Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

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

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

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

2017

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Form 990 (2017)

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Α	For	or the 2017 calendar year, or tax year beginning 01-01 , 2017, and ending 12-31 , 2017														
В	Chec	k if app	plicable	C Name of orga	anization Fi	quay V	arına Co	mmunity	Devel	opment] .	D Emp	oloyer identification no.
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ш	Appli	cation	pending	F Name and ad	aress or princ	cipai onicer						_	(a) Is this a group			
			K7	<u> </u>	╗					1	T.	← "	(b) Are all subo			
<u> </u>				501(c)(3)	501(c) () 🗨 (insert no)	4947(a)(1) o	r L	527	()	_				e instructions)
<u>J</u>	Web	site	N/A						╬-				(c) Group exe			
K				Corporation	Trust	Association	Other •		Ų.	L Year of for	mation	<u> 1991</u>	M State	of lega	l domic	le NC
114	<u>îrti</u>		Summar	•												
	Briefly describe the organization's mission or most significant activities To improve the quality of limits of Fuquay Varina and surrounding communities by raising the social, economic										lıfe	for	citizens			
9	-	9	of Fugua	y Varina	and su	rround	ling comm	unities	by ra	using t	he so	<u>cıal</u>	,econom1	c a	nd e	ducational
Governance		3	<u>activiti</u>	es through	gh targ	eted p	programs	and serv	ices.							
E		_	 				· 									
Š		2 (Check this b	ox 🕨 🔲 if the	e organizat	tion disco	intinued its of	perations or o	lisposed	d of more th	an 25%	of its r	net assets			
	Ì	3 1	Number of v	oting member	s of the go	overning b	body (Part VI	line 1a)						_3		12
ş	ļ	4 1	Number of ir	ndependent vo	oting meml	bers of th	e governing l	ood <u>y (Part</u> VI	, line 1b)				4	}	0
Activities &		5	Total numbe	r of individual	s employed	d in calen	dar year 201	7 (Part V, lige	(Za) C	11. /1. 5.7	· · · · ·			5		0
亲	-	6	Total numbe	r of volunteers	s (estimate	of neces	sarv) · ·			IAFN	<u></u>].			6		12
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Revenue				ncome (Part-										26)	
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g	,	15	Salanes, oth	ner compensa	tion, emplo	oyee bene	efits (Part IX,	column (A), I	ines 5-	10) • •					<u> </u>	0
TVDODGOG	1	16a	Professiona	l fundraising f	ees (Part I)	X, columr	n (A), line 11e	:)		• • • • •		area.		-044 1	- Notation 2	0
2	1	b	Total fundra	ısıng expense	s (Part IX,	column (D), line 25)	>			0	碧水		C.		Of the state of
ù	វ	17	Other exper	nses (Part iX,	column (A)), lines 11	a-11d, 11f-24	le) · · ·					3	,66	L	5,094
				ses Add lines									3	,663	ւ	5,094
		19	Revenue les	ss expenses	Subtract li	ne 18 fro	m line 12	<u></u>			<u> </u>		31	,119	9	59,374
	58							= -				Begin	ning of Current	Year		End of Year
-		20	Total assets	(Part X, line	16)								3,103	,970	6	3,163,350
	200	21	Total habilitie	es (Part X, line	e 26)										1	0
3	-21			or fund balanc		act line 21	1 from line 20						3,103	.97	5	3,163,350
	ant			re Block	-									7.5	-1	37-007000
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tru	e, co	rect, a	nd complete D	eclaration of prepared	arer (other tha	an officer) is	based on all into	mation of which	preparer	has any knowle	edge					
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For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2017) Fuquay Varina Community Development	58-1978712	Page 2
Par	t III Statement of Program Service Accomplishments		
	* Check if Schedule O contains a response or note to any line in this Part ill	<u> </u>	<u>. 🛮</u>
1	Briefly describe the organization's mission		
	To improve the quality of life for citizens of Fuquay Varına and surrounding		by
	raising the social, economic and educational activities through targeted programmer through targeted programmer.	rams and	
	services.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
_	prior Form 990 or 990-EZ?	· · · · □ Yes	x No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	🗌 Yes 📩	x No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure	-	
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ners,	
	the total expenses, and revenue, if any, for each program service reported		
	(O. I.)		
4a	(Code) (Expenses \$5,094 including grants of \$) (Revenue		<u>,562</u>)
	Demolished and removed a already collasped building on campus. Continue to successful commons as Senior Citizens Housing. Continue to support early childhood educations.		
	Commons as senior cicizens nousing. Continue to support early chilanood educ	ation activi	cies
4b	(Code) (Expenses \$ including grants of \$) (Revenue	\$)
			 -
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
			···
			
