1		1	
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)		1		

		Check if Schedule O contains a response of	or note to any line in this Pa	nt X	<u> </u>	<u> </u>
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		165,377	1	178,693
	2	Savings and temporary cash investments		1,612	2	1,564
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		10,458	4	3,696
	5	Loans and other receivables from current and	former officers, directors,			1
		trustees, key employees, and highest compens	sated employees.			` ;
		Complete Part II of Schedule L		0	5	
	6	Loans and other receivables from other disqualified person				1
		4958(f)(1)), persons described in section 4958(c)(3)(B), a	nd contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary e	mployees' beneficiary		l	
ets		organizations (see instructions). Complete Part II of Sche	edule L	0	6	
Assets	7	Notes and loans receivable, net		330,552	7	327,026
⋖	8	Inventories for sale or use		0	8	
	9	Prepaid expenses and deferred charges		10,628	9	8,523
	10a	Land, buildings, and equipment cost or				
		other basis. Complete Part VI of Schedule D	10a 8,393,86	57 - 3 - 48, 3 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -		
	b	Less. accumulated depreciation	1,557,75	6,933,894	10c	6,836,117
	11	Investments—publicly traded securities			11	0
	12	Investments—other securities. See Part IV, lin	e 11	0	12	0
	13	Investments—program-related. See Part IV, lin		0		0
	14	Intangible assets		C		0
	15			C		0
	16	Total assets. Add lines 1 through 15 (must eg	jual line 34)			7,355,619
	17	Accounts payable and accrued expenses .		2,747,340		2,914,400
	18	Grants payable				
	19	Deferred revenue				
	20	Tax-exempt bond liabilities				
	21	Escrow or custodial account liability Complete	C	<u> </u>	× × × × × × × × × × × × × × × × × × ×	
Liabilities	22	Loans and other payables to current and form			¥.,	
ij	•	trustees, key employees, highest compensate		and the same of th	الأندب س	
ia.	l	disqualified persons. Complete Part II of Sche		(
	23	Secured mortgages and notes payable to unre	T	1,880,355		1,706,081
	24	Unsecured notes and loans payable to unrelat	•	ļ	24	0
	25	Other liabilities (including federal income tax, i				
		parties, and other liabilities not included on line Part X of Schedule D	es 17-24). Complete			
	26				25	0
	20	Total liabilities. Add lines 17 through 25 .		4,627,695	26	4,620,481
Ø		Organizations that follow SFAS 117 (ASC 9		d	3 -	
Š		complete lines 27 through 29, and lines 33	and 34.			·
lar	27	Unrestricted net assets		2,823,05		2,733,574
ã	28	Temporarily restricted net assets			28	ļ
pu	29	Permanently restricted net assets			29	1,564
or Fund Balances		Organizations that do not follow SFAS 117 (ASC958) complete lines 30 through 34.	, check here and			
	30	_		, , , , , , , , , , , , , , , , , , ,		and the same and t
Net Assets	31	Capital stock or trust principal, or current fund			30	
As	32	Paid-in or capital surplus, or land, building, or Retained earnings, endowment, accumulated			31	
Vet	33				_	2 725 420
~_	34	Total liabilities and net assets/fund balances.	• • • • • • •			2,735,138
	134	rotar nabilities and het assets/fund palances .	<u> </u>	7,452,52	1 34	7,355,619

	nedeli Statesville Community Emicriment Corp., inc	20.	- 1930432	Pag	e Z
Par	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		104	<u>,917</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		117	,905
3	Revenue less expenses Subtract line 2 from line 1	3		-12	,988
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2	2,824	,826
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		-76	,700
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	, ,			
	column (B))	10	2	2,735	,138
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			ا [
		-		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				, #
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		752		. !
	Schedule O		<u> </u>	1	11
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		. 2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				3/2
	Separate basis Consolidated basis X Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	** , 1 ***
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		77. T	(Sec	*
	separate basis, consolidated basis, or both:		Care.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Separate basis Consolidated basis X Both consolidated and separate basis			377, V 300	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh	ıt of	ار الله الله الله الله الله الله الله ال		11.0
•	the audit, review, or compilation of its financial statements and selection of an independent accountant?		. 2c	Maka 'a	X
	If the organization changed either its oversight process or selection process during the tax year, explain		. 20	1.38.3	ريدُ ¹ گور
	Schedule O.			1 400	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		-h 3	addan .	
	the Single Audit Act and OMB Circular A-133?		. 3a	x	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		, Ja		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	х	

