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CLIENT'S COPY

#### EXTENDED TO MAY 15, 2023

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)

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

OMB No 1545-0047
2021
Open to Public Inspection

Form 990 (2021)

Department of the Treasury Internal Revenue Service

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

A F	or the	2021 calendar year, or tax year beginning $$ JUL $1$ , $2021$ $$ and $$ ei	nding J	UN 30, 2022	the re-			
Во	heck if	I NORTH CAROLINA HIGH SCHOOL ATHLETIC		D Employer identific	cation number			
	Addres	ASSOCIATION, INC.						
	Name change	Doing business as		56-06554:	25			
	] Initial roturn ] Final return/	PO BOX 3216	loom/suite	E Telephone number 919-240-				
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	18,041,291.			
	Ameno	CHAPEL HILL, NC 27515		H(a) Is this a group return				
Application F Name and address of principal officer: MARILYN TUCKER for subordinates? Yes								
-	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	icluded? Yes No			
17	ax-exe	empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or	527	If "No," attach a	list. See instructions			
J	<b>Nebsit</b>	e: > WWW.NCHSAA.ORG		H(c) Group exemption	n number ⊳			
K F	orm of	organization: X Corporation	L Year o	of formation: 1924 N	1 State of legal domicile: NC			
đ		Briefly describe the organization's mission or most significant activities: $ \underline{ ext{THE}}    \underline{ ext{M}} $						
Activities & Governance		PROVIDE GOVERNANCE AND LEADERSHIP FOR INTE	ERSCHO	LASTIC ATHL	ETIC			
E	2	Check this box 🕨 🔙 if the organization discontinued its operations or dispose	d of mare	than 25% of its net ass				
ove.	1			3	19			
Ģ		Number of independent voting members of the governing body (Part VI, line 1b)			18			
es	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		5	19			
<b>2</b>	6	Total number of volunteers (estimate if necessary)	*************	6	200			
def.		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.			
ā	Š			Prior Year	Current Year			
		Contributions and grants (Part VIII, line 1h)		1,315,562.	1,402,577.			
Revenue		Program service revenue (Part VIII, line 2g)		2,000,513.	2,154,764.			
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		5,268,678.	2,168,827.			
-		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.			
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		8,584,753.	5,726,168.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		5,833,202.	1,291,396.			
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
9	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,358,165.	1,283,677.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	50000	0.	0.			
Š.	b	Total fundraising expenses (Part IX, column (D), line 25) 219,87		Adhere a Constitution of the section	2 000 451			
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,600,857.	3,029,471.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		9,792,224.	5,604,544.			
L 95		Revenue less expenses, Subtract line 18 from line 12		-1,207,471.	121,624.			
ts or		Tabel accede (David V. Pare # 6)		inning of Current Year	End of Year			
let Assets	20	Total assets (Part X, line 16)	11110	44,786,651. 2,239,491.	37,882,945.			
let /	22	Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20		42,547,160.	1,535,251. 36,347,694.			
P	irt II	Signature Block		42,347,100.	30,341,094.			
-	-	lies of perjury, I declare that I have examined this return, including accompanying schedules a	and stateme	nts and to the best of my	knowledge and helief it is			
		t, and complete. Declaration of preparer (other than officer) is based on all information of whic			Knowieuge and belies, it is			
	001100	Marilim Sul Turker. Commissioner	in pi chaici	PZ/22	15.000			
Sigi	,	Signature of officer	/	Date	1015			
Her		MARILYN TUCKER, COMMISSIONER	1					
		Type or print name and title						
_		Print/Type preparer's name Preparer's signature		ate Check	PTIN			
Paid		ROBERT LEWIS ROBERT LEWIS	0	2/21/23 self-employ				
	arer	Firm's name BLACKMAN & SLOOP, CPAS, P.A.			56-1304727			
	Only	Firm's address 1414 RALEIGH RD, SUITE 300						
_		CHAPEL HILL, NC 27517		Phone no. (9	19)942-8700			
May	the IF	S discuss this return with the preparer shown above? See instructions			X Yes No			

Check it Schedule Coordans a response or note to any line in this Part III    Portify describe the organization's mission:   THE MISSION OF THE NCHSAA IS: TO PROVIDE GOVERNANCE AND LEADERSHIP FOR   INTERSCHOLASTIC ATHLEFTIC PROGRAMS IN NORTH CAROLINA THAT SUPPORT AND   ENRICH THE EDUCATIONAL EXPERIENCE OF STUDENTS;    Did the organization undertake any significant program services during the year which were not listed on the prior Form 980 or 980-E27	Pai	t III Statement of Program Service Accomplishments
THE MISSION OF THE NCHSAA IS: TO PROVIDE GOVERNANCE AND LEADERSHIP FOR INDRESCHOLASTIC APHLETIC PROGRAMS IN NORTH CAROLINA THAT SUPPORT AND ENRICH THE EDUCATIONAL EXPERIENCE OF STUDENTS;  2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 930 or 930-E2?		Check if Schedule O contains a response or note to any line in this Part III
ENRICH THE EDUCATIONAL EXPERIENCE OF STUDENTS;  2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 930 or 90 C27    Yes   X  No   1' Yes, 'Generation the services on Schedule O.   Yes   X  No   1' Yes, 'Generation these new services on Schedule O.   Yes   X  Ves   No   1' Yes, 'Generation the search on Schedule O.   X  Yes   X  No   1' Yes, 'Generation the search on Schedule O.   X  Yes   No   1' Yes, 'Generation is program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(s) and 501(s)(s) grantizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.   1, 082, 815.   N  N  N  N  N  N  N  N  N  N  N  N  N	1	,
Did the organization undertake any significant program services during the year which were not listed on the prior form \$90 or \$90 E2?  If "es," describe these new services on Schedule 0.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  If "es," describe these changes on Schedule 0.  If "es," describe these changes on Schedule 0.  Distribution organization or program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(8) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.  Cotat:		INTERSCHOLASTIC ATHLETIC PROGRAMS IN NORTH CAROLINA THAT SUPPORT AND
prior Form 990 or 990-EZ?    Yes		ENRICH THE EDUCATIONAL EXPERIENCE OF STUDENTS;
prior Form 990 or 990-EZ?    Yes		
If "Yes," describe these new services on Schedule O.	2	Did the organization undertake any significant program services during the year which were not listed on the
3 Did the organization cases conducting, or make significant changes in how it conducts, any program services?		prior Form 990 or 990-EZ?
H "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.  Section 501c(s) and 501c(s)		If "Yes," describe these new services on Schedule O.
4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.  Section 501(s)(3) and 501(s)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if arm, for each program service resorded.  4a (code	3	
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.  4a (Code:	4	· · · · · · · · · · · · · · · · · · ·
4a (code )  (Expenses 4 ,156,634.		Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
THERE WERE 427 MEMBER SCHOOLS IN 2021-2022 WITH OVER 165,000 STUDENT-ATHLETES PARTICIPATING. THE MAIN PUBLICATION CREATED ANNUALLY IS THE THE NCHSAA HANDBOOK WHICH INCLUDES RULES & REGULATIONS, PENALTY CODE, APPEALS PROCESS, SPORTS REGULATIONS, PLAYOFF PROCEDURES, AND GENERAL REQUIREMENTS FOR MEMBER SCHOOLS AND STUDENT ATHLETES. THE HANDBOOK IS DISTRIBUTED TO EVERY MEMBER SCHOOL AND IS AVAILABLE ON-LINE.  ADMINISTRATION OF THE STATE'S ATHLETIC PROGRAM FOR ITS MEMBERS SCHOOLS, INCLUDING THE EDUCATION AND TRAINING OF 4500-5000 GAME OFFICIALS.  40 (Code:) (Expenses	4a	
STUDENT-ATHLETES PARTICIPATING. THE MAIN PUBLICATION CREATED ANNUALLY IS THE THE NCHSAA HANDBOOK WHICH INCLUDES RULES & REGULATIONS, PENALTY CODE, APPEALS PROCESS, SPORTS REGULATIONS, PLAYOFF PROCEDURES, AND GENERAL REQUIREMENTS FOR MEMBER SCHOOLS AND STUDENT ATHLETES. THE HANDBOOK IS DISTRIBUTED TO EVERY MEMBER SCHOOL AND IS AVAILABLE ON-LINE.  ADMINISTRATION OF THE STATE'S ATHLETIC PROGRAM FOR ITS MEMBERS SCHOOLS, INCLUDING THE EDUCATION AND TRAINING OF 4500-5000 GAME OFFICIALS.  4b (Code:) (Expenses &		
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DEVELOPMENT OPPORTUNITIES, AND SCHOOL-BASED STUDENT RECOGNITION PROGRAMS.  4c (Code:) (Expenses \$		
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<b>4e</b> Total program service expenses ► 4,365,215.	<del>4</del> 0	
	40	4 265 245
	<del>46</del>	