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$		
_ 4e	Total program service expenses 5,094		
EEA		Form	n 990 (2017)



Page 3

Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? X Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 X 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 Χ Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Χ Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If X Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Χ Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a 9 custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV X 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 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Χ c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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 e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Χ 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 14a Did the organization maintain an office, employees, or agents outside of the United States? **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 Χ for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 X Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 X Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 18 X

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

Checklist of Required Schedules (continued)

No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Χ 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 Χ 23 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b X b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year 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 Χ 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? 25b X Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 26 Χ 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 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b X An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Χ 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Χ Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. 31 Χ Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 complete Schedule N. Part II 32 X Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b X Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 related organization?If "Yes," complete Schedule R, Part V, line 2 36 X Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, 37 Χ Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. 38

Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a	0		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0		· • ·
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		· 6 · 7 ·	
	reportable gaming (gambling) winnings to prize winners?	· 1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	.*	219.	*
		0	10.0	
р	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)		าเ	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		_X_
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	· 3b	\longmapsto	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	}		1
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		1 1	.,
		• 4a		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	ر ما در این از این ا این این از ا		
	(FBAR)	ş <u> </u>		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	. 5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<u> </u>	 	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	. 5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-		
•	organization solicit any contributions that were not tax deductible as charitable contributions?	. 6a		X
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or			_ :-
	gifts were not tax deductible?	. 6ь		ĺ
7	Organizations that may receive deductible contributions under section 170(c).		(a. V.)	G 42
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		100	15000
	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			
	required to file Form 8282?	· _7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			ng in Sy in
0	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<u> </u>		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	-	<u> </u>	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	· 7h	W. (2) (1) (1)	X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			110
	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.	-		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	 	X
ь 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	مستن	\triangle
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			ļ
_	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		1	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
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	15.00		
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
_b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
EEA		Form	990 (2	2017)

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 Section A. Governing Body and Management Yes 1a Enter the number of voting members of the governing body at the end of the tax year 12 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 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? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a Did the organization have local chapters, branches, or affiliates? X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official **b** Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Other (explain in Schedule O) Own website Another's website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records: Wallace Garrett (919) 552-7525, PO Box 1674, Fuquay Varina, NC 27526

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Fuquay Varina Community Development

58-1978712

Page 7

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee Position (B) (D) (E) (F) (do not check more than one Average Reportable Reportable Name and Title Estimated box, unless person is both an compensation compensation from hours per officer and a director/trustee) amount of veek (list any from related other hours for the organizations compensation organization related (W-2/1099-MISC) from the Individual trustee Highest compensated (ey employee (W-2/1099-MISC) organizations organization below dotted and related line) organizations (1) Herbert Sneed Board Chairmen_ X 0 (5) (9) (10) (11)(12)(13) (14)