Form **990** (2017)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

		ie organization					Employer Identification	number	
		tatesville Community Enrichmer	t Corp., Inc.				56- <u>193</u>	5432	
	rt I	Reason for Public Charit							
The	orga	anization is not a private foundate							
1	\sqsubseteq	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:							
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)							
6		A federal, state, or local govern	•	ntal unit described in	saction 1	70/b)/4\/	Λ\/w\		
7	H	An organization that normally r	-					noral public	
•		described in section 170(b)(1)	(A)(vi). (Complete	Part II.)	_	emmenta	ar unit or nom the ge	inerai public	
8		A community trust described in	section 170(b)(1)	(A)(vi). (Complete Pa	rt II.)				
9		An agricultural research organi or university or a non-land-grar university.	zation described in nt college of agricul	section 170(b)(1)(A)(ture (see instructions)	ix) opera	ted in con e name, o	junction with a land- city, and state of the	-grant college college or	
10	X	An organization that normally r receipts from activities related support from gross investment acquired by the organization at	to its exempt functi income and unrela	ons—subject to certai ted business taxable	n exception	ons, and (2) no more than 33 n 511 tax) from bus	1/3% of its	
11		An organization organized and					•		
12	Т	An organization organized and		•	•		* * * *	ut the purposes	
	L	of one or more publicly support Check the box in lines 12a thro	ted organizations d	escribed in section 5	09(a)(1) c	r section	509(a)(2). See sec	tion 509(a)(3).	
а	: ا	Type I. A supporting organization (sorganization) organization You must cor	s) the power to reg	ularly appoint or elect					
b	,	Type II. A supporting organic control or management of the organization(s). You must control organization (s).	zation supervised one supporting organ	or controlled in connective transfer or controlled in connection vested in the state of the stat					
c	;	Type III functionally integr	ated. A supporting	organization operated				itegrated with,	
d	ì	its supported organization(s						organization(s)	
	•	that is not functionally integing requirement (see instruction	rated. The organiza	ation generally must s	atisfy a di	stribution	requirement and an		
е	!	Check this box if the organize						Type III	
		functionally integrated, or Ty	ype III non-function	ally integrated suppor	ting orgai	nization.			
f		Enter the number of supported						0	
		Provide the following information			<u> </u>			1 1 1 1 1 1 1	
	(1)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ir governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
					Yes	No			
(A)									
(B)					- -				
(C)					 				
(C)								•	
(D)			-						
(E)					 -				
Tot	 al		`,,		 		0		
. 00	•••		l	ł	1	1		1	

Sche	dule A (Form 990 or 990-EZ) 2017 Iredell Sta	tesville Commun	ity Enrichment C	Corp , Inc.		56-193543	2 Page 2
Pa	rt II Support Schedule for Orga	anizations Des	cribed in Sect	ions 170(b)(1)	(A)(iv) and 170		
	(Complete only if you check	ed the box on li	ne 5. 7. or 8 of	Part I or if the o	rganization fail	ed to qualify und	er /
	Part III. If the organization fa	ils to qualify un	der the tests lis	ted below plea	se complete P	art III)	· /
Sec	tion A. Public Support		20. 1.10 (00.0 110	tou bolow, plou	oo oompioto i	art m.,	
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	√(f) Total
1	Gifts, grants, contributions, and	(4) 20 10	(5) 2014	(0) 2010	(4) 2010	(6) 2011	/(i) Total
•	membership fees received (Do not						
	include any "unusual grants ")						0
2	•			-,			0
_	Tax revenues levied for the organization's						
	benefit and either paid to or expended on its behalf						
	·					, ii	0
3	The value of services or facilities						
	furnished by a governmental unit to the				ĺ		
	organization without charge						0
4	Total. Add lines 1 through 3 .	0	0	0	<u>// 0</u>	0	0
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly			ı			
	supported organization) included on		,			,	
	line 1 that exceeds 2% of the amount	19.1	y ,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	*/	35 / / L	
	shown on line 11, column (f)	Strain Str	13 mg ()	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		BAY COMMON	
6	Public support. Subtract line 5 from line 4		Programme (/ //××;	ZORPARI		0
Sec	ction B. Total Support	· · · · · · · · · · · · · · · · · · ·		Á			
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c̃) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	l 0	0	o	0	0	0
8	Gross income from interest, dividends,		/	'			
	payments received on securities loans,						
	rents, royalties, and income from		f				
	sımılar sources		/				0
9	Net income from unrelated business						
	activities, whether or not the business is						
	regularly carried on		1				0
10	Other income Do not include gain or	/					
	loss from the sale of capital assets						
	(Explain in Part VI)						0
11	Total support. Add lines 7 through 10	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	· Q . 1 1/2 1/2	14.00	、	4 4	0
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13	First five years. If the Form 990 is for the o	rganization's first,	second, third, fourt	h, or fifth tax year a	as a section 501(c)(3)	
	organization, check this box and stop here	·'					►□
Sec	ction C. Computation of Public Su	pport Percenta	age				
	Public support percentage for 2017 (line 6,			(f))		14	0.00%
15	Public support percentage from 2016 Scher	dule A, Part II, line	14			15	0 00%
16a	33 1/3% support test—2017. If the organiz	ation did not check	the box on line 13	3, and line 14 is 33	1/3% or more, che	eck this box	
	and stop here. The organization qualifies a	s a publicly suppor	ted organization				▶
b	33 1/3% support test—2016. If the organiz	ation did not check	c a box on line 13 o	or 16a, and line 15	s 33 1/3% or more	e, check this	_
	box and stop here. The organization qualifi	es as a publicly su	pported organization	on			▶
17a	10%-facts-and-circumstances test—2017	. If the organization	n did not check a b	ox on line 13. 16a	or 16b, and line 1	4	_
	is 10% or more, and if the organization mee	ets the "facts-and-c	ircumstances" test	, check this box an	d stop here. Expl	ain in	
	Part VI how the organization meets the "fac	ts-and-circumstand	ces" test. The orga	nization qualifies a	s a publicly suppo	rted	
	organization /			•			▶[
b	10%-facts-and-circumstances test—2016	6. If the organization	n did not check a b	ox on line 13, 16a,	16b, or 17a, and	line	
	15 is 10% or more, and if the organization	meets the "facts-a	nd-circumstances'	" test, check this be	ox and stop here	•	
	Explain in Part VI; how the organization mee	ets the "facts-and-c	circumstances" test	The organization	qualifies as a pub	licly	. —
	supported organization	•					▶
18	Private foundation. If the organization did	not check a box or	n line 13, 16a, 16b,	17a, or 17b, check	this box and see		
_	instructions.						►X
	₩	,					

Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	ally under the	lests listed beig	w, please com	ipiele Part II.)		
	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 fees	(2) 20 10	(2) 2011	(0) 2010	(4) 2010	(0) 2011	(1) 10(0)
	received (Do not include any "unusual grants ")				ļ		0
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	1	-				0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						0
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3		-				
	received from disqualified persons						0
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			<u></u>			0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from			ini est	CASSAGE A. 'S'		
	line 6)		WAY TO STATE OF THE STATE OF TH		* * *****		0
	tion B. Total Support						
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	0	0	0	0	0	0
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources	····					0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses	Ì					
	acquired after June 30, 1975						0
	Add lines 10a and 10b	0	0	c	0	0	0
11	Net income from unrelated business						
	activities not included in line 10b, whether			İ			
	or not the business is regularly carried on						0
12	Other income Do not include gain or						
	loss from the sale of capital assets						_
42	(Explain in Part VI)						0
13	Total support. (Add lines 9, 10c, 11,			_			_
14	and 12)	0					0
17	First five years. If the Form 990 is for the organization, check this box and stop here		secona, tnira, touri	in, or ππη tax year	as a section 501(c)(3)	
Sar		·	· · · · · · · · · · · · · · · · · · ·				
	Ction C. Computation of Public Su					1 4= 1	0.000/
15	Public support percentage for 2017 (line 8,			(†))		15	0.00%
16 Sec	Public support percentage from 2016 Scher	oule A, Part III, line	15			16	0 00%
	ction D. Computation of Investmen					T-22 1	0.000/
17	Investment income percentage for 2017 (lin	2.2	•	column (f)) .		17	0 00%
18	Investment income percentage from 2016 S		•			18	0 00%
198	33 1/3% support tests—2017. If the organi						, <u> </u>
h	not more than 33 1/3%, check this box and 33 1/3% support tests—2016. If the organi						▶
	line 18 is not more than 33 1/3%, check this						
20	Private foundation. If the organization did						► X
	Titale iounidation, if the organization dio	HOLDINGON & DOX OF	ı mı c 17, 13a, 01 13	JU, CHECK HIS DOX	and see monaction	ıə	

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 Organization	ations
--	--------

eci	ion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
2	class or purpose, describe the designation. If historic and continuing relationship, explain.			 -
2	Did the organization have any supported organization that does not have an IRS determination of status	Î	,	
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported	ا ۔ ا		l
20	organization was described in section 509(a)(1) or (2).	2		<u> </u>
Sa	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.			
h		3a		
U	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			Ì
	organization made the determination.	26		
_	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)	3b		
C	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	20	*** * **	
42	Was any supported organization not organized in the United States ("foreign supported organization")? If	3с		
74	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	, ^//	<i>,</i>	
_	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.	4b	man di da	
С	Did the organization support any foreign supported organization that does not have an IRS determination	17.	,	"/";
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used		1. 1	1
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)		<i>.</i>	,
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	3	× 1	Ţ.,
	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;		. 2. 3. 	- ,, ,
	(III) the authority under the organization's organizing document authorizing such action, and (iv) how the action	7.09		2 Y
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	lx:	` &; \//// •	
	designated in the organization's organizing document?	5b		ļ
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	ļ	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to		, ž	ļ
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited		1 10	
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			ئىگ سىمە
7	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	,	ļ
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	, ,	1.75	`
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with		ن شد شد	
8	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?	7		+
٠	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).			
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more	8	 	┼─
Ju	disqualified persons as defined in section 4946 (other than foundation managers and organizations described	[. ĭ. `		,
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b		Ja	1	+
_	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		

c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in 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

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

supporting organizations)? If "Yes," answer 10b below

determine whether the organization had excess business holdings.)

