Form **990**

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 2018

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Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

For the 2018 calendar year, or tax year beginning and ending Employer identification number C Name of organization Check if applicable Iredell Statesville Community Enrichment Corp , Inc. N Doing business as Address change Number and street (or PO box if mail is not delivered to street address) 56-1935432 Name change Telephone number 110 West Allison Street ZIP code Initial return City or town (704) 872-9811 28677 Statesville NC inal return/terminated Foreign postal code Foreign country name Foreign province/state/county 744<u>,551</u> G - Gross receipts \$ Amended return Yes X No F Name and address of principal officer Application pending H(a) is this a group return for subordinates? Darbah Skaf 110 West Allison Street, Statesville, NC 28677 H(b) Are all subordinates included? Nο If "No." attach a list (see instructions) X 501(c)(3)) < (insert no) Tax-exempt status Website: ► iscecinc org H(c) Group exemption number X K Form of organization Corporation Trust Association Other > L Year of formation M State of legal domicile 1996 NC Part I Summary Briefly describe the organization's mission or most significant activities Our purpose is to assist low to moderate Activities & Governance income families by constructing and rehabilitation of existing homes to provide additional safe and affordable housing stock in our community, and to assist the local Housing Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets 2 Number of voting members of the governing body (Part VI, line 1a) 5 4 Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 1 Total number of volunteers (estimate if necessary) 6 15 Total unrelated business revenue from Part VIII, column (C). The 7a 0 Net unrelated business taxable income from Form 990 T, line 38 MAY 1 4 2019 Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 76,700 14,985 SCANNED AUG 4 1 2019us Program service revenue (Part VIII, line 2g) 5,585 6,305 Investment income (Part VIII, column (A), lines 3, 4, and 7 GDEN, UT 10 37,465 105,845 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -14,833-142,342 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 104,917 -15.207 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 0 Benefits paid to or for members (Part IX, column (A), line 4) 0 14 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 0 0 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 117,905 110.240 117,905 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 110,240 19 -12,988-125,447 Revenue less expenses Subtract line 18 from line 12 **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) 7,355,619 7,921,305 21 Total liabilities (Part X, line 26) 4,620,481 5,387,747 22 Net assets or fund balances Subtract line 21 from line 20 2,735,138 2,533,558 Signature Block mined this return, including accompanying schedules and statements, and to the best of my knowledge on of preparer (other than officer) is based on all information of which preparer has any knowledge Under penalties of perjury, I declare that I have ex d complete Declaration and belief, it is true, correct, a 5/8/2019 Sign Date nature of officer Here COO Darbah Skaf Type or print name and title Date PTIN Pnnt/Type preparer's name Preparer's signature Check Paid self-employed Preparer Firm's EIN ▶ Firm's name **Use Only** Phone no Firm's address ▶ No May the IRS discuss this return with the preparer shown above? (see instructions) Yes Form 990 (2018) For Paperwork Reduction Act Notice, see the separate instructions.

Form 99	90 (2018)	Iredell Statesville Cor	nmunity Enrichment C	Corp , Inc			56-1935432	Page 2
Par	t III	Statement of Progra						
		Check if Schedule O	contains a response	e or note to any lin	e in this Part III	•		
1	Briefly d	escribe the organization's n	nission					
	Our pur	oose is to assist low to mod	erate income families	by constructing and	rehabilitation			
		ng homes to provide addition						
	and to a	ssist the local Housing Auth	ority in its mission to	serve the community	with			
		to improve the quality of lif						
2		organization undertake any	significant program s	ervices during the ye	ar which were not	listed on	<u></u>	
		Form 990 or 990-EZ?					Yes	X No
		describe these new service						
3		organization cease conduct	ıng, or make sıgnıfica	nt changes in how it	conducts, any prog	ıram	 1	 1
	services		· · · · · · · · · · · · · · · · · · ·				Yes-	XNo
		describe these changes or						
4		e the organization's prograr						
		es Section 501(c)(3) and 50			rt the amount of gra	ants and alloc	ations to others.	i
	the total	expenses, and revenue, if	any, for each program	n service reported				
								
4a	(Code) (Expense	s \$ 110,240	including grants of S	5) (Revenue	\$)
	Depreci	ation / Amortization for low	to moderate income r	ental housing				

				·	••••			
							·	
4b	(Code) (Expense	~ ¢	including grants of	2	\ /Payanua	<u>¢</u>	
40	(Code							
							• • • • • • • • • • • • • • • • • • • •	
4c	(Code) (Expense	s \$	including grants of	\$) (Revenue	\$)
						- 		
		•						
		•						
		· · · · · · · · · · · · · · · · · · ·						
4d	Other p	rogram services (Describe	ın Schedule O)		-·· 			
	(Expen	ses \$	0 including grants of	\$	0)(Revenue \$		0)	
4e		ogram service expenses	>	110,240				

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Part IV Checklist of Required Schedules

		ļ	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
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	l	Х
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		_ <u>X</u> _
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	ĺ	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		l	
	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,	_	l	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	ا ۾		v
_	complete Schedule D, Part III	8		<u> </u>
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	9	İ	х
	negotiation services? If "Yes," complete Schedule D, Part IV	-		_^_
0	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	1	Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			^
• •	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
_	Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		
L	Schedule D, Parts XI and XII	12a		X
Ø	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	 X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a		14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
-	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
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		Х
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		<u>x</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19	l '	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u> </u>	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u> </u>	<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		ļ	
	domestic government on Part IX, column (A), line 12 If "Yes." complete Schedule I, Parts I and II	21	I	X

Form 9	90 (2018) Iredell Statesville Community Enrichment Corp , Inc	56-1935432	Pa	age 4
Par	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			.,
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	l1	Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	_x	
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	25	 ^ 	
240	\$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines</i>			
	24b through 24d and complete Schedule K If "No," go to line 25a	24a	\	Х
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	ļ	Х
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		Х
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	20		х
27	disqualified persons? If "Yes," complete Schedule L, Part II	26	<u> </u>	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	1	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	 / _		
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			Į
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	<u> </u>	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	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, Pari	1 31	-	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	ŀ	×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32	 	 ^
33	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	1	x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,		1	<u> </u>
	III, or IV, and Part V, line 1	34	x	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	ĺ	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	:d		
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b]	<u></u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36	ļ	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		Į.	\
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	192 Note. All Form 990 filers are required to complete Schedule O	38	X	
Pai	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V	•		\sqcup
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	0		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	ļ	-[
	gaming (gambling) winnings to prize winners?	1c] X	l.