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (commune) Peace		90 (2017) Fuquay Varina Comm									58-1978	3712	P	age 8
Name and title Part	***************************************	,	Key Employ	ees, a	nd H			omp	ensa	ated Employees (d	ontinued)			
Name and table	• •		(B)	Position) (E)	1	/E\				
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	, 	Check if Schedule O contains a response or r	note to any fine in thi	s Part VIII			
· "		1	.,	(A)	(B)	(C)	(D)
1			٠.	Total revenue	Related or exempt	Unrelated business	Revenue excluded from tax
			• , "		function revenue	Leveune	under sections 512-514
	1a	Federated campaigns 1a	T T	 	1010100	 	312-314
at tr	b	Membership dues		,			* * * * * * * * * * * * * * * * * * * *
25 2		Fundraising events 1c	 	· ,	1	· · '	
z, ţţ	ر ب		0.7.00	٠, ٠,	2	1	
Contributions, Gifts, Grants and Other Similar Amounts	đ		 	√ ?	,~		
Sir	0	Government grants (contributions) - 1e	 	-		- (,	1
t i	t	All other contributions, gifts, grants,		-			,
를 등		and similar amounts not included above 1f	<u> </u>	. , ,	1	٠,	- ,
pu Loui	g	Noncash contributions included in lines 1a-1f \$		<u> </u>	}	, '	
	h	Total. Add lines 1a-1f	· · · · · · · •	64,468			Telegis ar
			Business Code			,	
anu	2a	0					
Seve.	b	0					
93	С	0					
اخت		0		 	 		
Š		0		 	 -		
Program Service Revenue		All other program service revenue · · · · · ·		 	 		
P		Total. Add lines 2a-2f	<u> </u>	 	 		1 2
				<u> </u>		· · · · · · · · · · · · · · · · · · ·	
	3	Investment income (including dividends, interest,			[1	
		and other similar amounts)		<u> </u>	 		
		Income from investment of tax-exempt bond prod		<u> </u>	 		
	5	Royalties		3		ļ <u>.</u>	
		(ı) Real	(ii) Personal	-l-```	1		7. 7. 1. 1. 1. 1. 1. 1. 1.
		Gross rents · · · · · · ·	 	The state of the s	1	1	2423
	b	Less rental expenses · · · ·			-"		The second second
	C	Rental income or (loss) · · ·	<u> </u>	100		2,	
	d	Net rental income or (loss)	.				
	7a	Gross amount from sales of (i) Secunties	(u) Other	** A		, , ,	100
,		assets other than inventory]'			
	ь	Less cost or other basis] " .			
		and sales expenses · · · ·		1.5	1000		5 -
	С	Gain or (loss)] ~ .		1 1 1 1	1,
				 			
<u>e</u>		Gross income from fundraising		Ţ			
eu :	-	events (not including \$ 64,468	{		, jr		-1/ t ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
ě		of contributions reported on line 1c)		,	· · · · · · · · · · · · · · · · · · ·		a the pro-
<u> </u>		See Part IV, line 18 · · · · · · · · a				*	1.
Other Revenue				-			;
0		Less direct expenses b					
		, ,	· · · · · · • •	 	· · · · · ·		
	9a	Gross income from gaming activities.			1		
		See Part IV, line 19 · · · · · · · · a		4	1		
		Less, direct expenses $\cdots \cdots b$					
	С	Net income or (loss) from gaming activities	<u> </u>		<u> </u>		
	10a	Gross sales of inventory, less					
		returns and allowances · · · · · · · a			!	·	
	b	Less cost of goods sold $\cdots \cdots b$		1		. ي	
		Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code	* • •		_	-
	11a	0					
	ь						
		0		 	T		
		All other revenue · · · · · · · · · · · · · · · · · · ·		 			
ı	ì	Total. Add lines 11a-11d		 	 		
		Total revenue. See instructions					
	12	LORULISABLINE DEC ILIERIACIONE		64,468	0	0	0

