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

OMB No. 1545-0047 2024 Open to Public Inspection

<u> </u>	For the	e 2024 calendar year, or tax year beginning	, and ending					
В	Check if ap	oplicable: C Name of organization North Car	rolina Association of			D Employer	r Identification number	
	Address ch	hange Realtors	Inc					
	Name chan	Doing business as					488849	
		Number and street (or P.O. box if mail is not delive	ered to street address)	Roon	n/suite	E Telephon		
\square	Initial return		ur foreign poetal code			330-	294-1415	
	Final return terminated		• .				10 051	405
	Amended r	Greensboro	NC 27407-7877			G Gross rece	eipts\$ 19,971,	497
		r Name and address of principal officer.		н	a) Is this a gro	oup return for su	ubordinates? Yes	X No
	Application	Initiated Debinicat			-	·	声 。	=
		4511 Weybridge Lan		H(b) Are all sub		.,	No
		Greensboro	NC 27407		If "No,"	attach a list,	See instructions	
1_	Tax-exem	npt status: 501(c)(3) X 501(c) (6) (insert no.) 4947(a)(1) or 527					
J	Website:	www.ncrealtors.org		H(c) Group exer	mption numbe	r	
ĸ	Form of or	rganization: X Corporation Trust Association	Other	L. Year of	formation: 1	935	M State of legal domicile:	NC
F	art I	Summary						
	1 B	Briefly describe the organization's mission or mos	st significant activities:					
a		See Schedule O	·					
2	10509		KENTEKKERENTAN PERMANDAN P	E SOUTH TO THE THE COL	********	*********		10000
& Governance	to.	*****************************						* * * * 1 1
Š	2 0	Check this box if the organization discontinu	ed its operations or disposed of more tha	n 25% of its	s net asset	ts.	and Harman	10000
Ö	1	Number of voting members of the governing body	· · · · · · · · · · · · · · · · · · ·			121 24	149	
	4 N	Number of independent voting members of the go	overning hody (Part VI, line 1h)			4	149	
itie	5 T	Total number of individuals employed in calendar	year 2024 (Part V. line 2a)			5	42	
Activities		otal number of individuals employed in calendar fotal number of volunteers (estimate if necessary					0	
ĕ							188,	082
	/al	Total unrelated business revenue from Part VIII,	column (C), line 12	*:E(E(E)E(E)E(E)E(E)E(E)E	10,000,000	7b	187,	
_	D IN	Net unrelated business taxable income from Forn	1 990-1, Part I, line 11		Prior Yea		Current Year	904
Revenue	8.0	Contributions and grants (Part VIII, line 1h)				3,947	155,	900
		Program service revenue (Part VIII, line 2g)			11,81		12,914,	
Ver	100	nvestment income (Part VIII, column (A), lines 3,	4 and 7d)			7,034	798,	
å		Other revenue (Part VIII, column (A), lines 5, 6d,				5,824		811
	1	Fotal revenue (Fait VIII, Column (A), lines 3, 60, Fotal revenue – add lines 8 through 11 (must equ		58301	12,49	1 646	13,874,	
_						1,091	1,953,	
		Grants and similar amounts paid (Part IX, column		000	1,14.	1,091	1,333,	±/0
	4= 0	Benefits paid to or for members (Part IX, column			4 20'	7 774	4,519,	000
Expenses	15 5	Salaries, other compensation, employee benefits			4,20	7,774	4,519,	090
eus	16a P	Professional fundraising fees (Part IX, column (A), line 11e)	200000000000000000000000000000000000000			90000000	
×	bT	Total fundraising expenses (Part IX, column (D),	A COLOR OF	E 20.	- 400	0 805	1 0 4	
ш	17 0	Other expenses (Part IX, column (A), lines 11a–1		-201		3,483	8,735,	
		Total expenses. Add lines 13–17 (must equal Pai	55/11 100011200000	1200	10,80		15,208,	
		Revenue less expenses. Subtract line 18 from lin	e 12	P		9,298	-1,333,	993
Net Assets or	2	File and Control (Ded W. Par. 40)			inning of Cur		End of Year 32,696,	714
Sse	20 1			1916	33,550			
etA	21 ⊺		reserva valdanissi tahukurangan tahukun ana ana ana ana an	5 5 5 5 5 5		3,651	4,526,	
		Net assets or fund balances. Subtract line 21 from	n line 20	384	28,800	0,052	28,170,	546
	art II	Signature Block						
		nalties of perjury, I declare that I have examined this re					owledge and belief, it i	S
tr	ue, corre	ect, and complete. Declaration of preparer (other than o	officer) is based on all information of which pre	parer nas ar	ty knowledg	je.		
Sig	gn	Signature of officer				Date		
He	re	Andrea Bushnell	CEO (no	n-vote	∍)			
		Type or print name and little						
C		Preparer's name	Preparer's signature		Dale	Check	if PTIN	
Pai	d	Janice E Steede CPA	Janice E Steede CPA		08/07	/25 self-em	ployed P0005661	-
Pre	parer	Firm's name Robertson Nea			F	irm's EIN	56-13933	
Us	e Only	PO Box 1269						
		Firm's address High Point, N	C 27261-1269		_P	hone no	336-841-2	198
 Ma	y the IR	S discuss this return with the preparer shown ab				VALUE IN SECURI	X Yes	No

Pa	rt III Statement of Program Service Accomplishments		
sabarens	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission: To promote the common interest of practicing REALTORS in the	State of	
	North Carolina by providing services and resources to aid in success.		
2	Did the organization undertake any significant program services during the year which were not listed on the	Vos	X No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	NESSERIES 163 [11 110
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.	.,	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured b expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported.		
P pb a t pd	(Code:)(Expenses \$ 15,208,470 including grants of \$ 1,953,476) (Revenue \$ romoted common business interests of over 56,300 racticing REALTOR members in the State of North Carolina y: preserving and promoting the right to own, transfer nd use real property; maintaining a leadership role in he legislative, political and regulatory process; romoting and maintaining the highest ethical standards; eveloping and providing the best education, products and ervices; promoting housing affordability.	12,914,	636
	ry go agus santana araban an araban an araban an araban an araban araban an araban an araban an araban araban S		
	(Code:) (Expenses \$ including grants of \$) (Revenue \$ /A		M
		***********	*****

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	(Code:) (Expenses $\$$ including grants of $\$$) (Revenue $\$$	niffering investor	
		***********	*******
			3630 navi

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		STATE OF THE STATE	
74	Other program services (Describe on Schedule O.)		
40	(Expenses \$ including grants of \$) (Revenue \$	Ÿ	
	A ADELISES III III III III III III III III III		