# Form 990 (2021) ASSOCIATION, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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		<u> X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	Ť		
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
44	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,	10	25	
11				
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		Х	
	Part VI	11a	Λ	_
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	l		₩.
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			\ <b>.</b>
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
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		<u> </u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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		<u> X</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	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	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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 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		Х
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		х
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? <i>If</i> "Yes."	_ <del></del> _		_ <del></del>
13		19		х
200	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
		20a 20b		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	ZUD		_
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X

# 56-0655425 Page 4

#### NORTH CAROLINA HIGH SCHOOL ATHLETIC ASSOCIATION, INC.

Part IV 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			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	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	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		_X_
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		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 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	37	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
•	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20		Х
33	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		Х
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
<b>U</b> T	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Pai	Note: All Form 990 filers are required to complete Schedule O  't V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
rai	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			
b				
С				
	(gambling) winnings to prize winners?	1c	Х	

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Form 990 (2021)

Part V

ASSOCIATION, INC.

Statements Regarding Other IRS Filings and Tax Compliance

56-0655425

Page 5

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 Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Х **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year X Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Х 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources 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 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Х excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069

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ASSOCIATION, INC. 56-0655425 Page 6 Form 990 (2021) 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 on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 19 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 18 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X 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? Did the organization have members or stockholders? 6 Х 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? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a 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? 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 on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 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 Х 15a Х 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х 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

17	List the states with which a copy of this Form 990 is required to be filed	►NC

222 FINLEY GOLF COURSE ROAD, CHAPEL HILL.

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available 18 for public inspection. Indicate how you made these available. Check all that apply

X Own website Another's website X Upon request Other (explain on Schedule O)

Describe on 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.

State the name, address, and telephone number of the person who possesses the organization's books and records MARILYN TUCKER - (919)240-7401

Form **990** (2021)

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

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

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

- 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organi. (A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(-1-		Pos	itior			Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	than o	an	compensation	compensation	amount of
	week		cer an	d a d	irecto	r/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	ubeus		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	dual tr	tional	١.	nploy	st con	_	1099-NEO)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) QUE TUCKER	40.00		_							
COMMISSIONER		Х		Х				164,185.	0.	15,504.
(2) RONNIE BEVERLY	0.60									
DIRECTOR		Х						0.	0.	0.
(3) CHRIS BLANTON	0.60									
DIRECTOR		Х						0.	0.	0.
(4) MARK BYRD	0.60	<u> </u>								
DIRECTOR		Х						0.	0.	0.
(5) BRIAN CARVER	0.60									
DIRECTOR		Х						0.	0.	0.
(6) CHAD DUNCAN	0.60	]							_	_
DIRECTOR		Х						0.	0.	0.
(7) STEPHEN GAINEY	0.60	1							_	_
DIRECTOR		Х						0.	0.	0.
(8) MARK GARRETT	0.60	1							_	_
DIRECTOR		Х						0.	0.	0.
(9) TROY LINDSEY	0.60	1							_	_
DIRECTOR		Х						0.	0.	0.
(10) JOHN LUCIANO	0.60	ļ								
DIRECTOR		Х						0.	0.	0.
(11) FRED LYNCH	0.60	l								
DIRECTOR		Х						0.	0.	0.
(12) ANDY MCCORMICK	0.60	<b>∤</b>								•
DIRECTOR	0.60	Х						0.	0.	0.
(13) TOD MORGAN	0.60	٠,,							_	•
DIRECTOR	0.60	Х						0.	0.	0.
(14) CATHY MOORE	0.60	٠,,							_	0
DIRECTOR	0.60	X						0.	0.	0.
(15) TANYA TURNER	0.60	х							0.	_
DIRECTOR (16) JOY WARNER	0.60	Α.						0.	U •	0.
	0.60	х							0.	_
DIRECTOR (17) BOBBY WILKINS	0.60	^		_	$\vdash$		-	0.	U •	0.
PRESIDENT	0.80	х		х				0.	0.	0.
I KESIDENI		Λ		Λ	l	<u> </u>		1 0.	U •	990 (2021

Form **990** (2021)

Part VII   Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)															
(A)	(B) (C) (D) (E)										(F)				
Name and title	Average	(do	Position (do not check more than one					Reportable	Reportable		Es	timate	ed		
	hours per	box	, unle	ss per	rson i	s both	n an	compensation	compensatio	n	an	nount	of		
	week		cer an	d a d	irecto	r/trus	tee)	from	from related			other			
	(list any	ector						the	organizations		ı	pensa			
	hours for related	or dir	9			ated		organization	(W-2/1099-MIS	C/		om the			
	organizations	ustee	trust		9	Suedu		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)			anizati d relati			
	below	ualtr	tional		ploye	t con	_	1099-NEC)			l	anizatio			
	line)	Individual trustee or director	In stit utio nal tru stee	Officer	sey employee	Highest compensated employee	Former				l	ai iiZati	5110		
(18) ROB JACKSON	0.60	_	-		~	1 0	-								
VICE PRESIDENT		х		Х				0.		0.			0.		
(19) JERRY SIMMONS	0.60									•					
PAST PRESIDENT	0.00	Х		Х				0.		0.			0.		
										•					
			$\vdash$												
								11111							
1b Subtotal								164,185.		0.	1.	5,50	-		
c Total from continuation sheets to Part VI								0.		0.			0.		
d Total (add lines 1b and 1c)							<u> </u>	164,185.		0.	1	5,50	)4.		
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable						
compensation from the organization													1		
												Yes	No		
3 Did the organization list any former officer,	director, truste	ee, k	сеу е	mpl	oye	e, or	hig	hest compensated empl	oyee on						
line 1a? If "Yes," complete Schedule J for s	uch individual										3		X		
4 For any individual listed on line 1a, is the su															
and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	Jf	or such individual			4	Х			
5 Did any person listed on line 1a receive or a															
rendered to the organization? If "Yes." com	plete Schedule	J fo	or su	ıch ı	oers	on .					5		X		
Section B. Independent Contractors															
1 Complete this table for your five highest co	mpensated ind	lepe	nde	nt co	ontra	acto	rs th	nat received more than \$	100,000 of comp	ensat	tion fro	m			
the organization. Report compensation for	the calendar ye	ear e	ndir	ıg w	ith c	or wi	thin	the organization's tax y	ear.						
(A)								(B)			(0				
Name and business	address	NC	ONE	3				Description of s	ervices	C	ompe	nsatio	า		
							Ţ								
							T								
		_	_	_			_ ]						_		
2 Total number of independent contractors (ii	ncludina but na	ot lin	nite	to t	thos	se lis	ted	above) who received mo	ore than						
\$100,000 of compensation from the organiz					(		-	,							
+ ,	<del>-</del>										Form	990 (	2021)		