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
	··		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1	<u> </u>		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	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	,	X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			V
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<u> </u>
b	If "Yes," enter the name of the foreign country Compared to Fig. 144 Paged of Foreign Bank and Fig. 146 Paged of Foreign Bank and Fig. 146 Paged of Fig. 14			
F.	See instructions for filing requirements-for FinGEN-Form-114, Report of Foreign Bank and Financial Accounts (FBAR)	5a	. XX	X
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		 ^-
с 6а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	100		
va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	ì	x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			<u> </u>
•	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	<u> </u>		
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			1
	required to file Form 8282?	7c	_	X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	<u> </u>	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		_
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	ļ	ļ
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	-	-	
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	٦		
11	Section 501(c)(12) organizations. Enter.			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)	_	<u> </u>	.[
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b]	4		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		<u> </u>	\
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	-	X -
	Note. See the instructions for additional information the organization must report on Schedule O	1		1
b	Enter the amount of reserves the organization is required to maintain by the states in which		1	
_	the organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13b 13c	4		'
C 140		14a	 	X
14a	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	-	 ^ -
b 15		140	 	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		1	_
	excess parachute payment(s) during the year	15	+	X
	If "Yes," see instructions and file Form 4720, Schedule N	 	1	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	-	X
	If "Yes," complete Form 4720, Schedule O		4	1 '

Part VI

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

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

	Check if Schedule O contains a response or note to any line in this Part VI	·	•	· [<u> </u>		
Sect	on 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				
	If there are material differences in voting rights among members of the governing body, or				- 1		
	if the governing body delegated broad authority to an executive committee or similar						
	committee, explain in Schedule O	41-		_			
b	Enter the number of voting members included in line 1a, above, who are independent	•	5 ~ ~				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	hip with	- <u>-</u> -		<u></u>		
	any other officer, director, trustee, or key employee?		2	-	<u>X</u>		
3	Did the organization delegate control over management duties customarily performed by or under			1			
	supervision of officers, directors, or trustees, or key employees to a management company or othe		3		X		
- 4	Did the organization make any significant changes to its governing documents since the prior Form 990 was		5		X		
5	ŭ , ŭ						
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					
	one or more members of the governing body?		7a		X		
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		<u> </u>		
8	Did the organization contemporaneously document the meetings held or written actions undertake	n during					
	the year by the following		<u> </u>		لـــا		
a	The governing body?		8a	X			
b	Each committee with authority to act on behalf of the governing body?		8b				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be related to the part of t	eacned	ا و ا		V		
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	Internal Davisania		1	_X_		
Sect	ion B. Policies (This Section B requests information about policies not required by the	iiileiiiai <u>Reveilue</u>	Code	/ Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?		10a	103	X		
	If "Yes," did the organization have written policies and procedures governing the activities of such	chapters	1.00				
-	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu		10b				
11a							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	3	11a		X		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	$\overline{\mathbf{x}}$			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could	give rise to conflicts?	12b	Х			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If						
	describe in Schedule O how this was done		12c	Х			
13	Did the organization have a written whistleblower policy?		13		Х		
14	Did the organization have a written document retention and destruction policy?		14	Х			
15	Did the process for determining compensation of the following persons include a review and appro-	val by			1		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?					
а	The organization's CEO, Executive Director, or top management official		15a	X			
b	Other officers or key employees of the organization		15b	Х	<u> </u>		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			• •			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements	gement					
	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 evalu	iate its	1		ŀ		
	participation in joint venture arrangements under applicable federal tax law, and take steps to safe	guard					
	the organization's exempt status with respect to such arrangements?		16b				
	ion 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 (1024 or 1024-A if applicable), 990		5U1(c)				
	(3)s only) available for public inspection Indicate how you made these available Check all that ap						
40		xplain in Schedule O		ند.			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents,	conflict of interest po	olicy, ar	ia			
20	financial statements available to the public during the tax year	hooks and records					
20	State the name, address, and telephone number of the person who possesses the organization's		1				
	Statesville Housing Authority 110 West Allison Street, Statesville, NC 28677	(704) 872-981					

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Dane	•

Section A.

Iredell Statesville Community Enrichment Corp , Inc	56-1935432	Page 7
Compensation of Officers, Directors, Trustees, Key Employees, Highest Comp	ensated	
Employees, and Independent Contractors		

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

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (C) Position (do not check more than one (D) (E) (F) (A) Name and Title Reportable Reportable Estimated Average box, unless person is both an hours per compensation compensation amount of officer and a director/trustee) week (list any from from related other Officer Key employee employee or director Individual trustee Institutional trustee Highest compensated organizations compensation hours for the related organization (W-2/1099-MISC) from the (W-2/1099-MISC) organization organizations below dotted and related organizations (1) Diane Fletcher 0 25 **Board Chair** 0.75 Х (2) Bernadene Moton 0 25 Vice Board Chair 0 75 Х 0 25 (3) Josh Daily **Board Member** 0.75 Х 0 25 (4) John Gallina **Board Member** 0 75 Х (5) Raylla Murray 0 25 **Board Member** 0.75 (6) Darbah Skaf 15 00 Х Х COO 25 00 Х 158,592 10.000 (7) (10) (11) (12)

Pa	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do r	not ch unles	Pos eck s pe	ition more rson irecto	than of the state	one an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensatio from related organization (W-2/1099-MIS	(F) Estimated amount of other compensation			
<u>(15)-</u>				-	-		- 	! 						
(16)											+			
(17)														
(18)						-								
(19)										-				
(20)														
(21)														
(22)													_	
(23)														
(24)														
(25)														
1b c d	Sub-total Total from continuation sheets to Part VII, S Total (add lines 1b and 1c) Total number of individuals (including but not li reportable compensation from the organization	mited to those lis	sted a	abov	/e) \	who	rece	► ► Ived	0 0 0 d more than \$100	158,	0	0		
3	Did the organization list any former officer, dir employee on line 1a? If "Yes," complete Schee	ector, or trustee,			loye	ee, o	or hig	hes	t compensated			3	Yes	No X
4	For any individual listed on line 1a, is the sum the organization and related organizations gre individual											4	X	ļ
5	Did any person listed on line 1a receive or acc for services rendered to the organization? If ")	•			-			_		vidual		5		×
Sec 1	tion B. Independent Contractors Complete this table for your five highest comp compensation from the organization Report c year											,		
	(A) Name and business ad	dress							(B) Description of se	rvices	Con	(C)	sation	
		· · · · · · · · · · · · · · · · · · ·						-	****					0
														C
								+						<u>C</u>
2	Total number of independent contractors (inclumore than \$100,000 of compensation from the	-	ted to	o the	ose	liste	_	ove) who received					