Part IV Checklist of Required Schedules

2 Is the organization required to complete Schedule B, Schedule of Confinutors? See instructions Did the organization engage in infect or indirect or indirect antitions campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Pert I 3 J X Section 84(16) organization. Bit the organization engage in intelligence and intelligence of the complete Schedule C, Pert II 4 Section 84(16) organization as eaction 50 (16) of somation that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 88-197 If "Yes," complete Schedule C, Part III 5 J X Did the organization section 50 (16) of 50 (16) of somation that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 88-197 If "Yes," complete Schedule C, Part III 5 D did the organization maintain and pidoms advised funds or any similar funds or accounts? If "Yes," complete Schedule C, Part III 7 D difference on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part III 8 D did the organization maintain collistions of winds of arth, floritotal treatments to preserve open space, the environment, historic fund areas, or historic attributes, or other similar assest? If "Yes," on complete Schedule D, Part III 9 D did the organization maintain collistions of winds of arth, floritotal treatments, or other similar assest? If "Yes," on complete Schedule D, Part III 10 D did the organization report on a mount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X or provide credit conselling, debt management. Credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part VI 11 D did the organization report an amount for investments—one securities in General Certification of the securities of the organization and the securities in Part X, line 12, line 10, line 12, li				Yes	No
2 Is the organization required to complete Schedule B, Schedule of Confinutors? See instructions Did the organization engage in infect or indirect or indirect antitions campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Pert I 3 J X Section 84(16) organization. Bit the organization engage in intelligence and intelligence of the complete Schedule C, Pert II 4 Section 84(16) organization as eaction 50 (16) of somation that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 88-197 If "Yes," complete Schedule C, Part III 5 J X Did the organization section 50 (16) of 50 (16) of somation that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 88-197 If "Yes," complete Schedule C, Part III 5 D did the organization maintain and pidoms advised funds or any similar funds or accounts? If "Yes," complete Schedule C, Part III 7 D difference on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part III 8 D did the organization maintain collistions of winds of arth, floritotal treatments to preserve open space, the environment, historic fund areas, or historic attributes, or other similar assest? If "Yes," on complete Schedule D, Part III 9 D did the organization maintain collistions of winds of arth, floritotal treatments, or other similar assest? If "Yes," on complete Schedule D, Part III 10 D did the organization report on a mount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X or provide credit conselling, debt management. Credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part VI 11 D did the organization report an amount for investments—one securities in General Certification of the securities of the organization and the securities in Part X, line 12, line 10, line 12, li	1		1		x
Dit the organization engage in direct or indirect political campality activities on behalf of or in opposition to candidates for public office? "If "Yes," complete Schedule C. Part I	2			x	
candidates for public office? If "Yes," complete Schedule C, Part I Section St(C)(3) organizations. Did the organization engage in licitying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(5) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III Did the organization maritain 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 II 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 III Did the organization environal Press. Part III Part X, Ine 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, corprovide credit courseling, debt management, credit repair, or debt negotiation services If "Yes," complete Schedule D, Part III Did the organization environal Press," complete Schedule D, Part IV If the organization circlity or through a related organization, hold assets in donor-restricted endowments or in quasi-indownents? If "Yes," complete Schedule D, Part VI Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," or organization report an amount for investments—other securities in Part X, line 10? If "Yes," or organization report an amount for investments—other securities in Part X, line 10? If "Yes," or organization report an amount for investments—other securities in Part X, line 10. Part VIII III III III III III III III III I			F-		
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"Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other smilar assets? If "Yes," complete Schedule D, Part II 8 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 conselling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 Did the organization, decidy or through a related organization hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V 10 If the organization report an amount for investments—or the complete Schedule D, Part V, VII, VIII, K, or X, as applicable. 11 If the organization report an amount for line, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII 11 Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11 Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11 Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more 11 Did the organization report an amount for investments—other securities in Part X, line 15, that is 5% or more 11 Did the organization report an amount for investments—other securities in Part X, line 16? If "Yes," complete Schedule D, Part XVII Did the organization report an amount for the resists in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Sched	6				
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the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7	7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
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10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V		custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
or in quasi-endowments? If "Yes," complete Schedule D, Part V 1 1 1 1 1 1 1 1 1		debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X, as applicable. 2 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 2 Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 3 Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 4 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 VIII 5 Did the organization report an amount for other liabilities 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 X 6 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 7 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 8 Did the organization is 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 9 Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 1 Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII is optional 1 State organization asserted "No" to fine 12.4, then completing Schedule D, Parts XI and XII is optional 1 State organization included in consolidated, independent audited fi	10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
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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 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 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	15	for any familiar association O. 15 (1) for the sociation O. 15 (1) for the social or t			٠,,
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Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	10		40		.
Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 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 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a The schedule G is a sudited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	17		16		
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 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	.,	Part IX column (A) lines 6 and 11e2 if "Vas." complete Schodule C. Part I. See instructions	17		v
Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	18		-17		A
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Part VIII lines 1c and 8a2 If "Ves " complete Schedule G. Part II	12		x
If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	19	200.000.000.000.000.000.000.000.000.000	10		
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		If IIVa a II committee Cabadula C. Dart III	10		x
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20a	See to the control of			X
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		If IIVan has line 200 did the appropriation attack a server fits and the differential data was be the investor 200.			
and the same of th		* E * E * E * E * E * E * E * E * E * E	_55		
		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

1.0	Checkist of Required Otherdales (continued)		V	W (2
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24c		
d	to defease any tax-exempt bonds? 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			
250	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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		
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		X
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		X
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			v
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	28c		x
20	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
29 30	Did the organization receive more than \$25,000 in noncash contributions in the organization receive contributions of art, historical treasures, or other similar assets, or qualified	25		- 11
30	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>	Ţ.		
-	complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and		- v	
	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
ď	art V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V	-1140/4/4	12.21.21.2	
-	Chook it conduits a coponide of flote to diff into it that v	ADDITION.	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		

Pa	art V Statements Regarding Other IRS Filings and Tax Compliance (continue	ed)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this return	2a 42			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	?	2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a_	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other aut	thority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account, securities account,	ccount)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acc	counts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	n?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
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).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	ods			
	and services provided to the payor?		7a		Madeinn
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	required to file Form 8282?	ecocyte economic cost voca en service	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit confi		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form	1 4 7 7 4 4	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	(4) 4.4	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by	by the		000000000	
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
a		0.000-00.000-0.000-0.000-0.000			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	ř			
a		0a	_		
b	entratatatura =	0b			
11	Section 501(c)(12) organizations. Enter:	. 16			
a	51 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1a			
р	Gross income from other sources. (Do not net amounts due or paid to other sources				
40-	F-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	1b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	TOTAL THE REPORT OF THE REPORT	12a		
	initial manufacture in the state of the stat	2b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		40		
a			13a		
h	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which	3b			
С	Enter the amount of receive on head	3c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule C				_
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunerati		140		
	evene personate personate distribution and a second		15		x
	If "Yes," see instructions and file Form 4720, Schedule N.		73.5		-
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment inc	come?	16	000000000000000000000000000000000000000	X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person, engage in any activities	es	6000000000	rynnnindiddid	N99939999
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?		17		
	If "Yes," complete Form 6069.	2011 2011 1 SOCIA NOSCIE POS COCIO COCENTRA DO CADA DE			

56-0488849 Form 990 (2024) North Carolina Association of 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. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes Nο 149 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. Enter the number of voting members included on line 1a, above, who are independent 149 1h Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? X X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? X 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? X Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a Each committee with authority to act on behalf of the governing body? X 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 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 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. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a 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 on Schedule O how this was done X 12c Did the organization have a written whistleblower policy? X 13 13 Did the organization have a written document retention and destruction policy? X 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a Other officers or key employees of the organization X 15b 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 taxable entity during the year? X b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed None 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 for public inspection. Indicate how you made these available. Check all that apply. Own website X 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. Bryan M. Jenkins 4511 Weybridge Lane

336-294-1415

NC 27407

Greensboro

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 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, box 6 of 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 organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week	bo: off	x, unle icer a	Pos check ess pe nd a d	rson i	than o s both r/truste	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) Andrea Bushnell										
	40.00									
CEO (non-vote)	0.00	X	_	Х				523,687	0	40,482
(2) Bryan M. Jenkins										
CFO	40.00			x				206,831	0	27 030
(3) Pam Melton	0.00			^				200,631	U U	27,930
(3)1 4111 1411 1511	40.00									
VP Advocacy	0.00				x			202,108	0	18,167
(4) Jessica Hughes										
	40.00								li .	
COO	0.00			X				195,917	0	19,888
(5) Caitlin Thompson	0									
a in the state of	40.00									
Chief Legal Officer	0.00			X				176,534	0	26,313
(6) Sara McKenzie Al										
* - 2014 0.000 120 000 000 120 000 023 0 000 020 000 000 000 000 000	40.00				٦,			160 100	_	10 007
VP Comm & Marketing	0.00	-	-		X	-		162,199	0	18,077
(7) Mary T Lowe	40.00									
VP Member Engagement	0.00					$ \mathbf{x} $		134,904	o	7,033
(8) Katharine Wendt	0.00			,				134,904	0	7,033
(b) Racifal Life Wellac	40.00									
Dir Political Operat	0.00					$ \mathbf{x} $		114,263	0	17,089
(9) Kristin Nash										
	40.00									
Direct Pol Fundrais	0.00					x		113,363	0	15,504
(10)Donna Peterson										
	40.00									
Executive Assistant	0.00					X		104,583	0	15,214
(11)Kellie Adams										
St. 152 St. 15	2.00									
Director	0.00	X						0	0	990 (2024)

Form **990** (2024)