9с

10a

10b

Part	IV Supporting Organizations (continued)			
]	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		İ	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			i
b	below, the governing body of a supported organization? A family member of a person described in (a) above?	11a 11b		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	ion B. Type I Supporting Organizations	1 1.01		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	1 1		(
	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		
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		
Sect	ion 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	1	11/2/80	" **
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	Brot.	3.	
	or management of the supporting organization was vested in the same persons that controlled or managed		. ´. `X	1 22
	the supported organization(s).	1_1_	L.,	L
Seci	ion D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	13.20	. 33	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		*	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	4		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1_		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	() () () () () () () () () ()		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		<u>.</u>	
_	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		. 🛪	
	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	7	M	
	supported organizations played in this regard.	3	هُمُ مُمُ	المنقس . [.
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	nstruc	tions	3)
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 entity	(see II	nstru	ctions)
2	Activities Test. Answer (a) and (b) below.	•		No
z a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	13	1 68	+170
u	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		1 4] .
	those supported organizations and explain how these activities directly furthered their exempt purposes,	"X ,-		, ,
	how the organization was responsive to those supported organizations, and how the organization determined			1
	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			
	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	┼	+
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 trustees of each of the supported organizations? <i>Provide details in Part VI</i> .		-	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a	+	+-
U	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 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 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4). 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d 0 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 ol 0 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 0 see instructions). 5 0 0 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 0 6 Multiply line 5 by .035. 6 0 7 Recovenes of prior-year distributions 7 ol 0 8 Minimum Asset Amount (add line 7 to line 6) 8 0 0 Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) 0 0 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 0 3 0 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 5 6 Distributable Amount. Subtract line 5 from line 4, unless subject to Š emergency temporary reduction (see instructions). Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

1:21.9	Type III Non-Functionally Integrated 509(a)(3)	Sup	porting O	rganiza	ations (continued)				
Section	on D - Distributions					Curre	ent Year		
1	Amounts paid to supported organizations to accomplish e								
2	Amounts paid to perform activity that directly furthers exer	npt p	ourposes o	f suppor	ted				
	organizations, in excess of income from activity								
3	Administrative expenses paid to accomplish exempt purpo	oses	of support	ed orgai	nizations				
4	4 Amounts paid to acquire exempt-use assets								
5									
6	·								
7	Total annual distributions Add lines 1 through 6						0		
8	Distributions to attentive supported organizations to which	the	organizatio	n is res	ponsive				
	(provide details in Part VI) See instructions								
9	Distributable amount for 2017 from Section C, line 6						0		
10	Line 8 amount divided by line 9 amount						0 000		
			(-)		(11)	((111)		
Se	ction E - Distribution Allocations (see instructions)		(ı) cess Dıştrıl	hutiana	Underdistributions	Distr	ıbutable		
		EXC	ess Distri	bullons	Pre-2017	Amour	nt for 2017		
1	Distributable amount for 2017 from Section C, line 6	1 "	を小まむ	333	() () () () () ()		0		
	Underdistributions, if any, for years prior to 2017	p , ~	Will Hall	"],"w." "			4.7.7		
2	(reasonable cause required—explain in Part VI) See	75° ;	-प्राप्ति क्षाप्तिक स्थाप्ति हो। -प्राप्तिक स्थाप्तिक स्थाप्तिक स्थाप्ति	15-17 S		建			
	instructions			1-14	i	FE			
3	Excess distributions carryover if any, to 2017	CT	17 PET	THE T	· 人。神智能是中华	CIALIFEE			
а	P. 电流流 "远海流流" "是" "生" "是" "是" "是" "是" "是" "是" "是" "是" "是" "是	4' - 3', -	· Winter	٠ <u>٠</u>	(1) 对位是这样	Tallet all - Services			
b	From 2013 0	F- 3.,3	July 2 James 1	$\vec{L}_{\tau}y$.		ESTR.	· 於 號		
c	From 2014 0	<u> </u>	"是"	¥1, , ,	冷影響學是 改 4.3	FILT M	3. 水流 - 古野		
d	From 2015 0	1,5	OWN AND THE	·~	"有题"是是"加速"是	- 14. The 1			
е	From 2016 0	部	超起 海岸	工具開	建设的政策	影響。	a. 4. 1. 15		
f	Total of lines 3a through e			0	一門如此時代	加克姆			
_ g	Applied to underdistributions of prior years	於"	建筑	理识	0	迎往高层。-	""。" "。		
h	Applied to 2017 distributable amount	12	· · · · · · · · · · · · · · · · · · ·	£4, "	· 三章中国 6 72 11 11	Į.	0		
	Carryover from 2012 not applied (see instructions)	lα ¦″.	, ISHELL	神经生	· · · · · · · · · · · · · · · · · · ·	五二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十			
	Remainder Subtract lines 3g, 3h, and 3i from 3f			0	福州区区	調整と連続	·瑞祉 s · · · · · · · · · · · · · · · · · ·		
4	Distributions for 2017 from	#17			《沙泽·斯斯斯》				
	Section D, line 7 \$ 0	1			- 4		- " man 14.5		
a	Applied to underdistributions of prior years	Ca So.		Francis .	0	開展でき	"过海",到 "是"		
b	Applied to 2017 distributable amount	i.k		4:2-	. 是强躁。		0		
c	Remainder Subtract lines 4a and 4b from 4			0	TO THE THE WAY AND	THE TALL	"。江州"郡		
5	Remaining underdistributions for years prior to 2017, if	T. 24	福斯 克斯	产业 证		理学を理	自己。""连		
	any Subtract lines 3g and 4a from line 2 For result	50 - 1. 171				F. 4	75 1		
	greater than zero, explain in Part VI See instructions	1.4	推翻。	19 7 07-	0	明確為			
6	Remaining underdistributions for 2017 Subtract lines 3h	٠, ،،		THE PARTY OF	15 TENNE 1 1 21				
	and 4b from line 1. For result greater than zero, explain in	, T							
	Part VI See instructions	ale in	"是"的"是"	P. Prints	设置的工程 ,独立编		0		
7	Excess distributions carryover to 2018 Add lines 3	<u> </u>			皇皇军是是"大型"。	TALE WEET			
	and 4c			0		编型			
8	Breakdown of line 7	r, was	· 解孫科	4	" TO THE MAN	通常性"	· 其, 变强		
a	Excess from 2013 0	Letr_t	TAMES TO LOW	5.71 g			門群線。		
ь	Excess from 2014 0	ir. u	多种能	MFF 7.	正式開放 山东 三百	課費で	"虚气包含"		
с	Excess from 2015 0	畫		75/4° 10	· 1000 1000 1000 1000 1000 1000 1000 10	· "一"			
d	Excess from 2016 0		THE THE	气气器	W. S. E. P. S.	In the second	Francisco III		
е	Excess from 2017 0	LT.	有性性	· 福介。			THE STATE OF THE S		