Form 990 (2021) ASSOCIA
Part VIII Statement of Revenue

			Check if Schedule O contains a	response (	or note to any lin	e in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
SS	1	_	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts				1b					
S S			Fundraising events	1c					
fts,			Related organizations	1d					
ية إق			Government grants (contributions)	1e	49,000.				
Sir			* '		15,000.				
utic Je		'	All other contributions, gifts, grants, and	'  <sub>1f</sub>	1,353,577.				
ë Đ		_	similar amounts not included above		74,203.				
no Dd		_	Noncash contributions included in lines 1a-1f	1g  \$	,1,203.	1,402,577.			
OB		11	Total. Add lines 1a-1f		Business Code	1,102,377.			
_	•	_	CATE RECEIPTS			1,705,401.	1,705,401.		
ice	2 a GATE RECEIPTS 711210 b OFFICIALS REGISTRATION 711210				303,937.	303,937.			
er ue		-	FINES, FEES, AND MISC		711210	93,103.	93,103.		
m S		-	MEMBERSHIP DUES		711210	50,383.	50,383.		
gra Re			PROGRAMS, RULEBOOKS, DIRECT	ODIFC	711210	1,940.	1,940.		
Program Service Revenue					711210	1,540.	1,540.		
-			All other program service revenue			2,154,764.			
-		g	Total. Add lines 2a-2f			2,134,704.			
	3	3 Investment income (including dividends, interest				699,307.			699,307.
			other similar amounts)			055,307.			033,307.
	4		Income from investment of tax-exer	-					
	5		Royalties	(i) Real	(ii) Personal				
				(i) Neai	(II) Fersorial				
			Gross rents 6a						
			Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Net rental income or (loss)		(ii) Othor				
	1	а	0.7000 a	Securities	(ii) Other				
				784,643.					
		b	Less: cost or other basis	215 122					
her Revenue			and sales expenses	469,520.					
eve			( )			1 460 520			1469520.
Æ			Net gain or (loss)		<b>&gt;</b>	1,469,520.			1409520.
	8	а	Gross income from fundraising events						
Ò			including \$	-					
			contributions reported on line 1c). S	I					
			Part IV, line 18	I .					
			Less: direct expenses						
			Net income or (loss) from fundraisir	-	·····				
	9	а	Gross income from gaming activitie						
		L	Part IV, line 19						
			Less: direct expenses						
			Net income or (loss) from gaming a						
	10	а	Gross sales of inventory, less return	<b>I</b>					
		L	and allowances						
			Less: cost of goods sold						
-		С	Net income or (loss) from sales of in	iveritory	Business Code				
sn	4.4	_			Dualifeas Code				
Miscellaneous Revenue	17								
llar		b							
sce Be		Ç	All other revenue						
Ë			All other revenue						
		е	Total Add lines 11a-11d			5,726,168.	2 154 764	0.	2168827.
	12		<b>Total revenue.</b> See instructions			3,740,100.	2,154,764.	ı .	Z1000Z/.

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#### Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp.  Check if Schedule O contains a response			nplete column (A).	
	. 1	(A)		(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,222,896.	1,222,896.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	68,500.	68,500.		
3	Grants and other assistance to foreign	00,0001	30,0001		
3	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
Ĭ	trustees, and key employees	176,516.	117,677.	58,839.	
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	882,689.	475,969.	243,553.	163,167
8	Pension plan accruals and contributions (include	,		·	•
	section 401(k) and 403(b) employer contributions)	69,440.	37,152.	18,576.	13,712
9	Other employee benefits	69,440. 76,414.	37,152. 48,600.	24,300.	3,514
10	Payroll taxes	78,618.	43,917.	21,958.	13,712 3,514 12,743
11	Fees for services (nonemployees):	,		·	•
а					
b	Legal				
С					
	Lobbying	63,252.		63,252.	
е	Professional fundraising services. See Part IV, line 17			·	
f	Investment management fees	232,823.		232,823.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
_	column (A), amount, list line 11g expenses on Sch O.)	185,614.	62,216.	123,398.	
12	Advertising and promotion	6,705.	735.		5,970 40
13	Office expenses	245,784.	164,326.	81,418.	40
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	6,334.	3,800.	2,534.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	67,838.	54,270.	13,568.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	77,062.	38,531.	38,531.	
23	Insurance	481,545.	433,390.	48,155.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	MEAN EXPENSES	858,274.	858,274.		
b	GATE RECEIPTS DISTRIBUT	288,739.	288,739.		
C	MISCELLANEOUS	262,300.	211,235.	32,826.	18,239
	AWARDS	110,430.	110,430.	. ,	.,=
	All other expenses	142,771.	124,558.	15,725.	2,488
25	Total functional expenses. Add lines 1 through 24e	5,604,544.	4,365,215.	1,019,456.	219,873
26	Joint costs. Complete this line only if the organization	•			•
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2021)

Form 990 (2021)
Part X Balance Sheet

га	rt X	Balance Sneet					
		Check if Schedule O contains a response or note t	o any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			7,767,766.	1	7,913,632.
	2	Savings and temporary cash investments			7,712,490.	2	507,803.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			326,088.	4	567,181
	5	Loans and other receivables from any current or fo					
		trustee, key employee, creator or founder, substan	tial c	ontributor, or 35%			
		controlled entity or family member of any of these	perso	ons		5	
	6	Loans and other receivables from other disqualified	d per	sons (as defined			
		under section 4958(f)(1)), and persons described in	sect	tion 4958(c)(3)(B)		6	
ß	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			67,450.	9	53,290.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	2,265,538.			
	b	Less: accumulated depreciation	1,259,354.	10c	1,182,292		
	11	Investments - publicly traded securities			27,488,007.	11	27,535,306
	12	Investments - other securities. See Part IV, line 11		165,496.	12	123,441.	
	13	Investments - program-related. See Part IV, line 11		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			11 706 671	15	25 222 245
	16	Total assets. Add lines 1 through 15 (must equal I			44,786,651.	16	37,882,945
	17	Accounts payable and accrued expenses			2,149,924.	17	1,457,276.
	18	Grants payable		24 160	18	1 000	
	19	Deferred revenue	24,168.	19	1,068.		
	20				20		
	21	Escrow or custodial account liability. Complete Par				21	
es	22	Loans and other payables to any current or former					
Ħ		trustee, key employee, creator or founder, substan					
Liabilities		controlled entity or family member of any of these	-	·····		22	
_	23	Secured mortgages and notes payable to unrelated				23	
	24	Unsecured notes and loans payable to unrelated th				24	
	25	Other liabilities (including federal income tax, payal parties, and other liabilities not included on lines 1.					
		of Schedule D	7-24).	Complete Part X	65,399.	25	76,907.
	26	Total liabilities. Add lines 17 through 25			2,239,491.		1,535,251.
	20	Organizations that follow FASB ASC 958, check			2,233,431.	20	1,555,251
S		and complete lines 27, 28, 32, and 33.	i iici c				
ŭ	27				26,496,156.	27	20,439,128.
3ale	28	Net assets with donor restrictions			16,051,004.	28	15,908,566.
βĒ		Organizations that do not follow FASB ASC 958					
Ψ		and complete lines 29 through 33.	,				
ō	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or equip				30	
Ass	31	Retained earnings, endowment, accumulated incompared in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			42,547,160.	32	36,347,694.
2	33	Total liabilities and net assets/fund balances			44,786,651.	33	37,882,945.

Form **990** (2021)

Ра	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI			<u></u> .				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,726</u>				
2	Total expenses (must equal Part IX, column (A), line 25)	2	5	<u>,604</u>				
3	Revenue less expenses. Subtract line 2 from line 1	3				24.		
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
5	Net unrealized gains (losses) on investments	5	-6	, 321	1,0	90.		
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	36	,347	7,6	94.		
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>		X		
			_		Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.						
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:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b	Х			
	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:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit	1					
	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	ed audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b				
				Form	990	(2021)		

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

## **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.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021
Open to Public

Inspection

Pa	ırt I	Reason for Public 0	Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructions.	
The	organ	nization is not a private found	lation because it is: (F	For lines 1 through 12, c	heck only	one box.)		
1		A church, convention of ch	urches, or associatio	n of churches described	lin <b>sectio</b>	n 170(b)(1	I)(A)(i).	
2	$\Box$	A school described in <b>sect</b>				` ` ` `		
3	一	A hospital or a cooperative				(b)(1)(A)(ii	i).	
4	一	A medical research organiz					•	the hospital's name.
		city, and state:	· ·					,
5		An organization operated for	or the benefit of a col	llege or university owned	or operate	ed by a go	vernmental unit describe	ed in
_		section 170(b)(1)(A)(iv). (C				, 3		
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).	
7	一	An organization that norma						oublic described in
-		section 170(b)(1)(A)(vi). (C	•		g		g <sub>g</sub>	
8		A community trust describe		(1)(A)(vi). (Complete Par	t II.)			
9	一	An agricultural research org				ed in coniu	inction with a land-grant	college
•		or university or a non-land-g				-	-	-
		university:	y g · - · · · g · · · ·			···-, -·-· <b>J</b>	,	
10	X	An organization that norma	Illy receives (1) more	than 33 1/3% of its supr	ort from c	ontribution	ns. membership fees. and	d gross receipts from
		activities related to its exem						
		income and unrelated busir						
		See section 509(a)(2). (Con					, 3	,
11		An organization organized a	•	velv to test for public sa	fetv. See	section 50	09(a)(4).	
12	一	An organization organized a	•	*	•			purposes of one or
		more publicly supported or	=	•	-		•	
		lines 12a through 12d that	•					
а		Type I. A supporting orga	* *				· · · · · · · · · · · · · · · · · · ·	aivina
		the supported organization						
		organization. You must o			, ,			0
b		Type II. A supporting org			ion with its	s supporte	ed organization(s), by hav	ving
		control or management o	•					-
		organization(s). You mus			•			
c		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functionally integrate	ed with,
		its supported organization	n(s) (see instructions)	). You must complete I	Part IV, Se	ctions A,	D, and E.	
d		Type III non-functionally	y integrated. A supp	orting organization oper	ated in cor	nnection w	vith its supported organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and an attentiv	/eness
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.	
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or	r Type III non-function	nally integrated supporti	ng organiz	ation.		
f	Ente	er the number of supported o	organizations					
g		vide the following information						
	(	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) IS the orga in your governi	nization listed ng document?	(v) Amount of monetary	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)