Part VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	and Highest Compensated	Employees (continued)	
(A) Name and title	(B) Average hours per week	bo	x, unle	Pos check ess pe	rson i	than o s both r/truste	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(12) Brittany Alle	n 2.00									
Director	0.00	X						0	0	0
(13) Samantha Alle	2									5.
(13) Director	2.00	x						0	0	0
(14) Karen Allred	0.00	1		-						
(14)	2.00									
Director	0.00	x						0	0	0
(15) Marvette Art:										
(15)	2.00									
Director	0.00	X					L	0	0	0
(16) Christina Asl	_									
(16) Director	2.00	x						0	o	C
(17) Dennis Bailey		^				-		<u> </u>		
(17) Belling Burner (17)	2.00									
Director	0.00	x						0	О	C
(18) Robert Baker										
(18)	2.00									
Director	0.00	X					_	0	0	0
(19) Aric B. Beals	Tr.									
(19)	2.00									
Director	0.00	X		<u></u>			_	1,934,389	0	205,697
1b Subtotal		3.1165								203,097
c Total from continuation she d Total (add lines 1b and 1c)								1,934,389		205,697
2 Total number of individuals (in	cludina but not	imite	d to	thos	e lis	ted a	bo			2037037
reportable compensation from			10							
 3 Did the organization list any for employee on line 1a? If "Yes," 4 For any individual listed on line organization and related organization. 	<i>complete Sche</i> and the sum	dule of re	<i>J for</i>	<i>suc</i> able	h ind	dividu ipens	<i>ıal</i> sati	ion and other compensation	from the	yes No
individualDid any person listed on line 1	a receive or acc	rue	com	pens	atio	n fron	n a	any unrelated organization or	r individual	4 X
for services rendered to the or		es,	com	plete	s Sc	hedu	ile .	J for such person		5 X
Section B. Independent Contractor 1 Complete this table for your fire		ensa	ated	inde	oenc	lent o	con	ntractors that received more	than \$100.000 of	
compensation from the organi	zation. Report of	omp	ensa	tion	for t	he ca	aler	ndar year ending with or with	nin the organization's tax ye	ear.
Name and	(A) business address								(B) tion of services	(C) Compensation
Martin & Gifford, PI					301	N		Main Street, Suit	e 2200	
Winston Salem		: 2	71				_	Legal consult		336,954
Cady Thomas Consult	_	_				9 1		irview Rd, Suite	6523	000000000000000000000000000000000000000
Raleigh			76				_	Consulting		206,831
Washington Duke Inn			277		3U(ι Τ(meron Blvd Other services	2	116 050
Durham Wilmington Convention		. 4	. / /		PO.	Bor	_	1379		116,050
Wilmington Convention Wilmington		1 2	84			20.		Other services	3	103,776
TI I III I III COII	210						T			
2 Total number of independent	contractors (incl	udin	g but	not	limit	ed to	th	ose listed above) who	VAV.	

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) (A) (B) Related or exempt (D) Revenue excluded Unrelated Total revenue function revenue business revenue from tax under sections 512-514 Gifts, Grants 1a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c 1d 155,900 d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, 1f and similar amounts not included above g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f. 155,900 **Business Code** 900099 12,040,719 12,040,719 Dues & Assessments Program Service 900099 385,664 385,664 Other Program Service Revenue 541900 232,990 232,990 Event & seminar fees 900099 183,171 183,171 Management services 900099 72,092 72,092 Sponsorships f All other program service revenue g Total. Add lines 2a-2f. 12,914,636 3 Investment income (including dividends, interest, and 706,793 706,793 other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (iii) Personal 6a Gross rents 6b **b** Less: rental expenses c Rental inc. or (loss) d Net rental income or (loss) 7a Gross amount from (i) Securities sales of assets 6,188,357 other than inventory b Less: cost or other Other Revenue 6,097,020 basis and sales exps. 91,337 c Gain or (loss) 7с d Net gain or (loss) 91,337 91,337 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a b Less: direct expenses 8b c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory **Business Code** Miscellaneous 541800 5,811 5,811 Insight & Web Advertising 11a d All other revenue 5,811 e Total. Add lines 11a-11d 13,874,477 12,822,802 188,982 706,793 Total revenue. See instructions

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (B) (D) Do not include amounts reported on lines 6b, 7b, Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations 1,946,337 1,946,337 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 7,139 7,139 individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 1,535,742 1,535,742 trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 2,984,148 2,984,148 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 Payroll taxes 10 Fees for services (nonemployees): a Management 16,698 16,698 473,841 473,841 b Legal 48,773 48,773 Accounting Lobbying Professional fundraising services. See Part IV, line 17 74,840 74,840 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion 191,133 191,133 548,135 548,135 Office expenses Information technology 201,344 201,344 14 15 Royalties 172,320 172,320 16 Occupancy 481,907 481,907 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 841,170 841,170 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 205,882 205,882 22 67,308 67,308 23 Insurance 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.) Issue advocacy 4,574,153 4,574,153 728,582 728,582 Forms software for member PAC admin expense 109,018 109,018 С d e All other expenses 15,208,470 15,208,470 0 0 25 Total functional expenses. Add lines 1 through 24e 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)

Total liabilities and net assets/fund balances

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash—non-interest-bearing 400 400 1 14,467,025 13,054,336 Savings and temporary cash investments Pledges and grants receivable, net 3 133,898 77,430 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 Inventories for sale or use Prepaid expenses and deferred charges 510,510 488,884 9 10a Land, buildings, and equipment: cost or other 9,489,101 basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 2,361,877 7,239,491 7,127,224 11,194,979 11,944,440 Investments—publicly traded securities 11 11 Investments—other securities. See Part IV, line 11 12 12 Investments—program-related. See Part IV, line 11 4,000 4,000 13 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 Total assets. Add lines 1 through 15 (must equal line 33) 33,550,303 32,696,714 16 16 Accounts payable and accrued expenses 17 191,584 17 276,716 Grants payable 18 18 4,552,067 19 Deferred revenue 19 4,249,452 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties... 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 4,743,651 4,526,168 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Vet Assets or Fund Balances and complete lines 27, 28, 32, and 33. 28,806,652 28,170,546 27 Net assets without donor restrictions 27 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 Retained earnings, endowment, accumulated income, or other funds 31 28,806,652 28,170,546 32 Total net assets or fund balances 33,550,303 32,696,714

Form 990 (2024)

Schedule O.

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

	990 (2024) North Carolina Association of 56-0488849			Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	10.2023			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,8		
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,20		
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,33		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	28,80		
5	Net unrealized gains (losses) on investments	5	6.9) 7,	887
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			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	28,1	70,	<u>546</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
			p	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 O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	AA LULUUM	2a	ananeenco	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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both.				
	Separate basis X Consolidated basis Both consolidated and separate basis				
C	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	X	

If the organization changed either its oversight process or selection process during the tax year, explain on

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form 990 (2024)

3a

Part VII	Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	I Employees (continued)	
٨	(A) lame and title	(B) Average hours per week (list any hours for related organizations below dotted line)	bo	x, unle icer a	Pos check ess pe	rson i	than of south Highest compensated	an ee)	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(20) Ca (12)	andice Belk	2.00									
Director		0.00	x						0	0	
(21) St (13) Director	ısan Bible	2.00	x					-	0	0	C
	ita Boone										
(14) Director		2.00	x						0		_
	oren Bowman	0.00	^						U	0	C
(15)		2.00									
Director	TO SOME TO SEE ENGINEERS ENGINE	0.00	x						0	0	C
	ren Brissor										
(16) Director	e contratorioriorioriorio	2.00									
	ılie Broadwa	0.00	X						0	0	
(17)		2.00									
Director		0.00	x						0	0	
	eb Brown										
(18) Director	************	2.00 0.00	x						0		
	eigh Brown	0.00	^			-			U	0	C
(19)		2.00									
Past Pre	sident	0.00	x		X				0	0	C
1b Subtota	1,000,000,000,000,000,000,000,000		****	(4) K (4) K	6.63.63	\$ 6 p o	5 6 6 6	(KAC			
	om continuation shee										
	idd lines 1b and 1c) imber of individuals (inc								l e) who received more than	\$100,000 of	,
	ole compensation from								o, me recented more than		
employe For any organize individu Did any for serv	ee on line 1a? If "Yes," individual listed on line ation and related organ al person listed on line 1 ices rendered to the org	complete Schee e 1a, is the sum izations greater a receive or acc ganization? If "Y	dule of re than	J for porta \$15 	suc able 60,00 bens	h ind com 10? I	lividu pens f "Ye ı fron	atio s," c	ee, or highest compensated in and other compensation complete Schedule J for such y unrelated organization or for such person	from the ch individual	3 4 5 5 5 6 7 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	dependent Contractor			المما						#400 000 -£	
1 Comple comper	te this table for your livisation from the organiz	e nignest compl zation. Report co	ompe	ensa	naer tion	for th	ent c	lenc	actors that received more t dar year ending with or with	in the organization's tax ye	ar.
		(A) business address				110-50				(B) tion of services	(C) Compensation
				_							
	imber of independent of							thos	se listed above) who		
	more than \$100 000 c										