Schedule A (F	form 990 or 990-EZ) 2017 Iredell Statesville Con	nmunity Enrichment Corp., Inc.	56-1935432	Page 8
Part VI	Supplemental Information. Provide the ex	planations required by Part II, line 10; Part	II, line 17a or 17b; Part	
	III, line 12; Part IV, Section A, lines 1, 2, 3b,			
	B, lines 1 and 2; Part IV, Section C, line 1; F			
	3a, and 3b; Part V, line 1; Part V, Section B			
	lines 2, 5, and 6. Also complete this part for	any additional information. (See instruction	ns.)	
		,		
				· · · · · · · ·
	***************************************			-
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				-
		•		
		• • • • • • • • • • • • • • • • • • • •		
		•		

SCHEDULE D (Form 990)

Department of the Treasury

Name of the organization

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.

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

► Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Schedule D (Form 990) 2017

Employer identification number

Iredell Statesville Community Enrichment Corp., Inc. Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year. 2 Aggregate value of contributions to (during year). 3 Aggregate value of grants from (during year) . . . 4 Aggregate value at end of year . . . 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements . . . а 2a Total acreage restricted by conservation easements . 2b b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Assets included in Form 990, Part X.

	le D (Form 990) 2017 Iredell Statesville Comm			56-193		Page 2
Part	Organizations Maintaining Collection	ctions of Art, Histori	cal Treasures, or 0	Other Similar Asset	s (continued)	
3	Using the organization's acquisition, access	sion, and other records,	check any of the folio	owing that are a signific	cant use of its	
	collection items (check all that apply):	•	-	-		
а	Public exhibition	d 🗌	Loan or exchange	programs		
b	Scholarly research	e 🗌	Other			
С	Preservation for future generations					
4	Provide a description of the organization's XIII.	collections and explain	how they further the o	organization's exempt p	ourpose in Part	
5	During the year, did the organization solicit	or receive donations of	art, historical treasur	es, or other similar		
	assets to be sold to raise funds rather than				Yes 🗌	No
Part	IV Escrow and Custodial Arrangem	ents.				
	Complete if the organization answe 990, Part X, line 21.	ered "Yes" on Form 99	90, Part IV, line 9, or	r reported an amoun	t on Form	
1a	Is the organization an agent, trustee, custo	dian or other intermedia	ary for contributions or	r other assets not		1
					Yes	No
b	If "Yes," explain the arrangement in Part XI	III and complete the follo	owing table:	r 		
_	Poguaring holor				Amount	
C C	Beginning balance	•		1c		0
d	Additions during the year	• • • • •		1d		
e f	Distributions during the year .		•	1e 1f		
f 2-	Ending balance				<u></u>	· 0
2a	Did the organization include an amount on			-	Yes X	No
	If "Yes," explain the arrangement in Part XI	III. Check here if the exp	planation has been pr	ovided on Part XIII .		
Part						
	Complete if the organization answer			······································		
		Current year (b) Pno				
1a	Beginning of year balance .	0	0	0	0	0
b	Contributions		-			
С	Net investment earnings, gains,					
	and losses .				-	
d	Grants or scholarships					
е	Other expenditures for facilities					
£	and programs					
1	Administrative expenses End of year balance	0				
g 2	Provide the estimated percentage of the cu		(line 1g. column (a))	0	0	0
a	Board designated or quasi-endowment	urrent year end balance ► %	(interry, column (a))	iiciu as.		
b	Permanent endowment	%				
c	Temporarily restricted endowment	<i>'</i> ² %				
_	The percentages on lines 2a, 2b, and 2c sl					
3a	Are there endowment funds not in the poss		ion that are held and	administered for the		
	organization by:				Yes	No
	(i) unrelated organizations .			•	3a(i)	T -
	(ii) related organizations .				3a(ii)	
b	If "Yes" on line 3a(ii), are the related organ	nizations listed as requir	ed on Schedule R?.		3b	L
4	Describe in Part XIII the intended uses of t	•				
Part						
	Complete if the organization answer	ered "Yes" on Form 9	<u>90, Part IV, line 1</u> 1a	. See Form 990, Pai	t X, line 10	
	Description of property	(a) Cost or other basis	(b) Cost or other	(c) Accumulated	(d) Book valu	ue
		(investment)	basis (other)	depreciation		
1a	Land	0		在1965年1967年1967年		52,152
b	Buildings	0	2,832,512	1,548,547	1,28	83,965
C	Leasehold improvements	0	0			0
d	Equipment	0	9,203	1		0
e	Other	0	0	0		.0
Iotal	. Add lines 1a through 1e. (Column (d) mus	st equal ⊢orm 990, Part	x, column (B), line 10	Oc) •	6,8	36,117

	Complete it the organization and	wered "Yes" on Form 99	O Part IV line 11h See Fo	rm 000 Dort V line 12
	Complete if the organization ansi (a) Description of security or category			
	(including name of security)	(b) Book value	(c) Method of Cost or end-of-ye	
(1) Financial	derivatives			
	eld equity interests .)	
(3) Other				
≀⊡≀ (B)				
(C)		·		<u> </u>
(D)		· 		
(Ē)				
(F)				
(H)				