#### Part II 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.)

ndar year (or fiscal year beginning in) ►	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
Total. Add lines 1 through 3						
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.						
tion B. Total Support						
ndar year (or fiscal year beginning in) ►	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(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						
Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI.)						
<b>Total support.</b> Add lines 7 through 10						
Gross receipts from related activities,	etc. (see instruction	ons)			12	
First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
						<b>&gt;</b>
tion C. Computation of Public	Support Per	centage				
Public support percentage for 2021 (li	ne 6, column (f), d	ivided by line 11,	column (f))		14	%
Public support percentage from 2020	Schedule A, Part	II, line 14			15	<u>%</u>
33 1/3% support test - 2021. If the o	rganization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	nore, check this bo	x and
-		-				
10% -facts-and-circumstances test	- <b>2021.</b> If the org	anization did not	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
and if the organization meets the facts	-and-circumstanc	es test, check this	box and stop he	<b>ere.</b> Explain in Part	VI how the organiz	zation
meets the facts-and-circumstances tes	st. The organization	on qualifies as a pu	ıblicly supported o	organization		<b>&gt;</b>
10% -facts-and-circumstances test	- <b>2020.</b> If the org	janization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
more, and if the organization meets th	e facts-and-circun	nstances test, che	ck this box and s	<b>top here.</b> Explain i	in Part VI how the	
organization meets the facts-and-circu	mstances test. Th	ne organization qua	alifies as a publicly	supported organi	zation	<b>&gt;</b>
Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instructions	s <b>&gt;</b> 🔼
	Public support. Subtract line 5 from line 4.  Public support. Subtract line 5 from line 4.  Indar year (or fiscal year beginning in)  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 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  Gross receipts from related activities, First 5 years. If the Form 990 is for the organization, check this box and stop etion C. Computation of Public Public support percentage from 2020 33 1/3% support test - 2021. If the o stop here. The organization qualifies a 33 1/3% support test - 2020. If the o and stop here. The organization qualifies a 31 1/3% support test - 2020. If the o and stop here. The organization meets the facts-and-circumstances test and if the organization meets the facts meets the facts-and-circumstances test more, and if the organization meets the organization meets the facts-and-circumstances test	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge  Total. Add lines 1 through 3  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.  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  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  Gross receipts from related activities, etc. (see instruction of Public Support Perentian C. Computation qualifies as a publicly support stop here. The organization qualifies as a publicly support 10% -facts-and-circumstances test - 2021. If the organization did not and stop here. The organization qualifies as a publicly support 10% -facts-and-circumstances test - 2021. If the organization meets the facts-and-circumstances test. Th	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge  Total. Add lines 1 through 3  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.  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  Net income from inerated business activities, whether or not the business is regularly carried on  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  Gross receipts from related activities, etc. (see instructions)  First 5 years. If the Form 990 is for the organization's first, second, third, organization, check this box and stop here  tion C. Computation of Public Support Percentage  Public support percentage for 2021 (line 6, column (f), divided by line 11, Public support percentage from 2020 Schedule A, Part II, line 14  33 1/3% support test - 2021. If the organization did not check a box on and stop here. The organization qualifies as a publicly supported organization 31 1/3% support test - 2020. If the organization did not check a box on and stop here. The organization meets the facts-and-circumstances test, check this meets the facts-and-circumstances test + 2020. If the organization did not on and if the organization meets the facts-and-circumstances test, check organization meets the facts-and-circumstances test, check organization meets the facts-and-circumstances test. The organization did not omore, and if the organization meets the facts-and-circumstances test. The organization meets the facts-and-circumstances test. The orga	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge  Total. Add lines 1 through 3  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.  Stion B. Total Support  Mar year (or fiscal year beginning in) (a) 2017  Mar year (or fiscal year beginning in) (a) 2017  Mar year (or fiscal year beginning in) (b) (a) 2018  Arounts from line 4  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  Net income from similar sources  Net income from or include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. Add lines 7 through 10  Gross receipts from related activities, etc. (see instructions)  First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax organization, check this box and stop here  Total support test - 2021. If the organization did not check the box on line 13, and line stop here. The organization qualifies as a publicly supported organization  33 1/3% support test - 2020. If the organization did not check a box on line 10% -facts-and-circumstances test. The organization did not check a box on line and if the organization meets the facts-and-circumstances test, check this box and sorganization meets the facts-and-circumstances test, check this box and sorganization meets the facts-and-circumstances test, check this box and sorganization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge  Total. Add lines 1 through 3  The portion of total contributions by each person (other than a governmental unit to the organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  Public support. Subract line 5 from line 4.  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.  Net income from similar sources activities, whether or not the business is regularly carried on 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  Gross receipts from related activities, etc. (see instructions)  First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 5 organization, check this box and stop here tion C. Computation of Public Support Percentage  Public support percentage from 2020 Schedule A, Part II, line 14  33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% and stop here. The organization qualifies as a publicly supported organization  10% -facts-and-circumstances test. The organization did not check a box on line 13, and line 15 is 33 1/3% and stop here. The organization meets the facts-and-circumstances test. The organization dualifies as a publicly supported organization  10% -facts-and-circumstances test. The organization dualifies as a publicly supported organization more, and if the organization meets the facts-and-circumstances test. The organization mount of the organization meets the facts-and-circumstances test. The organization melts the facts-and-circumstances test. The organization on sulfice as a publicly s	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  The value of services or facilities unusual grants.')  The portion of total contributions by each person (other than a governmental unit or publicly supported organization) include on line 1 that exceeds 2% of the amount shown on line 11, column (f)  Public support, Subrectime 5 from line 4. this Do State of the companization of the column of the co