Part VII Section A. Officers	Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	I Employees (continued)	
(A) Name and title	(B) Average hours per week (list any hours for related	(d	o not o x, unte icer a	Pos check ess pe	c) ition more rson i	than o s both r/truste	ne an	(D) Reportable compensation from the organization (W-2/ 1099-NISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
	organizations below dotted line)	il trustee or	nal trustee		loyee	Highest compensated employee		(00),120,	,	
(28) Rachel Brown	2 00									
(12) Director	2.00	x						0	0	c
(29) Steven Bryant										
(13)	2.00	x						0	0	
Director (30) Cindie Burns	0.00	^				\vdash		0		
(14)	2.00									
Director	0.00	X	_	_		L		0	0	C
(31) Brooke Cashio	n 2.00									
Director	0.00	$ \mathbf{x} $						0	0	
(32) Bradley Coher		1								
(16)	2.00									
Director (33) Renee Cooney	0.00	X	⊢		-	-		0	0	
(17)	2.00									
Treasurer	0.00	x		x				0	0	
(34) Codjo Cossou										
(18) Director	2.00	x						0	0	
(35) Sofia Crisp	0.00	^								
(19)	2.00									
Director	0.00	X				_		0	0	(
1b Subtotal c Total from continuation she	ets to Part VII	sect	ion .	nininini A	9755	10.000	188			
d Total (add lines 1b and 1c)							esti.			
Total number of individuals (ir reportable compensation from	cluding but not	limite	ed to	thos	se lis	sted a	abov	ve) who received more than	\$100,000 of	Yes No
 Did the organization list any for employee on line 1a? If "Yes, For any individual listed on line 										3
organization and related organization organization and related organization and related organization organization and related organization and rel	nizations greate	r tha	n \$1:	50,0	JO?	It "Y€	es," (complete Schedule J for st	icn 	4
5 Did any person listed on line for services rendered to the or	la receive or accordance of accordance of the second contraction?	crue Ves	com	pens	atio	n from	n ai	ny unrelated organization o I for such person	r individual	5
Section B. Independent Contractor		, , , ,		Jr						
Complete this table for your fi compensation from the organ	ve highest comp ization. Report o	ens	ated ensa	inde ation	pend for t	dent	cont alen	dar year ending with or wit	hin the organization's tax y	ear.
Name and	(A) d business address							Descri	(B) ption of services	(C) Compensation
							Ī			

							T			
							T			
2 Total number of independent	contractors (inc	ludin	g bu	t not	limi	ted to	the	ose listed above) who		
received more than \$100,000	or compensation	n tro	ım th	e or	yanı.	Zatio	10			[0000000000000000000000000000000000000

Part VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, aı	nd Highest Compensated	l Employees (continued)	
(A) Name and title	(B) Average hours per week (list any hours for related	off	x, unle icer a	Pos check ess pe	rson i lirecto	than o s both r/truste employe	an	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
	organizations below dotted line)	Individual trustee or director	nal trustee		employee	Highest compensated employee		,	·	
(36) Allen Curtis (12) Director	2.00	x						0	0	
(37) Allen Dargin; (13)								0	0	
Oirector (38) Kimberly L. I	awson 2.00	Х								
Director (39) Samantha DiG: (15)	0.00 iovanni 2.00	X						0	0	
Director (40) Randy Dockery (16)	0.00 Y 2.00	x						0	0	(
Director (41) Harriette H.	0.00 Doggett	х						0	0	(
Director (42) Quanta Edward	2.00 0.00	х						0	0	(
Director (43) Nick Ellison	2.00	x						0	0	
Director	2.00	x						0	0	(
to tal from continuation she d Total (add lines 1b and 1c) Total number of individuals (ir	ets to Part VII,	0010600	1000000	000000	000404.00			a) who received more than	\$100,000 of	
reportable compensation from 3 Did the organization list any for	the organization	1								Yes No
employee on line 1a? If "Yes, 4 For any individual listed on lin organization and related organization and related organization."	" complete Sche e 1a, is the sum nizations greater	dule of re thar	J for port 1 \$15	r suc able 50,00	h ind com	dividi ipens f "Ye	al satio s," c	n and other compensation complete Schedule J for su	from the	3 4
5 Did any person listed on line of for services rendered to the of Section B. Independent Contractor	rganization? If "\								r individual	5
Complete this table for your fi compensation from the organ	ve highest comp ization. Report c (A) business address	ensa omp	ited ensa	inde	pend for t	lent o	contralend	dar year ending with or with	than \$100,000 of nin the organization's tax ye (B) otion of services	ear. (C) Compensation
Name and	l bùsíness address							Descrip	otion of services	Compensation
\$E										
(
3 										
2 Total number of independent received more than \$100,000	contractors (incl	udino n <u>fro</u> i	g but m th	not e org	limit janiz	ed to	tho	se listed above) who		

Part VII Section A. Officers (A) Name and title	(B) Average hours per week	(d bo off	o nol o x, unle	Pos check ess pe	C) sition more erson i	than constant	ene an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(44) Magda Esola (12)	2.00							ľ		
Director	0.00	x						0	0	0
(45) Treasure Fair	cloth									
(13)	2.00	3.5								
Director (46) Clinton Floyd	0.00	X		_	-			0	0	0
(14)	2.00									
Director	0.00	х						0	0	0
	rontera									
(15) Director	2.00	v						_	_	
(48) Fred Gainey	0.00	X						0	0	0
(16)	2.00									
Director	0.00	x						0	0	0
(49) Thomas Gale										
(17) Director	2.00	x						0	o	o
(50) Mayaribe Gall		^						<u> </u>		0
(18)	2.00									
Director	0.00	x						0	0	0
(51) Peter Gallo										
(19) Director	2.00	x						0	o	0
1b Subtotal						<u> </u>			0	0
c Total from continuation shee	ets to Part VII, S									
d Total (add lines 1b and 1c) Total number of individuals (in	one vice and in	Lates I	ما ام		100000	2011111 4 A A A	our.	a) who received more than	\$100,000 of	
reportable compensation from			10 10	เกอร	e iis	led a	DOV	e) who received more than	\$100,000 81	410000 - 114 - 10
3 Did the organization list any fo employee on line 1a? If "Yes,"		V .								Yes No
 employee on line 1a? If "Yes," For any individual listed on line organization and related organ individual 	nizations greater	thar	1 \$15	0,00	0? /	f "Ye	s," c	complete Schedule J for su	ch	4
5 Did any person listed on line 1 for services rendered to the or									individual	5
Section B. Independent Contracto	rs									
 Complete this table for your five compensation from the organization 	e highest comport	ensa	ited i	nder	oend for t	ent o	contr	ractors that received more	than \$100,000 of in the organization's tax ve	ear.
	(A) business address								(B) lion of services	(C) Compensation
To the same same same same same same same sam	baginoss sagross							Бооль		- San ponesian
Total number of independent of the second seco	contractors (inclu	uding	but	not	limite	ed to	thos	se listed above) who		
received more than \$100,000	of compensation	fror	n the	org	aniz	ation	(<u> </u>			

Part VII Section A. Officers	, Directors, Tru	stee	s, n	ey E	mpi	oyee	S, a	nd righest compensated	Employees (continued)	
(A) Name and title	(B) Average hours per week	bo	x, unle	Pos check ess pe	rson	than o	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(52) John-Lewis Go	-									
(12) Director	2.00 0.00	x						0	o	0
(53) Joan Goode	0.00	A								
(13)	2.00									
Director	0.00	X						0	0	0
(54) Randall Goodi										
(14) Director	2.00	x						0	o	0
(55) Billie Green	0.00	-				H				
(15)	2.00									
Director	0.00	X						0	0	0
(56) Linda Guffey	0.00									
(16) Director	2.00	x						0	0	0
(57) Sharon Guptor		_				\vdash			0	U
(17)	2.00									
Director	0.00	x						0	0	0
(58) Tony Harringt										
(18) President	2.00	x		x				0	0	0
(59) Brenda D. Hay		^		Α				0	U	0
(19)	2.00									
Director	0.00	x						0	0	0
1b Subtotal			+ > -		0.00	0.4(414))	0.00			
c Total from continuation she						8 A 8 6 E	91404			
d Total (add lines 1b and 1c) 2 Total number of individuals (in	cluding but not l						bov	l e) who received more than	\$100.000 of	
reportable compensation from										
3 Did the organization list any for employee on line 1a? If "Yes,"								ee, or highest compensate	d	Yes No
For any individual listed on line organization and related organization and related organization.										4
5 Did any person listed on line 1 for services rendered to the or	ganization? If "\								r individual	5
Section B. Independent Contracto			1 . 1				_		H 0400 000 -f	
compensation from the organi	this table for your five highest compensated independent contractors that received more than \$100,000 of tion from the organization. Report compensation for the calendar year ending with or within the organization's tax year.									
Name and	(A) business address							Descrip	(B) tion of services	(C) Compensation
10					_					
N										
		_	-				-			
2 Total number of independent of								se listed above) who		
received more than \$100,000	or compensation	1 11.01	ri tili	org	arii2	.auor				To the second se