Part VIII Statement of Revenue

	Check if Schedule O contains a response or note to any line in this Part VIII									
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514	
ន ន	1a	Federated campaigns	 	1a	0					
in a	þ	Membership dues	<u>[</u>	1b	0					
S, E	С	Fundraising events	-	1c	0					
불발	d	Related organizations			0					
š, Ē	е	Covernment grants (contributions	s)	1e	0					
	f	All other contributions, gifts, gran	ts, and				110 10 10 10 10 10 10 10 10 10 10 10 10			
Contributions, Giffs, Grants and Other Similar Amounts		similar amounts not included abo	ove .	1t	14,985					
g g	g	Noncash contributions included in li	nes 1a=1f.	\$	14,985					
	h	Total. Add lines 1a-1f			· •	14,985	4:10			
g					Business Code			Wat Takan		
ē	2a	Fees			541610	6,305	6,305			
æ	b.					0				
<u> </u>	С			Į		- 0				
Ser	d			ļ		, 0		-	•	
ä	е			Į		0	,		Revenue excluded from tax under sections	
Program Service Revenue	f	All other program service revenu	е	Į		0	ANA ASSOCIATION AND AND AND AND AND AND AND AND AND AN	Seat the William St. Co. Co. S. Jan St. 1994 Co.	emergrand appearance to the te	
	g	Total. Add lines 2a–2f			<u> </u>	6,305		CASTAL SETTING	Mark Andrews (C. C. C	
	3	Investment income (including div	idends, intere	est,	and	45.00	45.005			
		other similar amounts)	4.1		>	15,905	15,905			
	4	Income from investment of tax-ex	xempt bona p	roc	eeas >	0				
	5	Royalties	(ı) Real		(ii) Personal	0	STEVEN STATE			
	· c :	Cross rents	<u> </u>	56	(ii) i cisonai					
	6a	Gross rents	465,9					MIC COMMISSION OF THE PROPERTY	ANIQONNUUMUUMUUMUUMUUMUUMUUMUUMUUMUUMUUMUUMUU	
	· b	Less rental expenses	608,2 -142,3		-		ATLANTA DI MANAGENE PER PER PER PER PER PER PER PER PER PE			
	d d	Rental income or (loss) Net rental income or (loss)	- 142,3	42	<u>0</u>	-142,342	-142,342			
		Gross amount from sales of	(i) Securities		(II) Other	-142,342	-142,342			
	'a.	assets other than inventory	241,4		0					
,	Ь	Less: cost or other basis	241,4	.00						
		and sales expenses	, 151,4	เลก	0			A SUPPLY		
	c	Gain or (loss)	89,9		0		100 Sept.			
	ď	Net gain or (loss)	00,0		>	89,940	89,940	A	·	
•		· · · · · · · · · · · · · · · · · · ·		- 1						
ne ne	8a	Gross income from fundraising								
ē		events (not including \$	0		1	nagangananan i	animininanimining	opposition and the second second		
ě		of contributions reported on line	1c)		,		A			
7		See Part IV, line 18		а	o		100	30 W 1		
Other Revenue	b	Less direct expenses		h	C	9.05.		4.000		
0	С	Net income or (loss) from fundra	ising events		>	0				
	9a	Cross income from gaming activ	ities						production of the state of the	
	`	See Part IV, line 19		а	0	4	Material Control	interpretation to the second		
	b	Less direct expenses		b	0					
	. c	Net income or (loss) from gamin	g activities		<u> </u>	· 0				
	10a	Gross sales of inventory, less	, '-		. '					
		returns and allowances		а	0					
	b	Less cost of goods sold		b	0					
	С	Net income or (loss) from sales	of inventory		•	0		of the property of the second	and property of property	
	 	Miscellaneous Revenue			Business Code					
	11a					. 0		ļ		
	b		·		,	0	1		ļ	
	C					, 0				
	d	All other revenue	•			0	SA ATEMATICATIAN WEITH SACRESSEE		MISSIARIAN SER SALIS DESPE	
	е	Total. Add lines 11a–11d			•	0	13.1300 JO. 1993/005. 35.2. 43.1. 24.3	Chicomy Services		
	177	Total revenue See instructions			<u> </u>	15 207	30 102			

Part IX Statement of Functional Expenses

~ ~ .	/ 1/01	1 5041.111	organizations must comp	1-1111	A 11 - 11		-1-4 1 / A \
Section 501	/C1/31 an	a 5017/01/41	חמחה זפנות פתחוזבדותבחזת	Nete all collimns	All other orga	nizations miist com	niete collimn (A)
	10/10/ 0//	u 00 /(0/(7 /	Organizations indst comp		mi ouror orga	inzuliona muot com	

_	Check if Schedule O contains a response or note to any line in this Part IX								
	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								
	domestic governments See Part IV, line 21	0		A.C	家的學樣的。特別是				
2	Grants and other assistance to domestic								
	individuals See Part IV, line 22	0							
3	Grants and other assistance to foreign								
	organizations, foreign governments, and foreign			daunichtentekant oonder nichtskerrik (schi	Continue descriptions and Continues and Cont				
	individuals See Part IV, lines 15 and 16	0	-	latik) iliyotta kikilin viloya diyatali takali iliyotta					
4	Benefits paid to or for members	0		FORMULA	5.5.5.7.2.2000 · · · · · · · · · · · · · · · · · ·				
5	Compensation of current officers, directors,			0					
6	trustees, and key employees Compensation not included above, to disqualified	0		U					
О	persons (as defined under section 4958(f)(1)) and								
	persons (as defined under section 4930(f)(1)) and persons described in section 4958(c)(3)(B)	o							
7	Other salaries and wages	0							
8	Pension plan accruals and contributions (include			<u> </u>					
•	section 401(k) and 403(b) employer contributions)	O							
9	Other employee benefits	0							
10	Payroll taxes	0							
11	Fees for services (non-employees)								
a	Management	0							
b	Legal	0							
С	Accounting	0							
d	Lobbying	0	27/1/25	The Mrs. 30 7 2 * 407 h = - 0100 **2. 107 142/15					
е	Professional fundraising services See Part IV, line 17	0	CONTRACTOR OF THE SECOND SECON	计算机关系的设置					
f	Investment management fees	0							
g	Other (If line 11g amount exceeds 10% of line 25, column								
4.0	(A) amount, list line 11g expenses on Schedule O)	0		0					
12	Advertising and promotion	0							
13	Office expenses	0 0							
14 15	Information technology . Royalties	0							
16	Occupancy	0							
17	Travel	0							
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials	0							
19	Conferences; conventions, and meetings	0							
20	Interest	0		1					
21	Payments to affiliates	0							
22	Depreciation, depletion, and amortization	110,240	110,240	0	0				
23	Insurance	0			diameter (
24	Other expenses Itemize expenses not covered	maliful de la companie de la compani	Description of the second seco		, and a second				
	above (List miscellaneous expenses in line 24e If		Ziviri (a.j.						
	line 24e amount exceeds 10% of line 25, column		A CONTRACTOR OF THE STATE OF TH	4.					
	(A) amount, list line 24e expenses on Schedule O)		and the book of the property of the contract o						
a		0		,					
b		0			ļ				
C		0			-				
d	All other expenses	0		 	-				
e 25	All other expenses Total functional expenses. Add lines 1 through 24e	110,240		C	, 				
25 26	Joint costs. Complete this line only if the	110,240	110,240	1					
20	organization reported in column (B) joint costs]					
	from a combined educational campaign and								
	fundraising solicitation. Check here		,						
	following SOP 98-2 (ASC 958-720)			1					
	101101111111 001 00 2 (A00 300-120)	_ 	L	<u> </u>	- 000				

Form 990 (2018)