Part VIII	(b) must equal Form 990, Part X, col (B) line 12)	•)	
rait viii	Investments—Program Related	J.		-
	Complete if the organization answ	vered "Yes" on Form 990	0, Part IV, line 11c. See For	m 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method o	
(1)			Cost or end-of-ye	ar market value
(2)				
(3)				-
_(4)				
(5)				
(6)				
		,		
(8)				
(8)				
(8) (9) Total. (Column	(b) must equal Form 990, Part X, col (B) line 13)	• 0		of the state of th
(8) (9)	Other Assets. Complete if the organization answ	vered "Yes" on Form 990		m 990, Part X, line 15.
(8) (9) Total. (Column	Other Assets. Complete if the organization answ			
(8) (9) Total. (Column Part IX	Other Assets. Complete if the organization answ	vered "Yes" on Form 990		m 990, Part X, line 15.
(8) (9) Total. (Column Part IX (1) (2) (3)	Other Assets. Complete if the organization answ	vered "Yes" on Form 990		m 990, Part X, line 15.
(8) (9) Total. (Column Part IX (1) (2) (3) (4)	Other Assets. Complete if the organization answ	vered "Yes" on Form 990		m 990, Part X, line 15.
(8) (9) Total. (Column Part IX (1) (2) (3) (4) (5)	Other Assets. Complete if the organization answ	vered "Yes" on Form 990		m 990, Part X, line 15.
(8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answ	vered "Yes" on Form 990		m 990, Part X, line 15.
(8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answ	vered "Yes" on Form 990		m 990, Part X, line 15.
(8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answ	vered "Yes" on Form 990		m 990, Part X, line 15.
(8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answ (a)	vered "Yes" on Form 990 Description), Part IV, line 11d. See For	rm 990, Part X, line 15. (b) Book value
(8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answ	vered "Yes" on Form 990 Description), Part IV, line 11d. See For	m 990, Part X, line 15.
(8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Other Assets. Complete if the organization answ (a) (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organization answ line 25.	vered "Yes" on Form 990 Description), Part IV, line 11d. See For	m 990, Part X, line 15. (b) Book value
(8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Other Assets. Complete if the organization answ (a) (b) must equal Form 990, Part X, col (B) II Other Liabilities. Complete if the organization answ line 25. (a) Description of liability	vered "Yes" on Form 990 Description), Part IV, line 11d. See For	m 990, Part X, line 15. (b) Book value
(8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Other Assets. Complete if the organization answ (a) (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organization answ line 25.	vered "Yes" on Form 990 Description vered "Yes" on Form 990 vered "Yes" on Form 990), Part IV, line 11d. See For	m 990, Part X, line 15. (b) Book value
(8) (9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X	Other Assets. Complete if the organization answ (a) (b) must equal Form 990, Part X, col (B) II Other Liabilities. Complete if the organization answ line 25. (a) Description of liability	vered "Yes" on Form 990 Description vered "Yes" on Form 990 vered "Yes" on Form 990), Part IV, line 11d. See For	m 990, Part X, line 15. (b) Book value
(8) (9) Fotal. (Column) (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column) Part X	Other Assets. Complete if the organization answ (a) (b) must equal Form 990, Part X, col (B) II Other Liabilities. Complete if the organization answ line 25. (a) Description of liability	vered "Yes" on Form 990 Description vered "Yes" on Form 990 vered "Yes" on Form 990), Part IV, line 11d. See For	m 990, Part X, line 15. (b) Book value
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(8) (9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X (1) Federal III (2) (3) (4) (5)	Other Assets. Complete if the organization answ (a) (b) must equal Form 990, Part X, col (B) II Other Liabilities. Complete if the organization answ line 25. (a) Description of liability	vered "Yes" on Form 990 Description vered "Yes" on Form 990 vered "Yes" on Form 990), Part IV, line 11d. See For	m 990, Part X, line 15. (b) Book value
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(8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X I. (1) Federal II (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answ (a) (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organization answ line 25. (a) Description of hability ncome taxes	vered "Yes" on Form 990 Description vered "Yes" on Form 990 (b) Book value 0), Part IV, line 11d. See For	m 990, Part X, line 15. (b) Book value
(8) (9) Fotal. (Column (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (2) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9)	Other Assets. Complete if the organization answ (a) (b) must equal Form 990, Part X, col (B) II Other Liabilities. Complete if the organization answ line 25. (a) Description of liability	vered "Yes" on Form 990 Description ine 15) vered "Yes" on Form 990 (b) Book value 0), Part IV, line 11d. See For	ee Form 990, Part X,