Part VII S	ection A. Officers	, Directors, Tru	stee	s, K	еу Е	mpl	oyee	s, ar	nd Highest Compensated	Employees (continued)	
	A) and title	(B) Average hours	bo:	x, unle	Pos check ess pe	rson i	than o s both r/truste	an	(D) Reportable compensalion from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
		per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(60) Evel (12) Director	lyn Helms	2.00	x						0	0	C
(61) Nicl (13) Director	nolas Hin	2.00 0.00	x						0	0	C
	dy Hope	2.00	x						0	0	(
(63) Tor: (15)	i Humphre	y 2.00									
(16)	Eany Joha	2.00	X						0	0	
Director (65) Phi:	llip John	0.00 son 2.00	X						0	0	(
Director (66) Grac (18)	ce Jones	2.00	x						0	0	C
Director (67) Sono	ira Trice	0.00 Jones	x						0	0	(
(19) Director 1b Subtotal		2.00	x				097878	***	0	0	C
d Total (add 2 Total numb	continuation she lines 1b and 1c) er of individuals (in compensation from	ncluding but not	limite		11100				e) who received more than	\$100,000 of	I Voc I No
employee o	on line 1a? <i>If "Yes,</i> ividual listed on lin	<i>" complete Sche</i> le 1a, is the sum	dule of re	J for	<i>suc</i> able	h ind	dividi. Ipens	<i>ial</i> satio	ee, or highest compensated in and other compensation complete Schedule J for su	from the	Yes No
individual 5 Did any per	son listed on line	1a receive or acc	crue (com	pens	atior	fror	n an	y unrelated organization or for such person	· individual	5
1 Complete t	endent Contractonis table for your fi	ve highest comp	ensa	ated	inde	oend for t	ent o	contr	ractors that received more dar year ending with or with	than \$100,000 of	ear,
		(A) d business address								(B) tion of services	(C) Compensation
-											
2 Total numb	er of independent ore than \$100,000	contractors (incl of compensation	uding n froi	g but	not e org	limit aniz	ed to	tho	se listed above) who		

Part VII Section A. Officers	, Directors, Tru	stee	s, K	еу Е	mpl	oyee	s, aı	nd Highest Compensated	Employees (continued)	
(A) Name and title	(B) Average hours per week	(F) Estimated amount of other compensation								
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(68) Frank S. DeRo (12) Director	nja Jr 2.00 0.00	x						0	0	C
(69) James Kemper (13) Director	2.00	x						0	0	C
(70) Dawn Kilby (14) Director	2.00	x						0	0	(
(71) Danielle Kins (15)		x						0	0	
(72) Alicia Krout (16)	2.00									
(73) Sharice Latha (17)	2.00	X						0	0	
(74) Laurie Linder (18)	2.00	X						0	0	(
Director (75) Scott Lineber (19)	0.00 ger 2.00	X						0	0	C
	0.00							0	0	C
c Total from continuation shed d Total (add lines 1b and 1c) 2 Total number of individuals (in reportable compensation from	cluding but not l	limite	CHICA.	1.000				e) who received more than	\$100,000 of	
 3 Did the organization list any for employee on line 1a? If "Yes," 4 For any individual listed on line 	complete Sche	dule	J for	suc	h inc	dividu	ıal 🛴			Yes No
organization and related organindividual 5 Did any person listed on line 1	nizations greater	thar	s \$15 comp	oens	00? / ation	f "Ye n fron	s," c n an	omplete Schedule J for surviversity unrelated organization or	ch	4
for services rendered to the or Section B. Independent Contractor	Washington Committee Commi	es,"	com	plete	9 Sc	hedu	le J	for such person	ALABAMA AND AND AND AND AND AND AND AND AND AN	5]
Complete this table for your five compensation from the organians.	ve highest comp									ear.
	(A) business address								(B) lion of services	(C) Compensation
£										
Total number of independent received more than \$100,000								se listed above) who		

Part VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)	
(A) Name and title	(B) Average hours per week	bo of	x, unle ficer a	Pos check ess pe	erson	than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(76) Suzanne Londo										
(12) Director	2.00	x						0	o	o
(77) Todd D. Long	0.00	^				\vdash		0	<u> </u>	0
(13)	2.00									
Director	0.00	x						0	0	0
(78) Christine Mal										
(14) Director	2.00								_	
(79) Onyx Martin	0.00	X						0	0	0
(15)	2.00									
Director	0.00	x						0	0	0
(80) Mark Mathews										
(16)	2.00									_
Director (81) Tim McBrayer	0.00	X				-	-	0	0	0
(17)	2.00									
Director	0.00	x						0	o	0
(82) Jonathan McBr	ide									
(18) 2	2.00									_
Director (83) James McCook	0.00	X	_			<u> </u>		0	0	0
(19)	2.00									
Director	0.00	x						0	0	0
1b Subtotal	006 8 (0 8 3) FE + 1 8 1 + 1 8 1 + 1		6830							
c Total from continuation shee										
d Total (add lines 1b and 1c)									\$400.000 -f	
2 Total number of individuals (in reportable compensation from			a to	tnos	e iis	tea a	vodi	e) who received more than	\$100,000 or	
 3 Did the organization list any for employee on line 1a? If "Yes," 4 For any individual listed on line organization and related organization. 	complete Schede 1a, is the sum	<i>dule</i> of re	J for	suc able	h ind	dividi pens	<i>ial</i> satio	on and other compensation	from the	Yes No
individual 5 Did any person listed on line 1										4
for services rendered to the or		es,"	com	plete	e Sc	hedu	le J	for such person		5
Section B. Independent Contracto		-		_	-					
 Complete this table for your five compensation from the organization. 										ear.
	(A) business address								(B) tion of services	(C) Compensation
2 Total number of independent of	contractors (inclu	uding	but	not	limit	ed to	tho	se listed above) who		

Part VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, aı	nd Highest Compensated	Employees (continued)	
(A) Name and title	(B) Average hours	bo	x, unle	Pos check ess pe	rson i	than c is both ir/truste	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the from the organization and related organizations
(84) Patrick McDov (12) Director	vell 2.00 0.00	x						0	0	1
(85) Paul McGill (13)	2.00									
Director (86) John McPerson (14)	40.00	X						0	0	•
President-Elect (87) Eric Miller (15)	2.00	X		x				0	0	
Director (88) Steven Mitche	0.00 11	x						0	0	(
Director (89) Meredith Mors	2.00 0.00	x						0	0	
(17) Director	2.00	x						0	0	
(90) Jason Morton (18) Director	2.00	x						0	0	
(91) John Muir (19) Director	2.00	x						0	0	
Subtotal Total from continuation sheet Total (add lines 1b and 1c) Total number of individuals (in reportable compensation from	ets to Part VII,	Secti	ion A	1 (80) 2000			(100) (100)			
 Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line organization and related organization individual 	complete Schere 1a, is the sum discriptions greater	dule of re than	J for porta 1 \$15	<i>suc</i> able 60,00	h ind com	dividu pens f "Ye	al satio s," c	n and other compensation complete Schedule J for su	from the ch	Yes No
5 Did any person listed on line 1 for services rendered to the or Section B. Independent Contracto	ganization? If "\	rue (/es,"	comp	plete	atior So	n fron hedu	n an <i>le J</i>	y unrelated organization or for such person	r individual	5
Complete this table for your five compensation from the organization.	e highest comp zation. Report c							dar year ending with or with	nin the organization's tax ye	
Name and	(A) business address							Descrip	(B) tion of services	(C) Compensation
2 14 15 9 10 10										
2 Total number of independent of received more than \$100,000								se listed above) who		

(A) Name and title	(B) Average hours per week	bo	x, unle icer a	Pos check ess pe nd a c	erson directo	than dis both	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimaled amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(92) Sallie Myrich										
(12)	2.00									
Director (93) Nue Neely	0.00	X	_		-	H		0	0	0
(13) Nue Neery	2.00							l i		
Director	0.00	x						0	0	0
(94) Beverly F. Ne						\vdash				
(14)	2.00									
Director	0.00	X						0	0	0
(95) Natalie Newma	Rice III									
(15)	2.00									_
Director (96) Fonda Norris	0.00	Х			_	-		0	0	0
(16)	2.00									
Director	0.00	x						0	0	0
(97) David Noyes										
(17)	2.00									
Director	0.00	X						0	0	0
(98) Travis Old	0.00									
(18) Director	2.00 0.00	x								
(99) Natalie Paint				-				0	0	0
(19)	2.00									
Director	0.00	x						0	0	0
1b Subtotal	9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		000-10		(6)(6)+(F)	(++++				
c Total from continuation shee	ets to Part VII, S	Secti	on A			0.000	cara-s			
d Total (add lines 1b and 1c)				6/15/1			266	ļ.,		
2 Total number of individuals (in reportable compensation from			a to	tnos	e IIS	ted a	bov	e) who received more than	\$100,000 of	
3 Did the organization list any fo employee on line 1a? If "Yes,"	rmer officer, dire	ector	tru:	stee	, key	emp	oloye	ee, or highest compensated	d	Yes No
For any individual listed on line organization and related organ	1a, is the sum	of re	porta	able	com	pens	atio	on and other compensation complete Schedule J for suc	from the	3
individualDid any person listed on line 1	a rosoivo or soo	13.15.1 FUO 6	1511	- 155	eries:	fron	000 No		entente en composer commentente	4
for services rendered to the or	ganization? <i>If</i> "Y	es."	com.	plete	Sci	ı iron hedu	n an Ie J	ly unrelated organization or for such person	individual	5
Section B. Independent Contracto								A State of the Sta		
1 Complete this table for your five	e highest compe	ensa	ted i	nder	end	ent c	ontr	ractors that received more t	han \$100,000 of	
compensation from the organiz	zation. Report co (A) business address	ompe	ensa	tion	for th	ne ca	lenc			
Name and	búsíness address	_			_			Descript	(B) lion of services	(C) Compensation
					_					
2 Total number of independent of							thos	se listed above) who		
received more than \$100,000 c	or compensation	tron	1 the	org	aniz	ation				Form 990 (2024)