Schedule A (Form 990) 2021

#### 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	qualify under the tests listed b	elow, please comp	iete Part II.)						
Section A. Public Support									
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not	0074604	0045054			4 = = 600 =			
	include any "unusual grants.")	3274621.	3247971.	3202140.	2131416.	1756897.	13613045.		
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	2259012.	2341691.	1956312.	1191405.	1800444.	9548864.		
3	Gross receipts from activities that are not an unrelated trade or business under section 513								
4	Tax revenues levied for the organ- ization'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								
	Total. Add lines 1 through 5	5533633.	5589662.	5158452.	3322821.	3557341.	23161909.		
7 <i>a</i>	Amounts included on lines 1, 2, and		400 000		000 000	122 222	1041051		
b	3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the	381,992.	130,000.	397,339.	202,000.	130,000.	1241331.		
	amount on line 13 for the year						0.		
С	Add lines 7a and 7b	381,992.	130,000.	397,339.	202,000.	130,000.	1241331.		
8	Public support. (Subtract line 7c from line 6.)						21920578.		
Sec	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
9	Amounts from line 6	5533633.	5589662.	5158452.	3322821.	3557341.	23161909.		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	753,593.	935,084.	871,916.	954,575.	699,307.	4214475.		
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975								
_		753,593.	935,084.	871,916.	954,575.	699,307.	4214475.		
11	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	755,555.	955,004.	071,910.	934,373.	099,307.	4214473.		
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
	· · · · · · · · · · · · · · · · · · ·	6297226	6534746	(0)	1077206	1256610	127276291		
13	13 Total support. (Add lines 9, 10c, 11, and 12.) 6287226. 6524746. 6030368. 4277396. 4256648. 27376384. 14 First 5 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,								
							•		
14	First 5 years. If the Form 990 is for the check this box and stop here	ne organization's fir	rst, second, third, f	fourth, or fifth tax y	ear as a section 5	01(c)(3) organization	on,		
14	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	fourth, or fifth tax y	ear as a section 5	01(c)(3) organization	on,		
14	First 5 years. If the Form 990 is for the check this box and stop here	ne organization's fir	est, second, third, t	fourth, or fifth tax y	ear as a section 5	01(c)(3) organization	80.07 %		
14 Sec	First 5 years. If the Form 990 is for the check this box and stop here ction C. Computation of Public	c Support Per ine 8, column (f), d	centage ivided by line 13, c	fourth, or fifth tax y	rear as a section 5	01(c)(3) organizatio	on,		
14 Sec 15 16	First 5 years. If the Form 990 is for the check this box and stop here ction C. Computation of Public Public support percentage for 2021 (I	c Support Per ine 8, column (f), d Schedule A, Part	centage ivided by line 13, c	column (f))	rear as a section 5	01(c)(3) organizatio	80.07 %		
14 Sec 15 16	First 5 years. If the Form 990 is for the check this box and stop here ction C. Computation of Public Public support percentage for 2021 (I Public support percentage from 2020)	c Support Perine 8, column (f), d Schedule A, Part	centage ivided by line 13, of the line 15 e Percentage	column (f))	rear as a section 5	01(c)(3) organizatio	80.07 % 79.98 %		
14 Sec 15 16 Sec	First 5 years. If the Form 990 is for the check this box and stop here ction C. Computation of Public Public support percentage for 2021 (In Public support percentage from 2020 ction D. Computation of Investigation 1	c Support Per ine 8, column (f), d Schedule A, Part stment Income 021 (line 10c, colum	centage ivided by line 13, ce Percentage nn (f), divided by line	column (f))	rear as a section 5	01(c)(3) organizatio	80.07 % 79.98 %		
14 Sec 15 16 Sec 17 18	First 5 years. If the Form 990 is for the check this box and stop here ction C. Computation of Public Support percentage for 2021 (In Public Support percentage from 2020 ction D. Computation of Investment income percentage for 2020 ction D. Computa	c Support Perine 8, column (f), dischedule A, Part Stment Income 221 (line 10c, colum 2020 Schedule A,	centage ivided by line 13, cell, line 15 Percentage inn (f), divided by line 17	column (f))	rear as a section 5	15 16 17	80.07 % 79.98 % 15.39 % 14.20 %		
14 Sec 15 16 Sec 17 18	First 5 years. If the Form 990 is for the check this box and stop here ction C. Computation of Public Support percentage for 2021 (In Public Support percentage from 2020 ction D. Computation of Investment income percentage from 2020 Investment Income percentage Investment Income percentage Investment Income Investment Investment Income Investment Investment Income Investment Investmen	c Support Perine 8, column (f), dischedule A, Partitment Income 2021 (line 10c, column 2020 Schedule A, organization did n	centage ivided by line 13, cell, line 15 Percentage inn (f), divided by line 17 ot check the box of	column (f)) ne 13, column (f)) on line 14, and line	rear as a section 5	15 16 17 18 3 1/3%, and line 1	80.07 % 79.98 %  15.39 % 14.20 % 7 is not		
14 Sec 15 16 Sec 17 18 19a	First 5 years. If the Form 990 is for the check this box and stop here cition C. Computation of Public Public support percentage for 2021 (In Public support percentage from 2020 cition D. Computation of Investment income percentage from 2021 (Investment income percentage from 2021) at 133 1/3% support tests - 2021. If the	c Support Perine 8, column (f), dischedule A, Part Income 121 (line 10c, colum 2020 Schedule A, organization did not stop here. The organization did not stop here.	centage ivided by line 13, of Percentage on (f), divided by line 17 ot check the box of organization quality of check a box on	column (f)) ne 13, column (f)) on line 14, and line fies as a publicly so	rear as a section 5	15 16 17 18 3 1/3%, and line 1 tion re than 33 1/3%, a	80.07 % 79.98 %  15.39 % 14.20 % 7 is not		

132023 01-04-22

### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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?
- 6 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

  If "Yes." complete Part I of Schedule L (Form 990).
- 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 on 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 on 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 line 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.)

	Yes	No
1		
2		
3a		
Ja		
3b		
0.		
3c		
4a		
4b		
4c		
5a		
5b 5c		
50		
6		
7		
8		
9a		
-		
9b		
9с		
33		
10a		
10b		
le A (Forr	n 990)	2021

Pa	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	•		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes " describe in <b>Part VI</b> the role played by the organization in this regard	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on N	lov. 20, 1970 ( <i>explain in</i> I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrator	d Type III supporting orga	nization (see

Schedule A (Form 990) 2021

instructions).

Section D - Distributions

7

56-0655425 Page 7 ASSOCIATION, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported 2 organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 Other distributions (describe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 Distributable amount for 2021 from Section C, line 6 9 10 Line 8 amount divided by line 9 amount 10

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
_1_	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
_3_	Excess distributions carryover, if any, to 2021			
<u>a</u>	From 2016			
b	From 2017			
c	From 2018			
d	From 2019			
e	From 2020			
f	Total of lines 3a through 3e			
<u>g</u>	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i_	Carryover from 2016 not applied (see instructions)			
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
_8_	Breakdown of line 7:			
a	Excess from 2017			
b	Excess from 2018			
c	Excess from 2019			
d	Excess from 2020			
<u>e</u>	Excess from 2021			

Schedule A (Form 990) 2021

#### SCHEDULE C (Form 990)

# **Political Campaign and Lobbying Activities**

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

	Section 501(c)(4), (5), or (6) organiza				
Nam		AROLINA HIGH SCH	OOL ATHLETIC	Emp	oloyer identification number
_	ASSOCIA	TION, INC.			56-0655425
Pa	art I-A Complete if the org	ganization is exempt und	ler section 501(c)	or is a section 527 or	rganization.
3	Provide a description of the organize Political campaign activity expendition Volunteer hours for political campa	tures ign activities		<b>&gt;</b>	\$
Pa	art I-B Complete if the org	ganization is exempt und	ler section 501(c)(	3).	
1	Enter the amount of any excise tax	incurred by the organization un	der section 4955	<b>&gt;</b>	\$
	Enter the amount of any excise tax				
	If the organization incurred a section				
	Was a correction made?				Yes No
	of If "Yes," describe in Part IV.		la		-1(0)
		ganization is exempt und			
	Enter the amount directly expended				\$
2	Enter the amount of the filing organ		· ·		•
•	exempt function activities				\$
3	Total exempt function expenditures		•	•	<b>↑</b>
4	line 17b  Did the filing organization file <b>Form</b>				
5	Enter the names, addresses and er				
Ū	made payments. For each organiza				
	contributions received that were pr	· · · · · · · · · · · · · · · · · · ·			•
	political action committee (PAC). If	additional space is needed, pro	vide information in Part	IV.	
	<b>(a)</b> Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0

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

Schedule C (Form 990) 2021

LHA

132041 11-03-21

NORTH CAROLINA HIGH SCHOOL ATHLETIC Schedule C (Form 990) 2021 ASSOCIATION, INC. 56-0655425 Page 2 Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)). A Check ► if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures). B Check ▶ if the filing organization checked box A and "limited control" provisions apply. (a) Filing (b) Affiliated group Limits on Lobbying Expenditures organization's totals (The term "expenditures" means amounts paid or incurred.) totals **1a** Total lobbying expenditures to influence public opinion (grassroots lobbying) **b** Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount. Enter the amount from the following table in both columns. If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 20% of the amount on line 1e. Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000. Over \$1,000,000 but not over \$1,500,000 \$225,000 plus 5% of the excess over \$1,500,000. Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000 \$1,000,000. g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a. If zero or less, enter -0i Subtract line 1f from line 1c. If zero or less, enter -0i If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) **Lobbying Expenditures During 4-Year Averaging Period** Calendar year (a) 2018 (b) 2019 (c) 2020(d) 2021 (e) Total (or fiscal year beginning in) 2a Lobbying nontaxable amount **b** Lobbying ceiling amount

Schedule C (Form 990) 2021

(150% of line 2a, column(e))

c Total lobbying expenditures

 d Grassroots nontaxable amount
 e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Schedule C (Form 990) 2021 ASSOCIATION, INC.