	990 (2017) Fuguay Varina Communi	ty Development	<u> </u>	58-1978	3712 Page 10
	Statement of Functional Expenses	lumna All athan arms	urations must same late	a column (A)	
Section	on 501(c)(3) and 501(c)(4) organizations must complete all collection. Check if Schedule O contains a response or note to			····	
	·	(A)	(B)	(C)	(D)
	ot include amounts reported on lines 6b, 7b,	Total expenses	Program service	Management and	Fundraising
	b, and 10b of Part VIII.	···-	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV. line 21				
	and demode governments over an injurie			i.	
2	Grants and other assistance to domestic				
_	Individuals See Part IV, line 22 · · · · · · · · · · · · · · · · · ·		- 		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members		-		<u> </u>
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B) · · · · ·				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				İ
а	Management				
b	Legal				
C	Accounting				
d	Lobbying · · · · · · · · · · · · · · · · · · ·				
е	Professional fundraising services See Part IV, line 17 -		200 March 15		
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O) · ·				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy · · · · · · · · · · · · · · · · · · ·				
17	Travel · · · · · · · · · · · · · · · · · · ·				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				

603

603

25

20

21

22

23

24

Interest

Depreciation, depletion, and amortization

Outside Contract Services

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here

following SOP 98-2 (ASC 958-720)

Rent and Utiltities

All other expenses

Reimbursement Expense

Other expenses. Itemize expenses not covered

above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)

Total functional expenses. Add lines 1 through 24e

Form 990 (2017)

•	٠.	Check if Schedule O contains a response or note to any line in this Part X	• • • • • • • • • • • • • • • • • • • •	• • •	· · · · · <u>· · · · · </u>
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	2,920	1	533
	2	Savings and temporary cash investments	51,055	2	112,739
	3	Pledges and grants receivable, net	3,000	3	3,077
	4	Accounts receivable, net		4	
İ	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees			19
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and		k-	
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary		-	
		organizations (see instructions) Complete Part II of Schedule L		6	
y,	7	Notes and loans receivable, net		7	
Assets	8	Inventones for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
- 1	10a	Land, buildings, and equipment cost or			
		other basis. Complete Part VI of Schedule D · · · · 10a 3,047,001	The state of the s		W 3
	b	Less accumulated depreciation · · · · · · · · · · · 10b	3,047,001	10c	3,047,001
	11	Investments - publicly traded secunties		11	
	12	Investments - other secunties See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets · · · · · · · · · · · · · · · · · · ·		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,103,976	16	3,163,350
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D	30.000	21	
Liabilities	22	Loans and other payables to current and former officers, directors,			
bili		trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	ALL MARKET . THE SERVICE	32	The other way the war with
Lia	23	Secured mortgages and notes payable to unrelated third parties		22	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			· · · · · · · · · · · · · · · · · · ·
		parties, and other liabilities not included on lines 17-24) Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
		Organizations that follow SFAS 117 (ASC 958), check here			
es		complete lines 27 through 29, and lines 33 and 34.			
auc	27	Unrestricted net assets	3,103,976	27	3,163,350
<u>3</u>	28	Temporanly restricted net assets		28	5,205,000
ᅙ	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here			
6		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
\SS.	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
z	33	Total net assets or fund balances	3,103,976	33	3,163,350
	34	Total liabilities and net assets/fund balances	3,103,976	34	3,163,350

Form	990 (2017) Fuquay Varina Community Development	58-197871	2 Page 12
Pai	Reconciliation of Net Assets		
	. Check if Schedule O contains a response or note to any line in this Part XI		📙
1	Total revenue (must equal Part VIII, column (A), line 12)	1	64,468
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,094
3	Revenue less expenses Subtract line 2 from line 1	3	59,374
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,103,976
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses		
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line		
	33, column (B))	10	3,163,350
Pa	rt-XII Financial Statements and Reporting		
	Check if Schedule O contains a response or note to any line in this Part XII		· · · · · · · · · · · · · · · · · · ·
1	Accounting method used to prepare the Form 990.		Yes No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a X
h	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?		2b X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		A A
	of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	• • • • • •	2c
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		
	the Single Audit Act and OMB Circular A-133?	• • • • • •	3a X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	• • • • • •	3b
EEA			Form 990 (2017)

SCHEDULE A

Public Charity Status and Public Support

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

OMB No. 1545-0047

2017

(Form 990 or 990-EZ) Department of the Treasury

► Attach to Form 990 or Form 990-EZ.