30263 08/07/2025 9:33 AM Form 990 (2024) North Cai										Page 8		
Part VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)	· · · · · · · · · · · · · · · · · · ·		
(A) Name and title	(B) Average hours	bo	x, unle	Pos check ess pe	rson i	than o s both r/truste	an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other		
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	compensation from the organization and related organizations		
(100) Amanda Parmer		-	-			_ <u>a</u>						
(12) Director	2.00	x						0	0	C		
(101) Robert "Bob"	Percese	þе										
Director	2.00	x						0	0	o		
(102) Kimberly Perl	2.00											
Director	0.00	x						0	0	0		
(103) Talvia Peters												
(15) Director	2.00	x						o	o	0		
(104) Caleb Phillip		21						0	0			
Director	0.00	x						o	0	0		
(105) April Pike (17)	2.00	901.63 (kun 0 kun										
Director	0.00	x						0	0	0		
(106) Teresa Pitt (18)	2.00											
Director (107) Samantha Poll	0.00	X						0	0	0		
(19)	2.00											
Director	0.00	X		,				0	0	0		
1b Subtotal		en en Socti	on A		7,7,7,17		2016					
d Total (add lines 1b and 1c)	and to Fait vii, t						0085					
2 Total number of individuals (in reportable compensation from	cluding but not I	imite	d to	thos	e lis	ted a	bove	e) who received more than	\$100,000 of			
3 Did the organization list any fo	rmer officer, dir	ector						ee, or highest compensated	d	Yes No		
employee on line 1a? If "Yes," For any individual listed on line organization and related organ	a 1a, is the sum	of re	porta	able	com	pens	atio			3		
individual5 Did any person listed on line 1	a receive or acc	rue c	comp	ens	ation	from	n any	y unrelated organization or	individual	4		
for services rendered to the or Section B. Independent Contracto		es,"	com	plete	Scl	nedui	le J	for such person	*****************	5		
Complete this table for your five compensation from the organic	e highest comp									ear.		
Name and	(A) business address							Descript	(B) tion of services	(C) Compensation		
x												
Total number of independent or received more than \$100,000							thos	e listed above) who		5 990 999		

Part VII Section A. Officers	, Directors, Tru	stee	s, Ke	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)	
(A) Name and title	(B) Average hours per week	off	x, unle icer ar	Pos heck ss pe nd a d	rson i irecto	than o s both r/truste	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation from the
	(list any hours for related organizations below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	organization and related organizations
(108) Fara Poursham (12)	2.00									
Director	0.00	X		_		-		0	0	0
(109) Mary-Beth Pov (13)	2.00									
Director	0.00	x						0	0	0
(110) Jennifer Pric	e									
(14)	2.00									
Director	0.00	X	-	_	-	-	_	0	0	0
(111) Manda Price (15)	2.00									
Director	0.00	x						0	0	0
(112) Chris Puckett										
(16)	2.00									
Director	0.00	X	_		_		_	0	0	0
(113) Michael Raine	2.00									
(17) Director	0.00	\mathbf{x}						0	0	0
(114) Lori Randolph										
(18)	2.00							_		
Director	0.00	X			-	-		0	0	0
(115) Michelle Ran:	ieri 2.00									
(19) Director	0.00	$ _{\mathbf{x}}$						0	0	0
1b Subtotal		1								
c Total from continuation she d Total (add lines 1b and 1c)										
Total number of individuals (ir reportable compensation from	ncluding but not	limite	ed to	thos	se lis	sted a	abov	ve) who received more than	\$100,000 of	197.130
3 Did the organization list any for employee on line 1a? If "Yes,	ormer officer, di	recto	or, tru	stee	, ke	y em	ploy			Yes No
4 For any individual listed on lin organization and related orga	e 1a, is the sum nizations greate	of re	eport n \$1	able 50,00	con	npen: If "Ye	sations,"	complete Schedule J for su	from the	4
 individual Did any person listed on line of the or services rendered to the or 	1a receive or acc rganization? If "	crue	com	pens	atio	n froi	m a	ny unrelated organization o	r individual	5
Section B. Independent Contracto		_		1		d = · ·			than \$100,000 of	
Complete this table for your fi compensation from the organ	ve highest comp ization. Report o	ens	ated ensa	inde	pend for t	dent the c	con aler	idar year ending with or with	hin the organization's tax y	ear.
Name and	(A) i business address							Descrip	(B) otion of services	(C) Compensation
::										
Y										
· · · · · · · · · · · · · · · · · · ·										
2 Total number of independent received more than \$100,000	contractors (incl	ludin	g bu	t not	limi	ted to	the	ose listed above) who		
received more than \$100,000	or compensatio	1110	ert (ii)	Ç UI	gaill	CHILIO				Form 990 (2024)

Part VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)	
(A) Name and title	(B) Average hours	(F) Estimated amount of other								
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(116) Kyle Rank (12)	2.00									
Director	0.00	x						0	0	0
(117) Randall Reavi	2.00									
Director	0.00	x						0	o	0
(118) Cecilia Reel										
(14) Director	2.00	x						0	0	0
(119) Cynthia Remah		7								0
(15)	2.00									
Director (120) Travis Repman	0.00	X				┢		0	0	0
(16)	2.00									
Director	0.00	Х			_			0	0	0
(121) Mary Richards (17)	on 2.00									
Director	0.00	x						0	0	0
(122) Cynthia Ryan (18)	2.00									
Director	0.00	x						o	0	0
(123) David Satteln	neyer									
(19)	2.00	x								•
Director 1b Subtotal	0.00	X						0	0	0
c Total from continuation shee	ets to Part VII, S	Sect	ion A	¥ 122			215			
d Total (add lines 1b and 1c)									4400,000 (
2 Total number of individuals (in reportable compensation from			ea to	tnos	e iis	tea a	vodi	e) wno received more than	\$100,000 61	
 3 Did the organization list any for employee on line 1a? If "Yes," 4 For any individual listed on line organization and related organization 	complete Schede 1a, is the sum	<i>dule</i> of re	J for	<i>suci</i> able	h ind	dividu pens	<i>ial</i> satio	n and other compensation	from the	Yes No
individual 5 Did any person listed on line 1									r individual	4
for services rendered to the or Section B. Independent Contracto		es,"	com	plete	Sc	hedu	le J	for such person		5
1 Complete this table for your five	e highest compe	ensa	ited i	ndep	end	lent c	ontr	ractors that received more	than \$100,000 of	-av
compensation from the organization	zation. Report co (A) business address	omp	ensa	tion	for t	he ca	lend		nin the organization's tax ye (B) tion of services	(C) Compensation
Name and	búsíness address	_						Descrip	tion of services	Compensation
			,							
J										
0 Table 1 (1)		٠.41*	. le : 1		llu - 14		41-	- Bakad ab V. C.		
2 Total number of independent of								se listed above) who		

Part VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)	
(A) Name and title	(B) Average hours per week	bo	x, unle	Pos check ess pe	rson i	than o is both	an	(D) Reportable compensation from the	(E) Reportable compensalion from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(124) Joe Schabot										
(12) Director	2.00	x						o	0	0
(125) Jason Scott										
(13) Director	2.00	x						o	0	0
(126) Maureen Sidbu		71							J	0
(14)	2.00									_
Director (127) Alison Sink	0.00	X	-					0	0	0
(15)	2.00									
Director	0.00	x						0	0	0
(128) Amanda Smith (16)	2.00									
Diector	0.00	x						0	0	0
(129) James Smith										
(17) Director	2.00	x						o	0	0
(130) Karleta Smith		<u> </u>								
(18)	2.00									_
Director (131) Renee K. Smit	0.00	X						0	0	0
(19)	2.00									
Director	0.00	x						0	0	0
1b Subtotal	ate to Port VII. 9	o coco	on A			00000	0990			
d Total (add lines 1b and 1c)										
2 Total number of individuals (in-	cluding but not I	imite	d to	thos	e lis	ted a	bove	e) who received more than	\$100,000 of	
reportable compensation from 3 Did the organization list any fo			tru:	stee,	key	emp	oloye	ee, or highest compensated	d	Yes No
 employee on line 1a? If "Yes," For any individual listed on line organization and related organ 	1a, is the sum	of re	porta	able	com	pens	atio			3
individual 5 Did any person listed on line 1 for services rendered to the organization.									individual	5
Section B. Independent Contracto		03,	COIII	piete	301	1600	G 0 1	ioi sucii persoli		
Complete this table for your five compensation from the organization.										ear
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) Name and business address Description of services										
*		_	-	-	_	_	_			