Part II-B	Complete if	the organization is	exempt	under section 501	(c)(3) and has NOT f	iled Form 5768
	(election und	der section 501(h))				

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a	1)	(b)	
	Yes	No	Amo	unt
During the year, did the filing organization attempt to influence foreign, national, state, or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:				
a Volunteers?		X		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X		
c Media advertisements?		X		
d Mailings to members, legislators, or the public?		Х		
e Publications, or published or broadcast statements?		X		
f Grants to other organizations for lobbying purposes?		X		
g Direct contact with legislators, their staffs, government officials, or a legislative body?	v		63	,252
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х		•
i Other activities?		Х		
j Total. Add lines 1c through 1i			63	,252
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х		, -
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A   Complete if the organization is exempt under section 501(c)(4), section 501 (c)(4), section 5	on 501(c)(5	). or sec	tion	
501(c)(6).		,,		
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from Part III-B   Complete if the organization is exempt under section 501(c)(4), secti	the prior year?	? 3		
answered "Yes."  1 Dues, assessments and similar amounts from members  2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)		1		
2 Coolin 102(0) Horizodacinic lossy ing and political experiations (40 not include amounts of poli	a.			
expenses for which the section 527(f) tax was naid)				
expenses for which the section 527(f) tax was paid).		29		
a Current year				
<ul><li>a Current year</li><li>b Carryover from last year</li></ul>		2b		
a Current year b Carryover from last year c Total		2b		
<ul> <li>a Current year</li> <li>b Carryover from last year</li> <li>c Total</li> <li>3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues</li> </ul>		2b 2c 3		
<ul> <li>a Current year</li> <li>b Carryover from last year</li> <li>c Total</li> <li>3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues</li> <li>4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the extension of the ext</li></ul>	cess	2b 2c 3		
<ul> <li>a Current year</li> <li>b Carryover from last year</li> <li>c Total</li> <li>3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues</li> <li>4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exdoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and</li> </ul>	cess	2b 2c 3		
<ul> <li>a Current year</li> <li>b Carryover from last year</li> <li>c Total</li> <li>3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues</li> <li>4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exdoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?</li> </ul>	cess	2b 2c 3		
<ul> <li>a Current year</li> <li>b Carryover from last year</li> <li>c Total</li> <li>3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues</li> <li>4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exdoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?</li> <li>5 Taxable amount of lobbying and political expenditures. See instructions</li> </ul>	cess	2b 2c 3		
<ul> <li>a Current year</li> <li>b Carryover from last year</li> <li>c Total</li> <li>3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues</li> <li>4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?</li> <li>5 Taxable amount of lobbying and political expenditures. See instructions</li> <li>Part IV Supplemental Information</li> </ul>	ccess	2b 2c 3	nd 2 (See	
<ul> <li>a Current year</li> <li>b Carryover from last year</li> <li>c Total</li> <li>3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues</li> <li>4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exdoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?</li> <li>5 Taxable amount of lobbying and political expenditures. See instructions</li> </ul>	ccess	2b 2c 3	nd 2 (See	
<ul> <li>a Current year</li> <li>b Carryover from last year</li> <li>c Total</li> <li>3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues</li> <li>4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exdoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?</li> <li>5 Taxable amount of lobbying and political expenditures. See instructions</li> <li>Part IV Supplemental Information</li> <li>Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grouinstructions); and Part II-B, line 1. Also, complete this part for any additional information.</li> </ul>	political up list); Part II-	2b 2c 3 4 5 A, lines 1 at		
<ul> <li>a Current year</li> <li>b Carryover from last year</li> <li>c Total</li> <li>3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues</li> <li>4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exdoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?</li> <li>5 Taxable amount of lobbying and political expenditures. See instructions</li> <li>Part IV Supplemental Information</li> <li>Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grouinstructions); and Part II-B, line 1. Also, complete this part for any additional information.</li> <li>PART II-B, LINE 1, LOBBYING ACTIVITIES:</li> </ul>	political  plist); Part II-	2b 2c 3 4 5 A, lines 1 at 2 LOBB		
<ul> <li>a Current year</li> <li>b Carryover from last year</li> <li>c Total</li> <li>3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues</li> <li>4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?</li> <li>5 Taxable amount of lobbying and political expenditures. See instructions</li> <li>Part IV Supplemental Information</li> <li>Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grouinstructions); and Part II-B, line 1. Also, complete this part for any additional information.</li> <li>PART II-B, LINE 1, LOBBYING ACTIVITIES:</li> <li>THE ASSOCIATION PAID \$63,252 (NO FEDERAL OR STATE FUNCTION)</li> </ul>	political  plist); Part II-	2b 2c 3 4 5 A, lines 1 at 2 LOBB		

Schedule C (Form 990) 2021

Part I	V Supple	mental	Inform	nation <sub>(continu</sub>	ued)					
<u>- TO</u>	ASSIST	WITH	ANY	TOPICAL	LEGISLATIVE	ISSUES	THAT	ARISE	RELATED	TO
HIGH	SCHOOL	ATHL	ETIC	S.						

#### **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 Inspection

Name of the organization

NORTH CAROLINA HIGH SCHOOL ATHLETIC ASSOCIATION, INC.

**Employer identification number** 56-0655425

Pa	TI Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Similar Funds or <i>I</i>	Accounts. Complete if the
		(a) Donor advise	ed funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets he	eld in donor advised fu	unds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes N
6	Did the organization inform all grantees, donors, and donor ad	lvisors in writing that gr	ant funds can be used	donly
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for ar	ny other purpose confe	erring
	impermissible private benefit?			Yes N
Pai	t II Conservation Easements. Complete if the organization	anization answered "Ye	s" on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).		
	Preservation of land for public use (for example, recreati	ion or education)	Preservation of a hi	storically important land area
	Protection of natural habitat		Preservation of a ce	ertified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contrib	ution in the form of a	conservation easement on the last
	day of the tax year.			Held at the End of the Tax Ye
а	Total number of conservation easements			2a
b	<b>-</b>			
С	Number of conservation easements on a certified historic structure.			
	Number of conservation easements included in (c) acquired af			
	listed in the National Register	·		2d
3	Number of conservation easements modified, transferred, rele			anization during the tax
	year▶		, ,	•
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period	odic monitoring, inspec	tion, handling of	
	violations, and enforcement of the conservation easements it l	holds?		Yes N
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
	<b>&gt;</b>			
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and er	forcing conservation	easements during the year
	<b>▶</b> \$			
8	Does each conservation easement reported on line 2(d) above	satisfy the requiremen	ts of section 170(h)(4)(	(B)(i)
	and section 170(h)(4)(B)(ii)?			Yes N
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's	financial statements	that describes the
	organization's accounting for conservation easements.	-		
Pa	t III Organizations Maintaining Collections of	Art, Historical Tre	asures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in its rev	enue statement and b	alance sheet works
	of art, historical treasures, or other similar assets held for publ	ic exhibition, education	, or research in further	rance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that des	cribes these items.	
b	If the organization elected, as permitted under FASB ASC 958	B, to report in its revenu	e statement and balan	nce sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, o	r research in furtheran	nce of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			• \$
	(m) A			<b>L</b> A
2	If the organization received or held works of art, historical trea			
	the following amounts required to be reported under FASB AS			
а	Revenue included on Form 990, Part VIII, line 1	~		<b>&gt;</b> \$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 20