Fe	ILL Y	Dalance Sneet			<u> </u>		
		Check if Schedule O contains a response or	note to	any line in this Part X		1	
					(A)		(B)
—		Cook and interest bearing			Beginning of year 178,693	1	End of year
	1	Cash—non-interest-bearing	,		1,564	2	169,319 1,516
	2	Savings and temporary cash investments			1,304	3	1,510
	3	Pledges and grants receivable, net	3,696	4	3,186		
	.5	Accounts receivable, net Loans and other receivables from current and for	rmor c	officers directors	3,090	(90.30)	3,100
	.5	trustees, key employees, and highest compensations					
		Complete Part II of Schedule L	alcu ei	npioyees	0	5	
	6	Loans and other receivables from other disqualified person	ne (ae c	defined under section	a de la companya de l		
		4958(f)(1)), persons described in section 4958(c)(3)(B), a					4.0
		sponsoring organizations of section 501(c)(9) voluntary e					
ş		organizations (see instructions) Complete Part II of Sche	0	6			
Assets	7	Notes and loans receivable, net			327,026	7	348,545
Ř	8	Inventories for sale or use	,	0	8		
	. 9	Prepaid expenses and deferred charges		ı	8,523	9	12,384
	10a	Land, buildings, and equipment cost or	1	,		27.7	
		other basis Complete Part VI of Schedule D	10a	9,032,749			
	b	Less accumulated depreciation	10b	1,646,394	6,836,117	10c	7,386,355
	11	Investments—publicly traded securities			0	11	. 0
	12	Investments—other securities See Part IV, line	11		0	12	0
	13	Investments—program-related See Part IV, line	e 11		0	•	0
	14	Intangible assets			0		0
	15	Other assets See Part IV, line 11.			0	_	0
	16	Total assets. Add lines 1 through 15 (must equ	al line	34)	7,355,619		7,921,305
,	17	Accounts payable and accrued expenses		a - (2,914,400		3,264,530
	18	Grants payable	0	+			
	19	Deferred revenue			0	_	
	20	Tax-exempt bond liabilities	D - 4 B 4	- Co-le- Lil- D	0		
	21	Escrow or custodial account liability Complete			0	21	
Liabilities	22	Loans and other payables to current and former trustees, key employees, highest compensated					
藚		disqualified persons Complete Part II of Sched		yees, and	0	22	2
<u>E</u>	23	Secured mortgages and notes payable to unrel		urd narties	1,706,081	+	2,098,104
	24	Unsecured notes and loans payable to unrelate		•	1,700,001		2,000,101
	25	Other liabilities (including federal income tax, pa		•			
		parties, and other liabilities not included on line	-		,		'
		of Schedule D		,) _ o	25	25,113
	26	Total liabilities. Add lines 17 through 25			4,620,481	26	5,387,747
		Organizations that follow SFAS 117 (ASC 95	B), che	ck here ► X and			
es		complete lines 27 through 29, and lines 33 a		o			
υ	27	Unrestricted net assets			2,733,574	27	2,531,994
ala	28	Temporarily restricted net assets			2,700,07	1	2,00,,00
В	29	Permanently restricted net assets			1,564	_	1,564
Fund Balances		Organizations that do not follow SFAS 117 (ASC958),	ahaak	horo Dand	PASSON PAGE HE		
P		complete lines 30 through 34.	CHECK	here and	(4. ± 4.)		and the second second
S.	20	-			Section Control of the Control of th	20	<i>5/1</i> 73
set	30	Capital stock or trust principal, or current funds		ant fund	0	 	<u> </u>
As	31 32	Paid-in or capital surplus, or land, building, or e Retained earnings, endowment, accumulated ii			0	_	
Net Assets	33	Total net assets or fund balances	ICOITIE	, or other fullus	2,735,138		2,533,558
~	34	Total liabilities and net assets/fund balances			7,355,619		7,921,305
	1	rotal liabilities and fiet assets/fully balafices		•	1,000,010	1 27	1,021,000

Form 9	990 (2018) Iredell Statesville Community Enrichment Corp., Inc	5	<u>6-1935432 </u>	Page	<u> 12</u>
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			[X _
1	Total revenue (must equal Part VIII, column (A), line 12)	1		-15,	207
2	Total expenses (must equal Part IX, column (A), line 25)	2		110,	240
3	Revenue less expenses Subtract line 2 from line 1	3		-125,	447
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2	2,735 <u>,</u>	138
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,	,133
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	2,533 <u>,</u>	,558
Part	XII Financial Statements and Reporting			г	_
	Check if Schedule O contains a response or note to any line in this Part XII				
	, — — —			Yes	No
1	Accounting method used to prepare the Form 990 CashX Accrual Other		_ ·		1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				1
	Schedule O		-	<u> </u>	لـــا
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		1 1		l
	Separate basis Consolidated basis X Both consolidated and separate basis			<u> </u>	
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			- 1	1
	separate basis, consolidated basis, or both				J
	Separate basis Consolidated basis X Both consolidated and separate basis				Ì
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of		<u>-</u>		
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	x	

Form **990** (2018)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

ation. Inspection

lame of the organization Employer identification number								
	redell Statesville Community Enrichment Corp , Inc 56-1935432							
	Part I Reason for Public Charity Status (All organizations must complete this part) See instructions							
	The organization is not a private foundation because it is (For lines 1 through 12, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
						tor the		
4 A medical research organization hospital's name, city, and state								
5 An organization operated for the section 170(b)(1)(A)(iv). (Comp		e or university owned o	or operated	d by a gov	vernmental unit desc	ribed in		
6 A federal, state, or local governr	ment or governmen	tal unit described in se	ction 170	(b)(1)(A)(v).			
7 An organization that normally re described in section 170(b)(1)(m a gover	nmental u	nit or from the gener	ral public		
8 A community trust described in a	section 170(b)(1)(A	(Complete Part	II)					
9 An agricultural research organize or university or a non-land-gran university	ation described in s t college of agriculti	section 170(b)(1)(A)(ix ure (see instructions)) operated Enter the r	I in conjur name, city	iction with a land-gra , and state of the col	int college lege or		
10 X An organization that normally re receipts from activities related to support from gross investment i acquired by the organization after the support from gross investment in acquired by the organization after the support from gross investment in acquired by the organization after the support from gross investment from gross	o its exempt function its exempt function its exempt function its income and unrelated its incom	ns—subject to certain ed business taxable in	exceptions come (less	s, and (2) s section (no more than 33 1/3	3% of its		
11 An organization organized and	operated exclusivel	y to test for public safe	ty See se	ction 509	(a)(4).			
An organization organized and of one or more publicly supported Check the box in lines 12a through	ed organizations de	scribed in section 509	(a)(1) or s	ection 50	9(a)(2). See section	n 509(a)(3).		
a Type I. A supporting organization (sorganization You must corr) the power to regu	larly appoint or elect a						
b Type II. A supporting organize control or management of the organization(s) You must control organization	e supporting organi omplete Part IV, Se	zation vested in the sa	ime persoi	ns that co	ntrol or manage the	supported		
c Type III functionally integration (s)						rated with,		
d Type III non-functionally in that is not functionally integr	tegrated. A suppor	ting organization opera	ated in con	nection w	ith its supported org	anization(s)		
requirement (see instructions								
e Check this box if the organiz					Type I, Type II, Type	e III		
functionally integrated, or Ty		lly integrated supporting	ng organiz	ation		0		
f Enter the number of supported ofg Provide the following information	•	ed organization(s)						
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	1	rganization ir governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
			Yes	No				
(A)								
(B)	10							
(C)								
(D)								
(E)								
Total	BONZE NOW. AND WAR	, the wind of the con-	17, 7, 17	. , ,	0	1 0		
I CT 21		1. 2.4	1 72 " "	. , ,	1 !1			