2 Total number of independent of	contractors (inclu	ıding	but	not l	imite	ed to	thos	se listed above) who		
received more than \$100,000 c	of compensation	from	n the	ora	aniz	ation				

Part VII

DAA

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

Form **990** (2024)

(A) Name and title	(B) Average hours per week	bo	x, unle	Pos heck ss pe	rson i	than c s both	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(132) Cassandra Sny	2.00									
Director (133) Charisma Sout	0.00	X						0	0	0
(13)	2.00									
Director (134) Kevine Starke	0.00	X						0	0	0
(14) REVINE SCALKS	2.00									
Director	0.00	x						0	0	0
(135) Callie Stone										
(15) Director	2.00	x								
(136) Donathon Stor		^			_			0	0	0
(16)	2.00									
Director	0.00	х						0	0	0
(137) Candace Teel	2.00									
Director	0.00	х						0	0	0
(138) Grady Thomas										
(18)	2.00									
Director	0.00	X					_	0	0	0
(139) Ryan Thompson (19)	2.00									
Director	0.00	x						0	0	0
1b Subtotal		Sec.	120101	1121	colo	000000	e-91			
c Total from continuation shee	ets to Part VII, S	ecti	on A	9.50			(4)			
d Total (add lines 1b and 1c) Total number of individuals (in	cluding but not li	mite	d to	hos	e list	ted a	bov	e) who received more than	\$100,000 of	
reportable compensation from										
3 Did the organization list any fo employee on line 1a? If "Yes,"	complete Sched	lule .	J for	suct	ı ind	lividu	al			Yes No
4 For any individual listed on line organization and related organ individual	izations greater	than	\$15	0,00	com 0? <i>II</i>	pens f "Ye	atio s, " c	on and other compensation complete Schedule J for suc	from the ch	4
5 Did any person listed on line 1 for services rendered to the or	a receive or acci	rue c	omp	ensa					individual	5
Section B. Independent Contracto						_				
Complete this table for your five compensation from the organization.	than \$100,000 of in the organization's tax ve	ear.								
Name and	(A) business address								(B) tion of services	(C) Compensation
			-	_						
112							_			
			_							***************************************
2 Total number of independent of received more than \$100,000 or	ontractors (inclu of compensation	ding fron	but the	not l	imite aniza	ed to	tho	se listed above) who		

Part VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)	
(A) Name and title	(B) Average hours	bo	x, unle	Pos check ess pe	rson i	than o	an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
15	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(140) Scott Thompso	T Comments									
(12) Director	2.00	x						0	o	0
(141) Derrick Thorn	iton									
(13) Director	2.00 0.00	x						0	o	0
(142) Richard Tolso		Λ	-	-				0	0	0
(14)	2.00								_	
Director (143) Linda Trevor	0.00	X	-				- 14	0	0	0
(15) HINGA TIEVOI	2.00									
Director	0.00	х						0	0	0
(144) Joshua Tucker (16)	2.00									
Director	0.00	x						0	o	0
(145) Charles Umste	ad									
(17) Director	2.00	x						o	o	0
(146) William Warma		^					-	0	0	U
(18)	2.00									
Director (147) Matiara Washi	0.00	Х	_				_	0	0	0
(19)	2.00									
Director	0.00	X				,		0	0	0
1b Subtotal		ones.		193900	*(4)*(4)	* (* (*)	1000			
d Total (add lines 1b and 1c)										
2 Total number of individuals (in reportable compensation from	cluding but not li	imite						e) who received more than	\$100,000 of	<u></u>
3 Did the organization list any fo	rmer officer, dire	ecto	, tru	stee,	key	emp	oloye	ee, or highest compensated	d	Yes No
employee on line 1a? If "Yes," For any individual listed on line organization and related organ	1a, is the sum	of re	porta	able	com	pens	atio			3
5 Did any person listed on line 1 for services rendered to the or										5
Section B. Independent Contractor		00,	COIII	piete	001	icuui	00	ior sucir person	****************	1001.00 9
 Complete this table for your five compensation from the organization 	e highest compe	ensa	ted i	ndep	end	ent c	ontr	actors that received more t	than \$100,000 of	ar
	(A) business address	ompe	11134	LIOIT	OI CI	ic ca	TOTAL CONTRACTOR		(B) tion of services	(C) Compensation
	20011000 4001000							3330115	ion di da vida	Compensation
}										
Total number of independent or received more than \$100,000 certains.								se listed above) who		

Comparison Com	Part VII Section A. Officers	s, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)	
(143) Pamela Webb (12) 2.00 Director 0.00 X 0 0 0 (149) William White (150) Towanda Wilkins (14) 2.00 Director 0.00 X 0 0 0 (151) Patrice Willetts (15) 2.00 Director 0.00 X 0 0 0 0 (151) Patrice Williams (16) 2.00 Director 0.00 X 0 0 0 0 Director 0.00 X 0 0 0 0 0 (152) Lealie M. Williams (16) 2.00 Director 0.00 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		Average hours per week (list any hours for related organizations	off	x, unle	Pos check ess pe	ition more rson i irecto	s both r/truste	an ee)	Reportable compensation from the organization (W-2/ 1099-MISC/	Reportable compensation from relaled organizations (W-2/ 1099-MISC/	Estimated amount of other compensation from the organization and
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Name and business address Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who											ear.
2 Total number of independent contractors (including but not limited to those listed above) who											
	<u> </u>										
									se listed above) who		

Part VII	Section A. Officers	s, Directors, Tru	stee	s, K	ey 🗠	mpi	oyee	s, a	nd Highest Compensated	Employees (continued)	
N	(A) ame and title	(B) Average hours per week	bo	x, unle ficer a	Pos check ess pe	rson lirecto	than c is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(156) An	tonio Worsh	am									
(12)		2.00									
Director		0.00	X		_				0	0	0
(13)	mie Young	2.00									
Director		0.00	x						0	0	0
	vid Zeitz										
(14)		2.00									
Director		0.00	X			_			0	0	0
(159) My (15)	ra Zollinge	2.00									
Director		0.00	x						0	0	0
(16)											
(17)											
(18)	van en anna en										
(19)											
1h Subtota											
c Total fro	om continuation she										
	dd lines 1b and 1c) .	oluding but not l	imito	d to	thee	o lie	tod o	hov	e) who received more than	\$100,000 of	
	le compensation from			:0 10	1108	E 115	ieu a	DOV	e) who received more than	\$100,000 of	Yes No
employe	ee on line 1a? If "Yes,'	" complete Sched	dule	J for	suc	h inc	dividu	ıal	ee, or highest compensate		3
	ation and related organ								on and other compensation complete Schedule J for su		4
5 Did any	person listed on line 1								y unrelated organization or for such person		5
,	dependent Contracto	120	1						E CONTRACTOR DE LA CONT	ne este ce e estad per electrolise e electro	
1 Comple	te this table for your five	ve highest comp zation. Report co	ensa	ited i	nder	oend for t	lent o	contr	ractors that received more dar year ending with or with	than \$100,000 of hin the organization's tax ve	ear.
	Name and	(A) business address								(B) tion of services	(C) Compensation
***************************************	0.00000										
-		<u></u>									
=									3		
2 Total nu	mber of independent of more than \$100,000	contractors (inclu	uding	but	not	limite	ed to	tho	se listed above) who		
i e ceive	more man producto	or compensation	1101		, 019	MITTE	GUOI	_			- Edition of the Control of the Cont

Schedule B (Form 990) (Rev. December 2024))

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Employer identification number Name of the organization North Carolina Association of Realtors Inc 56-0488849 Organization type (check one):

Filers of:	Section:							
Form 990 or 990-EZ	X 501(c)(6) (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a private foundation							
	527 political organization							
Form 990-PF	501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
501(c)(3) taxable private foundation								
	overed by the General Rule or a Special Rule. , (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See							
General Rule								
	ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 property) from any one contributor. Complete Parts I and II. See instructions for determining a ributions.							
Special Rules								
regulations under sect 16b, and that received	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test of the ions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.							
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.								
contributor, during the contributions totaled m during the year for an General Rule applies totaling \$5,000 or more	secribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one year, contributions exclusively for religious, charitable, etc., purposes, but no such more than \$1,000. If this box is checked, enter here the total contributions that were received exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the to this organization because it received nonexclusively religious, charitable, etc., contributions e during the year							
	isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it							

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

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (Rev. 12-2024)

Name of organization

North Carolina Association of

Employer identification number 56-0488849

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is nee	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A	\$ 155,900	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
a Pennin		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9 5283500		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
in related		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2 ecassas		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

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.