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	t III   Organizations Maintaining C		, Historical Tre	asures, or Othe	er Sim		S (contin		ge <b>∠</b>
3	Using the organization's acquisition, accession						COTTENT	ucu)	
Ū	collection items (check all that apply):	ori, aria otrior recorde	, criccit arry or the r	onowing that make	oigi iii o	arit 000 01 110			
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	e	Other	nange program					
c	Preservation for future generations	Č							
4	Provide a description of the organization's co	allections and explain	how they further th	e organization's eve	mnt ni	ırnose in Part	XIII		
5	During the year, did the organization solicit or						7.III.		
3	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arrange								140
	reported an amount on Form 990, Par		te ii tile organizatio	iranswered res o	111 01111	330, r art iv,	11116 3, 01		
12	Is the organization an agent, trustee, custodia		any for contributions	or other assets not	includ	od			
ıa							Yes		No
L	on Form 990, Part X?  If "Yes," explain the arrangement in Part XIII a	and complete the fell	ouring table.			∟	162		NO
b	ii res, explain the arrangement in Part Alli a	and complete the folio	owing table.		Г	T	Amount		
_	Designing belows				H	4-	Amount		
	Beginning balance				⊢	1c			
	Additions during the year					1d			
_	Distributions during the year					1e			
f	Ending balance					1f	¬ v		
	Did the organization include an amount on Fo					∟	_ Yes	$\vdash$	No
Par	If "Yes," explain the arrangement in Part XIII. <b>t V</b> Endowment Funds. Complete it								
ı uı	Endownient i ander Complete i	(a) Current year	(b) Prior year	(c) Two years back		ree years back	(a) Four	veare h	ack
4.	De siente se efecto de la cons		23,931,954.	` '		5,194,992.			
	Beginning of year balance	23,654,767.	· · ·	, ,		<u> </u>	<del>  ' '                                 </del>		
	Contributions	52,309.	30,452.	835,310.		1,022,992.	<del> </del>		
	Net investment earnings, gains, and losses	-2,856,543.	5,783,899.	580,052.		1,229,589.	1,345,533.		
	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	1,402,250.	6,091,538.	1,263,274.	-	3,667,707.	. 987,516.		
	Administrative expenses								
g	End of year balance	19,448,283.	23,654,767.		2	3,779,866.	25,	194,9	92.
2	Provide the estimated percentage of the curr	•	(line 1g, column (a)	) held as:					
	Board designated or quasi-endowment	18.0000	_%						
b	Permanent endowment ► 82.0000	%							
С	Term endowment	%							
	The percentages on lines 2a, 2b, and 2c shou	uld equal 100%.							
3а	Are there endowment funds not in the posses	ssion of the organizat	tion that are held ar	nd administered for t	he orga	anization	_		
	by:							Yes	No
	(i) Unrelated organizations						3a(i)		<u>X</u>
	(ii) Related organizations						3a(ii)		<u>X</u>
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the		vment funds.						
Par	t VI Land, Buildings, and Equipm								_
	Complete if the organization answered	d "Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, Part X	, line 1	0.			
	Description of property	(a) Cost or ot	her (b) Cost	or other (c)	Accum	ulated	(d) Book	value	
	<u> </u>	basis (investm	ent) basis	(other) d	eprecia	tion			
1a	Land								
	Buildings		65	5,512.	460	,582.	194	.,93	0.
	Leasehold improvements			1,524.		,918.		,60	
	Equipment			3,684.		,669.		,01	
	Other			4,818.		,077.		74	
	Add lines 1a through 1e (Column (d) must on		· ·	•			1.182	_	_

Schedule D (Form 990) 2021

Part VII Investments - Other Securities.  Complete if the organization answered "Yes" or		11h 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		
2) Closely held equity interests		
3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.	- F 000 D-+ IV I'	44. O. Franco 200 Bart V. Francis
Complete if the organization answered "Yes" or		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX Other Assets.		
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.
-	escription	(b) Book value
(1)	·	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Fotal. (Column (b) must equal Form 990, Part X, col. (B) line :  Part X Other Liabilities.	15.)	<b>&gt;</b>
Complete if the organization answered "Yes" or	n 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		
(2) AGENCY FUNDS		76,90
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990. Part X. col. (B) line 2	25.)	<b>&gt;</b> 76,90

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

Schedule D (Form 990) 2021

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Paı	rt XI Reconciliation of Revenue per Audited Financial Stat	ements With	nevenue per ne	tuiii.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.			
1	Total revenue, gains, and other support per audited financial statements	1	-738,829.		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
	Net unrealized gains (losses) on investments		<u>6,321,089.</u>		
b	Donated services and use of facilities	2b	88,915.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	-6,232,174.
3	Subtract line 2e from line 1			3	5,493,345.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	232,823.		
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	232,823.
С					
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	5,726,168.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  rt XII Reconciliation of Expenses per Audited Financial Sta	tements With	Expenses per F	5 Retur	5,726,168. n.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  rt XII Reconciliation of Expenses per Audited Financial Sta  Complete if the organization answered "Yes" on Form 990, Part IV, line	itements With e 12a.	Expenses per F		n.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  rt XII Reconciliation of Expenses per Audited Financial Sta  Complete if the organization answered "Yes" on Form 990, Part IV, line  Total expenses and losses per audited financial statements	itements With e 12a.	Expenses per F	5 Returi	5,726,168. n. 5,460,636.
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)  rt XII Reconciliation of Expenses per Audited Financial Sta  Complete if the organization answered "Yes" on Form 990, Part IV, line  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:	e 12a.	Expenses per F	1	n.
5 Pa: 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  rt XII Reconciliation of Expenses per Audited Financial Sta  Complete if the organization answered "Yes" on Form 990, Part IV, lin  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities	e 12a	Expenses per F	1	n.
5 Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  rt XII Reconciliation of Expenses per Audited Financial State  Complete if the organization answered "Yes" on Form 990, Part IV, line  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments	e 12a	Expenses per F	1	n.
5 Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  rt XII Reconciliation of Expenses per Audited Financial Sta  Complete if the organization answered "Yes" on Form 990, Part IV, lin  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities	2a     2b     2c	Expenses per F	1	n.
5 Par 1 2 a b c	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  rt XII Reconciliation of Expenses per Audited Financial State  Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)	2a	88,915.	1	5,460,636.
5 Par 1 2 a b c	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  rt XII Reconciliation of Expenses per Audited Financial State  Complete if the organization answered "Yes" on Form 990, Part IV, line 10 and 10 a	2a	88,915.	1 2e	5,460,636. 88,915.
5 Par 1 2 a b c	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  rt XII Reconciliation of Expenses per Audited Financial State  Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)	2a	88,915.	1	5,460,636.
1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)  rt XII Reconciliation of Expenses per Audited Financial Sta  Complete if the organization answered "Yes" on Form 990, Part IV, line  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a	88,915.	1 2e	5,460,636. 88,915.
1 2 a b c d e 3 4 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  rt XII Reconciliation of Expenses per Audited Financial State  Complete if the organization answered "Yes" on Form 990, Part IV, line 10 and 10 a	2a	88,915.	1 2e	5,460,636. 88,915.
1 2 a b c d e 3 4 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)  rt XII Reconciliation of Expenses per Audited Financial Sta  Complete if the organization answered "Yes" on Form 990, Part IV, line  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a	88,915.	1 2e	88,915. 5,371,721.
1 2 a b c d e 3 4 a b c	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  rt XII Reconciliation of Expenses per Audited Financial State  Complete if the organization answered "Yes" on Form 990, Part IV, line 10 and 10 a	2a	88,915. 232,823.	1 2e	5,460,636. 88,915.

| Part XIII | Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

#### PART V, LINE 4:

THE ORGANIZATION'S ENDOWMENTS WERE ESTABLISHED: 1) TO PRESERVE AND CREATE OPPORTUNITIES FOR THOUSANDS OF STUDENT-ATHLETES INVOLVED IN THE ASSOCIATION'S PROGRAMS, 2) TO PROVIDE A VEHICLE FOR NORTH CAROLINIANS TO BECOME ACTIVELY INVOLVED IN SUPPORTING WHOLESOME PROGRAMS THAT INSTILL LIFELONG VALUES IN OUR YOUNG CITIZENS, AND 3) TO ENSURE THAT THE ASSOCIATION CAN CONTINUE TO PROVIDE QUALITY PROGRAMS AND SERVICES TO ITS MEMBERSHIP, INCLUDING OLYMPIC (NON-REVENUE) SPORTS, CLASSIFIED CHAMPIONSHIPS, AND SPECIAL PROGRAMS WITHOUT IMPLEMENTING PARTICIPATION FEES (A.K.A. PAY-TO-PLAY) AT THE PLAYOFF LEVEL.

### NORTH CAROLINA HIGH SCHOOL ATHLETIC

Schedule D (Form 990) 2021	ASSOCIATION,	INC.	56-0655 <b>4</b> 25 P	age <b>5</b>
Schedule D (Form 990) 2021 Part XIII Supplemental Info	rmation (continued)			
	(continuou)			

#### SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

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

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

► Attach to Form 990.