	ile 0 (Form 990) 2017 Iredell Statesville Community Enrichment Corp., Inc.	56-1935432	Page 4
Par	XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		_
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	. 2e	C
3	Subtract line 2e from line 1	. 3	
ļ	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	` 	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	1 }	
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	(
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		<u>'</u>
air	Reconciliation of Expenses per Audited Financial Statements With Expenses	s per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
	Total expenses and losses per audited financial statements	1	
? .	Amounts included on line 1 but not on Form 990, Part IX, line 25:	~ :	
а	Donated services and use of facilities		
b	Prior year adjustments	**	
C	Other losses		
d	Other (Describe in Part XIII)		
е	Add lines 2a through 2d	2e	
}	Subtract line 2e from line 1	3	
•	Amounts included on Form 990, Part IX, line 25, but not on line 1	e 78	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b.	. 4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
_	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 an rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional control of the con		

Schedule D (Forr	m 990) 2017	Iredell Statesville Community Enrichment Corp , Inc.	56-1935432	Page 5
Part XIII	Suppler	nental Information (continued)		
		•••••		
		••••••		
				<i></i>
		•••••••••••••••••••••••••••••••••••••••		
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SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990.

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

Employer identification number

	I Statesville Community Enrichme	nt Corp., In	С		132		
Par	Types of Property			·			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of dete noncash contributi	_	
1	Art—Works of art						
2	Art—Historical treasures						
3	Art—Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles .						
7	Boats and planes .		***************************************				
8	Intellectual property						
9	Securities—Publicly traded .						
10	Securities—Closely held stock						,
11	Securities—Partnership, LLC,						
	or trust interests						
12	SecuritiesMiscellaneous.						
13	Qualified conservation						
	contribution—Historic						
	structures	X	2	76,700	Appraisal		
14	Qualified conservation contribution—Other						
15	Real estate—Residential						
16	Real estate—Commercial						
17	Real estate—Other						
18	Collectibles						
19	Food inventory			·			
20	Drugs and medical supplies .						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ► ()						
26	Other ► ()						
27	Other ► ()						
28	Other ► (l		<u> </u>			
29	Number of Forms 8283 received						
	which the organization completed	d Form 828	3, Part IV, Donee Acknowle	edgement	29		2
					4 Ab	Yes	<u>No</u>
30a	During the year, did the organiza				ithrough ,	× _	
	28, that it must hold for at least th				required		, 1
_	to be used for exempt purposes t		• .		<u>30a</u>	 	_ X
	If "Yes," describe the arrangement				;	•	٠.
31	Does the organization have a gift contributions?	-	e policy that requires the re	eview of any nonstandard	31		
32a	Does the organization hire or use			to solicit, process, or sell			
	noncash contributions? .				32a		Х
b	If "Yes," describe in Part II.						
33	If the organization didn't report ar	n amount ir	column (c) for a type of pr	operty for which column (a)) is		, ,
	checked describe in Part II		, , , , , , , , , , , , , , , , , , ,		·	1	

acileonie M (I	offin 990) 2017 Iredeli Statesville Community Enrichment Corp., Inc. 56-1935432 Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received,
	or a combination of both. Also complete this part for any additional information.
	•••••••••••••••••••••••••••••••••••••••
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Iredell Statesville Community Enrichment Corp., Inc.