instructions

Iredell Statesville Community Enrichment Corp , Inc. Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 (e) 2018 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 — The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Section B. Total Support (a) 2014 Calendar year (or fiscal year beginning in) (b) 2015 (c) 2016(d) 2017 (e) 2018 (f) Total Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or/fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column/(f)) 0 00% 15 15 Public support percentage from 2017 Schedule A, Part II, line 14 0 00% 16a 33 1/3% support test-2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test—2017. If the organization did not check a box on/line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances"/test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	any ander the	icoto notoa boto	, picaco con	ipiete i dit ii j		
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees			-			
	received (Do not include any "unusual grants")					14,985	14,985
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						С
3	Gross receipts from activities that are not an						
٠	unrelated trade or business under section 513				· ,		<u>C</u>
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf	1					С
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge)					C
6	Total. Add lines 1 through 5	0	0	0	0	14,985	14,985
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons	i					С
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	\ 			1		C
c	Add lines 7a and 7b	0	0	0	0	0	C
8	Public support (Subtract line 7c from						
	line 6)						14,985
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	0	0	0	0	14,985	14,985
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources			_			C
ь	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						. (
С	Add lines 10a and 10b	0	0	0	0	0	(
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11,					1	
	and 12)	0	0	<u></u>	0	14,985	14,98
14	First five years. If the Form 990 is for the	organization's first,	second, third, fourt	h, or fifth tax year	as a section 501(c)	(3)	_
	organization, check this box and stop here						▶ _
Se	ction C. Computation of Public Su	pport Percent	age				
15	Public support percentage for 2018 (line 8,	column (f), divided	by line 13, column	(f))		15	100 00%
16	Public support percentage from 2017 Schei	dule A, Part III, line	15			16	0 00%
Se	ction D. Computation of Investme	nt Income Per	centage				
17	Investment income percentage for 2018 (lir			column (f))		17	0 00%
18	Investment income percentage from 2017 \$				·	18	0 00%
	33 1/3% support tests—2018. If the organ			14, and line 15 is r	more than 33 1/3%,	and line 17 is	
	not more than 33 1/3%, check this box and						▶ [×
b	33 1/3% support tests—2017. If the organ						 -
	line 18 is not more than 33 1/3%, check this	s box and stop her	e. The organization	n qualifies as a pul	blicly supported org	janization	▶ <u> </u>
20	Private foundation. If the organization did	not check a box or	line 14, 19a, or 1	9b, check this box	and see instruction	s	▶ _

Part IV Supporting Organizations

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

Section	A. All	Supporting Organizations

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

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11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? b A family member of a person described in (a) above? 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. Section B. Type I Supporting Organizations 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least all majority of the organizations directors or trustees at all times during the regularly appoint or elect at least all majority of the organizations directors or trustees at all times during the regularly appoint or elect at least all majority of the organizations directors or trustees at all times during the regular organizations and what controlled the supported organizations and what controlled the organizations and what controlled organizations and what controlled organizations and what controlled organizations are described to such powers during the tax year. 2 Dut the organization operate for the benefit of any supported organization other than the supported organization operate for the benefit of any supported organizations? If "Yes" explain in Part V from providing such benefit carned out the purposes of the supporting organization? If "Yes" a supporting organization and the supporting organization of the supporting organizations. 1 Were a majority of the organizations of rectors or trustees during the tax year also a majority of the directors or trustees of each of the organizations of directors or trustees of each of the organizations or directors or trustees of the organization organizations and explained organizations and expl		The Art of the section of the sectio			age 3
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a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i> b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	_		20	1-	+-
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					1
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	а		32	-	-
	h		Ja	t	+
	U	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

instructions)

Schedule A (Form 990 or 990-EZ) 2018 Iredell Statesville Community Enrichment Corp , Ir	nc	56-1	1935432 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trus	t on Nov 20, 1970 (explain	in Part VI) See
instructions. All other Type III non-functionally integrated supporting organ	izatio	ons must complete Sections	A through E
Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1 Net short-term capital gain	1		,
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4	0	0
5 Depreciation and depletion	5	•	,
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	0	0
Section B - Minimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see	XX		2007年 (1000年)
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	۵	
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other	* * * * * * * * * * * * * * * * * * *		AL CHECKEN AND A STATE OF THE S
factors (explain in detail in Part VI)			
Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3	0	0
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4	0	· , 0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by 035	6	. 0	0
7 Recoveries of prior-year distributions	7	· · 0	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)	1		0
2 Enter 85% of line 1	2	20万万里代为2000年代为1000000000000000000000000000000000	` 0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	(大學)、(論)、(為)、(於	0
4 Enter greater of line 2 or line 3	4		0
.5 Income tax imposed in prior year	5		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Part \	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organi	zations (continued)	·			
Section	Section D - Distributions						
1	Amounts paid to supported organizations to accomplish exe	mpt purposes	,				
2	Amounts paid to perform activity that directly furthers exemp			· · ·			
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpose	es of supported organiza	ations				
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI) See instructions		-				
7	Total annual distributions. Add lines 1 through 6		, 2	. 0			
- 8	Distributions to attentive supported organizations to which the	ne organization is respor	nsive				
	(provide details in Part VI) See instructions	·					
9	Distributable amount for 2018 from Section C, line 6	· · · · · · · · · · · · · · · · · · ·		0			
10	Line 8 amount divided by line 9 amount	· · · · · · · · · · · · · · · · · · ·		0 000			
· · · · · · · · · · · · · · · · · · ·	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018 `ʾ	(iii) Distributable Amount for 2018			
1	Distributable amount for 2018 from Section C, line 6			O			
2	Underdistributions, if any, for years prior to 2018						
	(reasonable cause required—explain in Part VI) See						
	instructions		VALUE STATE OF A SEMESTRATION OF SELECTION O				
3	Excess distributions carryover, if any, to 2018						
a	From 2013 0	CONTRACTOR OF THE PROPERTY OF					
b	From 2014 0	editoro presentación	The same of the sa				
<u>c</u>	From 2015 0			700 (100 (100 (100 (100 (100 (100 (100 (
<u>d</u>	From 2016 0						
e							
f	Total of lines 3a through e	0					
	Applied to underdistributions of prior years	TO AND THE THE PROPERTY OF THE	Propagation with the same of	F-2017 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
<u>h</u>	Applied to 2018 distributable amount	27,2744		U			
	Carryover from 2013 not applied (see instructions)						
	Remainder Subtract lines 3g, 3h, and 3i from 3f	0	MARKET STATE OF STATE OF				
4	Distributions for 2018 from Section D, line 7 \$ 0						
			Carlo Barker State State and Barker				
a	Applied to underdistributions of prior years Applied to 2018 distributable amount			U			
<u>c</u>	Remainder Subtract lines 4a and 4b from 4	O STANSON S CONTRACTOR OF THE					
5	Remaining underdistributions for years prior to 2018, if	7726	Achterioristation Capturers and Capturers				
,	any Subtract lines 3g and 4a from line 2. For result		•				
	greater than zero, explain in Part VI See instructions		٠ ،				
 6	Remaining underdistributions for 2018 Subtract lines 3h			The control of the co			
,	and 4b from line 1. For result greater than zero, explain in			,			
	Part VI See instructions			0			
7	Excess distributions carryover to 2019. Add lines 3j	THE PERSON NAMED IN COLUMN TO SERVE THE PERSON TO SERVE					
•	and 4c	0					
8	Breakdown of line 7	7787942010480000	PRINCE AND ADDRESS OF	424674901405			
a	Excess from 2014 0						
b	Excess from 2015 0	740		CS 10 FE CO TO MAN MAN MAN			
	Excess from 2016 0	74664867777					
d	Excess from 2017 0		WYWY WYWY				
e	Excess from 2018 0		547217, 12742, 578 IVE				