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

2021
Open to Public

Inspection

lame of the organization NORTH CAR ASSOCIATI	ON, INC.	H SCHOOL AT	HLETIC				Employer identification numbe 56-0655425
Part I General Information on Grants a	nd Assistance						
Does the organization maintain records criteria used to award the grants or assis     Describe in Part IV the organization's propert II Grants and Other Assistance to	stance? ocedures for monit Domestic Organiz	oring the use of grant	funds in the United	d States. Complete if the org			X Yes N
recipient that received more than \$  1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) a	nd government or	anizations listed in th	l ne line 1 table				<u> </u>
3 Enter total number of other organizations							<b>.</b>

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

Schedule I (Form 990) 2021

56-0655425

Page 2

Schedule I (Form 990) 2021

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  Part III can be duplicated if additional space is needed.					
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
					SCHOLARSHIPS ARE GIVEN TO
					SELECTED STUDENTS TO ASSIST
					WITH EXPENSES RELATED TO
STUDENT SCHOLARSHIPS	35	68,500.	0.		POST-SECONDARY EDUCATION AND
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	
(F) DESCRIPTION OF NON-CASH ASSISTA	ANCE: SCH	IOLARSHIPS	ARE GIVEN	TO	
SELECTED STUDENTS TO ASSIST WITH EX	XPENSES R	RELATED TO	POST-SECON	DARY	
EDUCATION AND AWARDS TO COACHES IN	RECOGNIT	ION OF THE	EIR OUTSTAN	DING	
CONTRIBUTIONS IN HIGH SCHOOL ATHLE	rics. PAY	MENTS TO S	SCHOOLS ARE		
CALCULATED BASED ON PREDETERMINED 1	FORMULAE,	AND FUNDS	S ARE SPENT	AT THE	
SCHOOLS' DISCRETION.					

Schedule I (Form 990)

#### SCHEDULE J (Form 990)

Department of the Treasury

**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.

Open to Public

OMB No. 1545-0047

Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

NORTH CAROLINA HIGH SCHOOL ATHLETIC ASSOCIATION, INC.

Employer identification number 56-0655425

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	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 regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
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?	2		
3	Indicate which, if any, of the following the 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			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
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:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		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.			
5	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:			
а	The organization?	5a		X
	Any related organization?	5b		_X_
	If "Yes" on line 5a or 5b, describe in Part III.			
6	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:			
а	The organization?	6a		<u> </u>
b	Any related organization?	6b		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	7		X
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	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958.6(c)?	۱۵		

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

Schedule J (Form 990) 2021

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(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.

	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099 compensation			C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	pensation		reported as deferred on prior Form 990	
(1) QUE TUCKER	(i)	164,185.	0.	0.	12,724.	2,780.	179,689.	0.	
COMMISSIONER	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(ii)								
	(i)								
	(ii)								

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

#### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

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

NORTH CAROLINA HIGH SCHOOL ATHLETIC ASSOCIATION, INC.

Employer identification number 56-0655425

Pai	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on	(d Method of d noncash contrib	determining		3
			items contributed	Form 990, Part VIII, line 1g				
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ▶ ( <u>TEAM SUPPLIES</u> )	X	4	74,203.	ESTIMATED I	FMV		
26	Other							
27	Other							
28	Other ()							
29	Number of Forms 8283 received by the organiz	zation during	the tax year for co	ontributions				
	for which the organization completed Form 828	33, Part V, D	onee Acknowledge	ement <b>29</b>				
						Y	es	No
30a	During the year, did the organization receive by							
	must hold for at least three years from the date		l contribution, and	which isn't required to be us	ed for			
	exempt purposes for the entire holding period?					30a		<u> </u>
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p				ions?	31	_	X
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell noncash				
	contributions?					32a		<u> </u>
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) fo	a type of property	for which column (a) is chec	ked,			
	describe in Part II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

### NORTH CAROLINA HIGH SCHOOL ATHLETIC

Schedule M	(Form 990) 2021	ASSOCIATION,	INC.	56-0655425	Page 2
Part II	Supplemental is reporting in Part	Information. Provide	the information required by Part I, lines 30b, 32b, and 33, of contributions, the number of items received, or a combi	and whether the organizat	ion

Schedule M (Form 990) 2021

132142 11-17-21

#### **SCHEDULE 0** (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

Inspection

OMB No. 1545-0047

Name of the organization

NORTH CAROLINA HIGH SCHOOL ATHLETIC ASSOCIATION, INC.

**Employer identification number** 56-0655425

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PROGRAMS IN NORTH CAROLINA THAT SUPPORT AND ENRICH THE EDUCATIONAL
EXPERIENCE OF STUDENTS.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE ADMINISTRATION OF THE STATE'S INTERSCHOLASTIC EDUCATION-BASED
ATHLETICS PROGRAMS FOR ITS MEMBER HIGH SCHOOLS IN NC THROUGH A
MEMORANDUM OF UNDERSTANDING BETWEEN THE NCHSAA AND NC STATE BOARD OF
EDUCATION; THE EDUCATION AND TRAINING OF GAME OFFICIALS OF SCHOOL
ATHLETIC EVENTS; THE ADMINISTRATION OF EDUCATIONAL PROGRAMS FOR HIGH
SCHOOL STUDENTS, COACHES, AND ATHLETIC ADMINISTRATORS.
FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:
IN 2021-2022, THE NCHSAA ABSORBED COSTS ASSOCIATED WITH STUDENT
SERVICES PROGRAMMING INTO THE ANNUAL OPERATING BUDGET. PREVIOUSLY,
FUNDING HAD BEEN RECEIVED FROM THE DEPARTMENT OF HEALTH AND HUMAN
SERVICES.
FORM 990, PART VI, SECTION B, LINE 11B:
THE ORGANIZATION'S FORM 990 IS REVIEWED PRIOR TO FILING BY THE
ORGANIZATION'S DIRECTOR OF BUSINESSS AND FINANCE AND COMMISSIONER.
FORM 990, PART VI, SECTION B, LINE 12C:
DURING THE ANNUAL BOARD OF DIRECTORS MEETING, THE DIRECTORS ARE ASKED IF
THEY HAVE CONFLICTS OF INTEREST THAT WOULD PREVENT THEM FROM BEING ON THE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021	Page <b>2</b>
Name of the organization NORTH CAROLINA HIGH SCHOOL ATHLETIC ASSOCIATION, INC.	Employer identification number 56-0655425
BOARD DURING THE UPCOMING YEAR AND MUST SIGN A CONFLICT OF	INTEREST FORM.
FORM 990, PART VI, SECTION B, LINE 15:	
NEW HIRE SALARIES AND PAY INCREASES ARE REVIEWED BY THE FI	NANCE AND
PERSONNEL COMMITTEE AND APPROVED BY THE BOARD OF DIRECTORS	. A SALARY
SCHEDULE WAS DEVELOPED DURING THE 2019-20 YEAR BY OUTSIDE	HUMAN RESOURCE
CONSULTATION AND COMPARATIVE DATA WAS USED BASED ON OTHER	STATE ASSOCIATION
SALARIES FOR COMPRABLE WORK, SALARIES WITHIN THE LOCAL ARE	A, SALARIES FOR
NONPROFITS AND SALARIES FOR ORGANIZATIONS OF SIMILAR SIZE.	SALARY RANGES
WERE ADJUSTED IN 2022 PER RECOMMENDATION BY THE OUTSIDE HU	MAN RESOURCE
CONSULTANT TO ACCOUNT FOR RISING COSTS OF LIVING.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS FORM 1023 AND 990 AVAILABLE FOR	PUBLIC
INSPECTION UPON REQUEST AT THEIR OFFICE. THE ORGANIZATION	PROVIDES COPIES
VIA MAIL TO INTERESTED PARTIES AND A LINK TO 990S IS AVAIL	ABLE ON THE
NCHSAA WEBSITE.	

FORM 990, PART XII, LINE 2C

THE FINANCE COMMITTEE HAS OVERSIGHT RESPONSIBILITY FOR THE FINANCIAL STATEMENTS. THIS HAS NOT CHANGED FROM THE PRIOR YEAR.

#### Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Type or Taxpayer identification number (TIN) NORTH CAROLINA HIGH SCHOOL ATHLETIC print 56-0655425 ASSOCIATION, INC. File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your PO BOX 3216 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions CHAPEL HILL, NC 27515 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) MARILYN TUCKER • The books are in the care of ▶ 222 FINLEY GOLF COURSE ROAD - CHAPEL HILL, NC 27517 Telephone No.  $\triangleright$  (919)240-7401 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. MAY 15, 2023 \_\_\_\_ , to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year or ightharpoonup X tax year beginning  $\_JUL$  1, 2021  $\_$  , and ending  $\_$   $\mathtt{JUN}$   $\,\,$  30 ,  $\,\,$  2022 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

MAIL TO: DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0045