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

Copen to Public Inspection

Internal Revenue Service Employer identification number Name of the organization 58-1978712 Fuguay Varina Community Development Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv), (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university 🛛 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported organization (II) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A)

58-1978712

Fuquay Varina Community Development
Support Schedule for Organizations Described in Section 509(a)(2) Part III

(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						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	7,665	5,396	7,729	27,025	69,562	117,377
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	7,665	5,396	7,729	27,025	69,562	117,377
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b · · · · · · · · · · · ·			17.30 7.30 a 0 c 25 151		THE REN. 1129 IN SAME AND ADDRESS.	
8	Public support. (Subtract line 7c from line 6)						117,377
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6 · · · · · · · · · · · · · · · · · ·	7,665	5,396	7,729	27,025	69,562	117,377
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		5				5
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b · · · · · · · · · ·		5				5
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)		16,242				16,242
13	Total support. (Add lines 9, 10c, 11, and 12.)	7,665	21,643	7,729	27,025	69,562	133,624
14	First five years. If the Form 990 is for the or organization, check this box and stop here	ganization's first, se	econd, third, fourth,	or fifth tax year as	a section 501(c)(3)		▶ 🛚
Se	ction C. Computation of Public S	upport Percen	tage				
15	Public support percentage for 2017 (line 8, c)		15	87.84 %
16	Public support percentage from 2016 Sched				· · · · · · · · · · · ·	16	78.00 %
	ction D. Computation of Investme					1 1	
17	Investment income percentage for 2017 (line					17	0.00 %
18	Investment income percentage from 2016 Se					18	0.00 %
	33 1/3% support tests - 2017. If the organiz 17 is not more than 33 1/3%, check this box	and stop here. The	e organization quali	fies as a publicly su	ipported organizati	on	▶ 🏻
Þ	33 1/3% support tests - 2016. If the organize line 18 is not more than 33 1/3%, check this						▶ □
20	Private foundation. If the organization did n	-	_				▶ 🏹

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2017

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury Internal Revenue Service

Open to Public

Name of the organization					Er	nployer ideni	lification number				
Fuquay Varina Community Deve	lopment					58-197	8712				
Part I' Fundraising Activities	. Complete if	_		swered "Yes" on	Form 990,	Part IV,	line 17				
Form 990-EZ filers are no											
1 Indicate whether the organization rais	ed funds through	_									
a Mail solicitations e Solicitation of non-government grants											
b Internet and email solicitations		f 🗌	Solicitation of	of government grants							
c Phone solicitations				fraising events							
d n-person solicitations											
2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees,											
or key employees listed in Form 990,						☐ Yes	s 🗍 No				
• • •						_	s 🗀 140				
b If "Yes," list the 10 highest paid individ		unuraisers) p	ursuant to a	greements under which	ii the lunurais	er is to be					
compensated at least \$5,000 by the c	rganization										
(i) Name and address of individual or entity (fundraiser)	(II) Activity	custody or	(iii) Did fundraiser have custody or control of contributions? (iv) Gross receipts (or r from activity fundraiser				(vi) Amount paid to (or retained by) organization				
		Yes	No		col (i	·					
1			 								
•											
2											
3											
4		 									
5		 									
6	-	 									
7											
8											
9											
											
10		<u></u> _									
Total			▶								
List all states in which the organization registration or licensing	is registered or li	censed to so	licit contribut	ions or has been notif	ied it is exemp	t from					
											
											
											
							· ·				

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization Fuquay Varina Community Development 58-1978712 01. Committee meeting documentation (Part VI, line 8b) Minutes of meeting available for review upon request 02. Form 990 governing body review (Part VI, line 11) The financial officer presents the Form 990 to the governing board at the regular meeting of the Board of Directors 03. Governing documents, etc, available to public (Part VI, line 19) Governing documents are available to the public upon request 04. List of other fees for services expenses (Part IX, line 11g) Fees for contract workers 05. List of other expenses (Part IX, line 24e) Reimbursement expenses