	orm 990 or 990-EZ) 2018 Iredell Statesville Community Enrichment Corp , Inc	56-1935432	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17 at III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1, Part IV, Section E, lines 2, Part IV, Section E, lines 3, Part IV, Section E, lines 2, Part IV, Section E, lines 3, Part IV, Section E, lines 4, Part IV, Section E, Part IV, Section	/, Section	
	3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V	/. Section E.	
	lines 2, 5, and 6 Also complete this part for any additional information (See instructions)		
		•	
	······································		
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SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047

2018

Open to Public Inspection

Name o	f the organization		Employer identification number					
Iredel	Statesville Community Enrichment Corp , Inc.	56-1935432						
	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 don	or advisors in writing that the assets held	in donor advised					
	funds are the organization's property, subject t	o the organization's exclusive legal contro	ol? Yes No					
6	Did the organization inform all grantees, donor	s, and donor advisors in writing that gran	t funds can be used					
	only for charitable purposes and not for the be	nefit of the donor or donor advisor, or for	any other purpose					
	conferring impermissible private benefit?	<u></u>	Yes No					
Part	Conservation Easements.							
	Complete if the organization answer	ed "Yes" on Form 990, Part IV, line 7						
1	Purpose(s) of conservation easements held by	the organization (check all that apply)						
	Preservation of land for public use (e g , r	ecreation or education) 🔲 Preservat	ion of a historically important land area					
	Protection of natural habitat	Preservat	ion of a certified historic structure					
	Preservation of open space							
2	Complete lines 2a through 2d if the organization	on held a qualified conservation contributi	on in the form of a conservation					
_	easement on the last day of the tax year		Held at the End of the Tax Year					
а	Total number of conservation easements		2a					
b	Total acreage restricted by conservation easer	ments	2b					
c	Number of conservation easements on a certif		2c					
ď	Number of conservation easements included i	· ·						
	historic structure listed in the National Registe		2d					
3	Number of conservation easements modified,		rminated by the organization during					
	the tax year							
4	Number of states where property subject to co		· · · · · · · · · · · · · · · · · · ·					
5	Does the organization have a written policy re	garding the periodic monitoring, inspectio	n, handling of					
	violations, and enforcement of the conservation		Yes No					
6	Staff and volunteer hours devoted to monitoring, in	specting, handling of violations, and enforcing	g conservation easements during the year					
_	·							
7	Amount of expenses incurred in monitoring, inspec	ting, handling of violations, and enforcing cor	nservation easements during the year					
8	Does each conservation easement reported o	n line 2/d) above satisfy the requirements	of soction 170/h)/4)/B)(i)					
0	and section 170(h)(4)(B)(ii)?	in line 2(d) above satisfy the requirements	Yes No					
9	In Part XIII, describe how the organization rep	orts conservation easements in its reveni						
J	balance sheet, and include, if applicable, the t							
	organization's accounting for conservation eas	-	Haricial Statements that describes the					
Par	III Organizations Maintaining Collect		or Other Similar Assets.					
	Complete if the organization answer							
1a	If the organization elected, as permitted under							
	works of art, historical treasures, or other simi							
b	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet							
~	works of art, historical treasures, or other simi							
	public service, provide the following amounts							
	(i) Revenue included on Form 990, Part VIII,	<u>-</u>	▶ \$					
	(ii) Assets included in Form 990, Part X		S					
2	If the organization received or held works of a	rt historical treasures, or other similar as	sets for financial gain, provide the					
_	following amounts required to be reported und							
а	Revenue included on Form 990, Part VIII, line		▶ ♠					
a b	Assets included in Form 990, Part X	•	• • • • • • • • • • • • • • • • • • • •					
U	Assets included in Fulfil 330, Fail A							

Schedu	le D (Form 990) 2018 Iredell Statesville Com	munity Enrichme	ent Corp ,	Inc			_56-193	5432	F	Page 2
Part	III Organizations Maintaining Col	lections of Ar	t, Histor	ical Trea	asures, or (Other	Similar Asset	s (contin	ued)	
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)									
a	Public exhibition		d 🗍	Loan or	exchange pro	ograms				
ь	Scholarly research		e 🗔	Other						
c	Preservation for future generations		٠ ـ							
4	Provide a description of the organization's	collections and	explain ho	ow they fu	irther the orga	anızatıo	n's exempt purp	ose in Pa	rt	
5	XIII During the year, did the organization solic assets to be sold to raise funds rather tha							☐ Ye	s 🗀	No
Dart	IV _Escrow.and Custodial Arrange				,			<u> </u>	<u> </u>	
p are	Complete if the organization ans 990, Part X, line 21	wered "Yes" o						t on For	n	
1a	Is the organization an agent, trustee, cust included on Form 990, Part X?					her ass	sets not	☐ Ye	s 🗌	No
b	If "Yes," explain the arrangement in Part X	(III and complete	the follov	ving table		_				
								Amount		
C C	Beginning balance					10				0
d e	Additions during the year Distributions during the year	•				16			-	
f	Ending balance					11	/			0
2a	Did the organization include an amount or	n Form 990 Part	t X line 21	I for escr	ow or custodi		I	Ye	s X	No
b	If "Yes," explain the arrangement in Part X						=		Ĭ	
Part		CHI OHOOK HOIO	tro expir						<u> </u>	<u> </u>
rait	Complete if the organization ans	wered "Yes" o	n Form 9	90 Part	IV line 10					
	Complete ii the organization and	(a) Current year	(b) Pno		(c) Two years	back	(d) Three years bac	k (e) Fo	ur years	back
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							+		
f ~	Administrative expenses									
g 2	End of year balance Provide the estimated percentage of the control of the contr	0 current year end		line 1a, co	·	0 <u> </u>		0]		0
a	Board designated or quasi-endowment	buriefit year end	%	iiile ig, cc	namm (a)) ner	u as				
b	Permanent endowment	%								
C	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c		0%							
3a	Are there endowment funds not in the pos			n that are	held and adr	ministei	red for the			
	organization by								Yes	No
	(i) unrelated organizations.							3a(i)		
	(ii) related organizations							3a(ii)		<u> </u>
b	If "Yes" on line 3a(ii), are the related orga							3b		
4	Describe in Part XIII the intended uses of		n's endowr	ment fund	S					
Part	VI Land, Buildings, and Equipme Complete if the organization ans		n Form 9	990. Part	t IV. line 11a	See	Form 990. Par	t X. line	10	
	Description of property	(a) Cost or of			or other basis		Accumulated		ook valu	 е
		(investr			other)	, ,	depreciation			
1a	Land		.0		6,191,034				6,19	1,034
b	Buildings		0		2,832,512		1,646,394		1,18	36,118
С	Leasehold improvements		0		0		0			0
d	Equipment		0		9,203		0		•	9,203
<u>e</u>	Other		0		0	l	0			0
Total	. Add lines 1a through 1e (Column (d) mu	st equal Form 99	90, Part X,	column (B), line 10c)		<u> </u>		7,38	36,355