Form. 990, Part VI, Section B, Line 11: Once the audit is completed, both items are presented at the 3rd Quarterly meeting

Form. 990, Part VI, Section B, Line 12: Commissioners review any new contracts or operational changes at each quarterly meeting in an effort to ensure no conflict of interests are present

Form. 990, Part VI, Section B, Line 15: Comparability Study transacted

Form. 990, Part VI, Section C, Line 19: By respondents request

Form. 990, Part XI, Line 9. Sale of inventoned home constructed with HOME grant funds with

loss reported and passed through to the HOME ledger and applied against Program Income

Form. 990, Part XI, Line 9. Value of contributed building and land

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.	
,	•
	•
	4

Employer identification number Open to Public Inspection 201

OMB No 1545-0047

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

56-1935432

(f)
Direct controlling
entity (e) End-of-year assets Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (d) Total income (c)
Legal domicile (state
or foreign country) (b) Primary activity (a) Name, address, and EIN (if applicable) of disregarded entity Iredell Statesville Community Enrichment Corp., Inc. Name of the organization Part 1 (1) 3

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had Part II

€

3

(6)

(2)

one or more related tax-exempt organizations during
į
Federal Housing

Schedule R (Form 990) 2017

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

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Iredell Statesville Community Enrichment Corp., Inc.

Schedule R (Form 990) 2017

(I) Section 512(b)(13) Percentage ownership ŝ Yes Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part (I) General or Yes No managing (h) Percentage ownership of Schedule K-1 (Form 1065) Code V—UBI (g) Share of end-of-year assets (h) Disproportionate allocations? ŝ (f) Share of total income Yes IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year (g) Share of end-ofyear assets (e)
Type of entity
(C corp. S corp. or trust) (f) Share of total income because it had one or more related organizations treated as a partnership during the tax year (d)

1 Direct controlling entity (e)
Predominant
income (related,
unrelated, sections 512-514) excluded from tax under (c)
Legal domicile
(state or foreign country) (d)

(Direct controlling | entity (b)
Primary activity (c) Legal domicile (state or foreign country) Primary activity Name, address, and EIN of related organization (9) (a) Name, address, and EIN of related organization (2) (5) Part III Part IV ...(3) €, 5 (2) (3) .(4) (6) 2 (5) £1

Schedule R (Form 990) 2017

56-1935432

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ansactions with one or more related olled entity lated organization(s) ared organization(s) organization(s) who must complete this line, litton on who must complete this line,	isted in Parts II-IV?		· · · · · · · · · · · · · · · · · · ·																								red relationships and	Din odulous so so	(c) Amount involved								90
	related organizations l			•																									(b) Transaction	type (a-s)							
	1 During the tax year, did the organization engage in any of the following transactions with one or more in	of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	nt, or capital contribution to related organization(s).	ant, or capital contribution from related organization(s)	or loan guarantees to or for related organization(s)	or loan guarantees by related organization(s)		ds from related organization(s)	assets to related organization(s)	e of assets from related organization(s)		e of assets with related organization(s)	facilities, equipment, or other assets to related organization(s)	facilities equipment or other assets from related organization(s)	י ייייי ייייי יייייי פארוי אין פארוי פאריי אר	ance of services or membership or fundraising solicitations for related organization(s).	ance of services or membership or fundraising solicitations by related organization(s)	of facilities equipment mailing lists or other assets with related organization(s)		g of paid employees with related organization(s)	ursement paid to related organization(s) for expenses	reament naid by related organization(s) for expenses	Isomeni paid by related digalitation(s) to expenses .		ansfer of cash or property to related organization(s)	ansfer of cash or property from related organization(s)	swer to any of the above is "Yes." see the instructions for information on who must complete the		(a) Name of related organization								

56-1935432

Schedule R (Form 990) 2017

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

Percentage Schedule R (Form 990) 2017 ownership 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 3 ž (J) General or managing partner? Yes (i)
Code V—UBI
amount in box 20
of Schedule K-1
(Form 1065) (h)
Disproportionate
allocations? Š Yes end-of-year assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships. Share of total income Share of $\boldsymbol{\varepsilon}$ (e)
Are all partners section 501(c)(3) organizations? Yes No unrelated, excluded Predominant income (related, from tax under sections 512-514) € (c) Legal domicile (state or foreign Primary activity (1) (5) (8) (4) (7) Name, address, and EiN of entity (12) (14) (15) 6 (6) (13) (16) (6) (2) (9)

Schedule R (F		Iredell Statesville Community Enrichment Corp., Inc.	56-1935432	Page 5
Part VII	Supplen	ental Information. dditional information for responses to questions on Sche	dula P. Saa Instructions	
	FIOVIDE	dutional information for responses to questions on sche	dule N. See Instructions.	
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