56-1935432

Part VII Investments—Other Securities.		
Complete if the organization answere	d "Yes" on Form 990,	Part IV, line 11b See Form 990, Part X, line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives	0	
(2) Closely-held equity interests	0	
(3) Other		
(A)		
(B)		
(C)		
(D)	 	
(E)		
(F)		·
(G)		
Total discourse as must exclude from 1991 then year of 1991 the 1991	0	
Total. (Column to) must equal Form 1990, Part X col. (B) line 12)		Secure district a set in Constitution of the set of the secure district and th
	d "Yes" on Form 990	Part IV, line 11c See Form 990, Part X, line 13
		(c) Method of valuation
(a) Description of investment	(b) Book value	Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13) ▶	0	
Part IX Other Assets.		
		Part IV, line 11d. See Form 990, Part X, line 15.
	scription	(b) Book value
(2)		
(3)		
(4)		
(5)		
(6)		
(9)		,
Total. (Column (b) must equal Form 990, Part X, col (B) lin	e 15)	▶ 0
Part X Other Liabilities.		
	ed "Yes" on Form 990.	Part IV, line 11e or 11f See Form 990, Part X,
line 25		, , ,
1. (a) Description of liability	(b) Book value	
(1) Federal income taxes	C	
(2) Security Deposit	25,113	
(3)		A CONTRACTOR OF THE STATE OF TH
_(4)		
(5)		
(6)		
_(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	25,113	
2. Liability for uncertain tax positions. In Part XIII, provide the	e text of the footnote to the	organization's financial statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Schedule D (F	orm 990) 2018	Iredell Statesville	Community Enrich	ment Corp , Inc	 _	56-1935432	Page 5
Part XIII	Suppleme	ental Informatio	n (continued)		 		
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SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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OMB No 1545-0047

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

Employer Identification number

Iredell Statesville Community Enrichment Corp , Inc	hment Corp , Inc		:			-96-	56-1935432
Part I General Information on Grants and Assistance	n on Grants	and Assistance					
oes 1	ain records to sut	stantiate the amou	int of the grants or assi	stance, the grantees' e	eligibility for the grants c	or assistance, and	ſ
the selection criteria used to award the grants or assistance?	award the grants	or assistance?					Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	uzation's procedu	rres for monitoring t	the use of grant funds I	in the United States			
Part II Grants and Other A 990, Part IV, line 21,	Assistance to for any recipie	Domestic Organ ent that received	nizations and Dom more than \$5,000. F	estic Government: Part II can be duplic	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	ganization answereo	"Yes" on Form
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							:
(9)							
(7)							
(8)							
(6)							
(10)							
(11)							
(12)					-		
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.	501(c)(3) and g	overnment organization of the line 1 table	ations listed in the line	1 table			0

3 Enter total number of other organizations listed in the line 1 table. For Paperwork Reduction Act Notice, see the Instructions for Form 990. HTA

Schedule I (Form 990) (2018)

Schedule I (Form 990) (2018)

Page 2 (f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients (a) Type of grant or assistance Part III. ა

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ►Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection Employer identification number

Part Questions Regarding Compensation Yes No	Irede	Statesville Community Enrichment Corp , Inc		56-193543	32		
A Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 90, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class-or-charter-travel				<u> </u>			
989, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		<u> </u>				Yes	No
First-class or-charter-travel Housing, allowance or residence for personal use Travel for companions Payments for business use of personal residence Travel for companions Payments for business use of personal residence Payments for business used to the organization payment or reimbursement or provision of all of the expenses described above? If "No," complete Payment or reimbursement or provision of all of the expenses described above? If "No," complete Payment or reimbursement or provision of all of the expenses described above? If "No," complete Payment or reimbursement or provision of all for expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a. Payments are related organization or stablish compensation or the CEO/Executive Director, regarding the items checked on line 1a. Payments or for methods used by a related organization to establish compensation orimited Payments or mited Payments or mited Payments orimited Payments orimited	1a				300		
Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy reparding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director (Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract Compensation or related organization Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization Approval by the board or compensation committee Participate in, or receive payment from, a supplemental inonqualified retirement plan? Participate in, or receive payment from, a supplemental inonqualified retirement plan? Participate in, or receive payment from, a supplemental monqualified retirement plan? Participate in, or receive payment from, a supplemental monqualified retirement plan? Participate in, or receive payment from, a supplemental monqualified retirement plan? Participate in, or receive payment from, a equity-based compensation arrangement? The organization or incess of the persons and provide the applicable amounts for each item in Part III Pres" on line 8 or 5b, describe in Part III Propersons listed on Form 990, Part V		990, Part VII, Section A, line 1a Complete Part III to	provide any relevant information regarding	these items			
Tax indemnification and gross-up payments		-First-class-or-charter-travel	Housing_allowance_or_residence_for_	personal use			1,200,00
Tax indemnification and gross-up payments		Travel for companions	Payments for business use of perso	nal residence	وغائبتها.	1	9 " 2 " " 3
Discretionary spending account			Health or social club dues or initiation	on fees			
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization combinate			<u> </u>	[h. 2.]	\$455 ' \$665'		
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Compensation committee							233
Independent compensation consultant		related organization to establish compensation of th	e CEO/Executive Director, but explain in Pai	t III			
Independent compensation consultant	-	Compensation committee	Written employment contract	~~; ~~:		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Form 990 of other organizations							
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? dc X If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? If "Yes" on line 5a or 5b, describe in Part III f For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III f "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		=		tion committee			
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The organization? Any related organization? If "Yes" on line 6a or 6b, describe in Part III The organization? For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	0		, line ra, did the organization pay or accide a	ily S			
b Any related organization? If "Yes" on line 6a or 6b, describe in Part III 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	а			tinkii	6a		X
If "Yes" on line 6a or 6b, describe in Part III 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in				├			
For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in				*		编选	经
payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	•						3463
Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	7			nfixed	_		
to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	_				7		X
In Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	8				1		1
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			tions section 53 4956-4(a)(3) / IT fes," desc	ince			
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		III rail III	•	e×-		2-78-58-2	
	0	If "Voc" on line 9, did the exceptation also falles: th	o robuttable programation procedure describ				Marie Contraction
	3		e reputtable presumption procedure describ	50 III	9		

Schedule J (Form 990) 2018 Iredell Statesville Community Enrichment Corp , Inc.

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

Instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII Note: The sum of columns (RVI)—(iii) for each listed individual must equal the total amount of Form 990. Part VII. Section A, line 1a, applicable column (D) and (E) amounts for that individual	lividua	Is that aren't listed o	n Form 990, Part V	III	tion A, line 1a, applica	ble column (D) and (E) amounts for that in	landividual
Note: The sum of columns (5/1) (") for cach	2	(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	puo tuomosto a (3)	oldevetook (0)	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	compensation	benefits	(a)-(i)(a)	in column (8) reported as deferred on prior Form 990
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56-1935432

Iredell Statesville Community Enrichment Corp , Inc.

Schedule J (Form 990) 2018

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

► Attach to Form 990.

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

Name of the organization

Employer identification number

Iredel	Statesville Community Enrichmen	t Corp , Inc		56-19354	32			
Part	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	Method noncash co			
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,		1					
	or trust interests	ļ						
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic							
	structures							
14	Qualified conservation							
1-4	contribution—Other	1						
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	<u></u>						
24	Archeological artifacts				Ī			
25	Other ► ()							
26	Other ► ()		<u> </u>					
27	Other ► ()							
<u>28</u> 29	Other ▶ () Number of Forms 8283 received to	L the organ	uzation during the tay year f	or contributions for				
23	which the organization completed				29			
	when the organization completes	0200	, , , , , , , , , , , , , , , , , , , ,	3 0 0			Yes	No
30a	During the year, did the organizati	on receive	by contribution any property	reported in Part L lines 1 th	rough	,		
	28, that it must hold for at least the			· · · · · · · · · · · · · · · · · · ·				1
	to be used for exempt purposes for	•		•	•	30a		
b	If "Yes," describe the arrangemen		5 .				7,	l
31	Does the organization have a gift		policy that requires the revi	iew of any nonstandard				
22-	contributions?	Albumal as assets =		adjust propose as all		31	X	
32a	Does the organization hire or use	иша рапе	s or related organizations to	solicit, process, or sell		322		_
h	noncash contributions? If "Yes," describe in Part II					32a		X
33	If the organization didn't report an	amount in	column (c) for a type of pror	perty for which column (a) is				• ,
J J	checked describe in Part II	amount in	column (c) for a type of prop	orty for writer column (a) is				

Schedule M (Form 990) 2018 Iredell 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 whe	ether
	the organization is reporting in Part I, column (b), the number of contributions, the number	of items rece	ived,
	or a combination of both. Also complete this part for any additional information.		·
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SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury

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 Open to Public

Inspection Internal Revenue Service Employer identification number Name of the organization 56-1935432 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 inventoried 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

Name of the organization	Employer identification number
Iredell Statesville Community Enrichment Corp , Inc	56-1935432
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SCHEDULE R (Form 990)

redell Statesville Community Enrichment Corp., Inc.

Department of the Treasury Internal Revenue Service Name of the organization

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.

2018	Open to Public Inspection
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OMB No 1545-0047

7 1

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

56-1935432

Employer identification number

(g) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2018 Š × (f) Direct controlling Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had Yes entity (f)
Direct controlling entity End-of-year assets (e) Yes Public charity status (if section 501(c)(3)) Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 e (d) Total income ပ္ (d) Exempt Code section (c)
Legal domicile (state or foreign country) ۲ Legal domicile (state or foreign country) Primary activity S one or more related tax-exempt organizations during the tax year Primary activity Federal Housing (a)
Name, address, and EIN (if applicable) of disregarded entity Name, address, and EIN of related organization (1) Statesville Housing Authority 56-0934496 110 West Allison Street Statesville, NC 28677 Part I (9) 'Part II (2) <u></u> <u>ල</u> 4 3 9 4 3 Ξ 2

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

56-1935432

fredell Statesville Community Enrichment Corp , Inc.

Schedule R (Form 990) 2018

Part III

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

(k) Percentage ownership										(1) Section 512(b)(13) controlled entity?	No								Schedule R (Form 990) 2018
	9 N), Part		Yes								(Form
	Yes								rm 99((h) Percentage ownership									dule R
(1) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)			1						as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part inizations treated as a corporation or trust during the tax year.	(g) Share of Pend-of-year assets o									Sche
(h) Osproportonale allocatons?	N _o								were	<u>a</u>									
	Yes								on ans x year	(f) Share of total income						II.			
(g) Share of end-of- year assets									rganization	ntity Sr or frust)									
Share of total Si income									Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization ansilv, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	(e) Type of entity (C corp, S corp, or trust)						į	:		
Share									omple ion or	guillo:									
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	,								Trust. C	(d) Direct controlling entity									
Predo income unre exclud tax									on or d as a	country)									
lling									orati treate	(c) Legal domicile (state or foreign country)		[
(d) Direct controlling entity									a Corj	(state									
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(c) Legal domicile (state or foreign country)									Identification of Related Organizations Taxable IV, line 34 because it had one or more related orga	(b) Primary activity									
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(b) Primary activity									rganiz le or n							1	1		
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ō									tion of becau	(a) Name, address, and EIN of related organization									
and EIN nization									tifical ne 34	s, and E									
(a) Name, address, and EIN of related organization									Iden ≷	e, addres									
Name, rela									2	Name								,	
		£	(2)	(6)	(4)	(2)	(9)	(3)	Part IV			3	(2)	(6)	æ	(9)	(9)	3	

Page 3 Me:hod of determining amount involved Yes If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. 56-1935432 7 Ξ 2 9 a 35b. or 36. During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, Amount involved Transaction type (a-s) Performance of services or membership or fundraising solicitations for related organization(s) Performance of services or membership or fundraising solicitations by related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity Lease of facilities, equipment, or other assets from related organization(s) Iredell Statesville Community Enrichment Corp, Inc. Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Lease of facilities, equipment, or other assets to related organization(s) Reimbursement paid to related organization(s) for expenses... Reimbursement paid by related organization(s) for expenses. Other transfer of cash or property from related organization(s) Gift, grant, or capital contribution from related organization(s) Other transfer of cash or property to related organization(s). Gift, grant, or capital contribution to related organization(s). Loans or loan guarantees to or for related organization(s) Loans or loan guarantees by related organization(s). Sharing of paid employees with related organization(s) Name of related organization Purchase of assets from related organization(s). Exchange of assets with related organization(s) Dividends from related organization(s). Sale of assets to related organization(s) Schedule R (Form 990) 2018 Part V. E c o ¥ _ ъ ۵ و S ~ <u>ල</u> **4** ϵ 2

Schedule R (Form 990) 2018

Iredell Statesville Community Enrichment Corp., Inc. Schedule R (Form 990) 2018 Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI

56-1935432

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

or gross revenue) that was not a related diganization, see instructions regarding exclusion to certain investment particles in the	บเปลาแรสแบก	ee ilisu actions i	sgal dili ig exclusi	101 001 001	The state of the s	10101		-		
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(I) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?	(k) Percentage ownership
			sections 512-514)	Yes No		:	Yes No		Yes No	
(1)										
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Schedule R (For	m 990) 2018	Iredell Statesville Community Enrichment Corp , Inc	56-1935432	Page 5
		ental Information.		
Part-VII-		dditional information for responses to questions on Schedule R See ins	tructions	
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