2024 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

	000	(e) or (e) organizations. Comple				
Nam	ne of organization		Association of		particle in energy	fication number (EIN
55005555	5555585050550	Realtors Inc			56-04888	
Pa			s exempt under section 501			on.
1		-	and indirect political campaign activiti	es in Part IV. See i	nstructions for	
		tical campaign activities."				
2	Political campaig	n activity expenditures. See instr	uctions		\$	Chilling that the second control of the seco
3	Volunteer hours	for political campaign activities. S	See instructions			A SATIMANAN A MARI ANNO REPORTS CANADA
Pa			s exempt under section 501			
1	Enter the amoun	t of any excise tax incurred by the	e organization under section 4955			
2	Enter the amoun	it of any excise tax incurred by or	ganization managers under section 4	955	\$	
3	If the organizatio		Yes No			
	Was a correction				os como som del Augusta	Yes No
00000000	If "Yes," describe		s exempt under section 501	(-)	11 8047 1701	
				1-1	tion 501(c)(3).	
1			rganization for section 527 exempt fu			
2	activities	A of the filing are a limit of the first		nicareta aransanaran		
2		tion outsition	contributed to other organizations fo			
3	527 exempt funct	13 C 8 1 C 4 . 4 (8 1 8 1 4 . 4) C 4 . 4 (8 1 6 1 4 1 4 1 C 1 6 1 6 1 6 1 6 1 6 1 6 1 6 1 6 1 6	nd 2. Enter here and on Form 1120-F		\$	
3	11 4 = 1	•		•	•	
4		pointing file Form 4420 POL for	Alia wa 20		\$ 11.11	
5	Enter the names	anization me Form 1120-POL for	this year?	Laboration		Yes No
3			on 527 political organizations to whic d from the filing organization's funds.			
			ectly delivered to a separate political of			
			AC). If additional space is needed, pr			
	sogregated rand	(a) Name	(b) Address			(a) Assessed of a cities of
		(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
					funds. If none, enter -0-	promptly and directly
						delivered to a separate
						political organization, If none, enter -0-
(1)						
,						
(2)						
,						
(3)						
,						
(4)						
(5)						
(6)						· · · · · · · · · · · · · · · · · · ·
			1	1	1	

Sch			Association		56-0488849		age 2
Pi	art II-A Complete if the organ	ization is exemp	t under section 5	01(c)(3) and filed	Form 5768 (elec	tion under	
_	section 501(h)).		P (1 1 2 2 1 P 2	tio Death (and aff	1: -44		
A	Check if the filing organizatio	•		t in Part IV each aπ	liated group membe	rs name, addre	ess,
_	EIN, expenses, and si			rouiciono cook			
	Check if the filing organizatio			rovisions apply.		44.5.46711	
	Limits on Lo (The term "expenditures"	bbying Expendit means amounts		org	(a) Filing ganization's totals	(b) Affiliated group totals	
1	a Total lobbying expenditures to influence	oublic opinion (grassro	oots lobbying)				
	b Total lobbying expenditures to influence						
	c Total lobbying expenditures (add lines 1a	and 1b)					
	d Other exempt purpose expenditures	ra Palada i i i i i i i i i i i i i i i i i i	une	******			
	e Total exempt purpose expenditures (add	lines 1c and 1d)	. 65 6 6 6 6 6 6 6.	304.00.00.00.00.00			
	f Lobbying nontaxable amount. Enter the a	amount from the follow	ing table in both				
	columns.			1			earoon
	IF the amount on line 1e, column (a) or (b)	is: THEN the lobbyi	ng nontaxable amount i	s:			
	not over \$500,000	20% of the amour	nt on line 1e				
	over \$500,000 but not over \$1,000,000	\$100,000 plus 159	% of the excess over \$50	0,000.			
	over \$1,000,000 but not over \$1,500,000	\$175,000 plus 109	% of the excess over \$1,0	000,000.			
	over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5%	of the excess over \$1,50	00,000.			
_	over \$17,000,000	\$1,000,000.					
	g Grassroots nontaxable amount (enter 25	% of line 1f)		21121212122			
	h Subtract line 1g from line 1a. If zero or le	ss, enter -0-		annuantantes .			
	i Subtract line 1f from line 1c. If zero or les	10.0000000000	101-10000000000000000000000000000000000	CHARGO COCHOLOS			
	j If there is an amount other than zero on o	either line 1h or line 1i	, did the organization f	le Form 4720			ů.
	reporting section 4911 tax for this year?			<u>, Martin Martin and Andrea</u>	<u> </u>	Yes	No
		4-Year Averag	ing Period Under S	ection 501(h)			
	(Some organizations that ma	de a section 501(h) election do not ha	ave to complete al	l of the five column	s below.	
		See the separate i	nstructions for line	es 2a through 2f.)			
	L.	obbying Expendit	ures During 4-Year	Averaging Period			
	Calendar year (or fiscal year						
	beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total	
_							
2	a Lobbying nontaxable amount						
	b Lobbying ceiling amount						
	(150% of line 2a, column (e))						

	Lobbying Expendite	ures During 4-Year	Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (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) 2024

Schedule C (Form 990) 2024

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. 1 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? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? 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)(5), or section 501(c)(6).	Amount
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Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or se	
501(c)(6).	ection
	T., T.,
A Warrant destination of (000) and the control of t	Yes No
1 Were substantially all (90% or more) dues received nondeductible by members?	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2 X
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(5).	
and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No;" OR (b) Part III-A, lines 1 and 2, are answered "No;" OR (b) Part III-A, lines 1 and 2, are answered "Yes."	
1 Dues, assessments, and similar amounts from members 1	12,019,157
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of	22,025,25.
political expenses for which the section 527(f) tax was paid).	
a Current year 2a	2,030,723
b Carryover from last year 2b	-4,364,353
c Total	-2,333,630
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3	2,343,736
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the	
excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying	
and political expenditures next year?	
5 Taxable amount of lobbying and political expenditures. See instructions 5	-4,677,366
Part IV Supplemental Information	

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Schedule C (Forn	n 990) 2024	North	Carolina	Association of	56-0488849 Page 4
Part IV		ntal Informatio			

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Schedule C (Form 990) 2024

SCHEDULE D (Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer Identification number North Carolina Association of Realtors Inc 56-0488849 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included on line 2a d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conversation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

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Pa	art III Organizations Maintainir					s (continuea)
3	Using the organization's acquisition, access collection items (check all that apply).	sion, and other record	s, check any of the fo	flowing that make s	significant use of its	
а	Public exhibition	d 🔲	Loan or exchange pr	ogram		
b	Scholarly research	e 📗	Other		and an analysis of the state of	
С	1					
4	Provide a description of the organization's	collections and explai	n how they further the	organization's exe	mpt purpose in Part	
	XIII.					
5	During the year, did the organization solicit					
	assets to be sold to raise funds rather than art IV Escrow and Custodial A		oart of the organization	n's collection?		Yes No
F	Escrow and Custodial And Complete if the organization		" on Form 990 P	art IV line 9 or	reported an amount	on Form
	990, Part X, line 21.	ir anowered Tee	0.11 0.111 000, 1	are 17, mile 0, 0.	Toportou din dinodin	
1a	Is the organization an agent, trustee, custo	dian or other intermed	diary for contributions	or other assets not		
	included on Form 990, Part X?		•			Yes No
b	If "Yes," explain the arrangement in Part XI					
						Amount
С	Beginning balance	NACONESCADA A ROBERTADO EN ESPERA (ES	0.40.44.00.40.00.40.00.00.00			
d	Additions during the year					
е	#10000FFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFF			000-800000800000		
f	3.4.00000000000000000000000000000000000					Van E Na
	Did the organization include an amount on If "Yes," explain the arrangement in Part XI					Yes No
	art V Endowment Funds	II. Crieck nere ii the e	xpianation has been	provided in Part XII		
	Complete if the organization	n answered "Yes	" on Form 990. P	art IV. line 10.		
		(a) Current year	(b) Prior year	(c) Two years bac	k (d) Three years back	(e) Four years back
1a	Beginning of year balance					
	Contributions					
	Net investment earnings, gains,					
	and losses					
d	Grants or scholarships					
е	Other expenditures for facilities and					
_	programs			18		
	Administrative expenses					
g	**************************************		o dino de column do) hold so:		
2	Provide the estimated percentage of the cuborated designated or quasi-endowment	•	e (line 19, column (a) field as.		
a h		**************************************				
c	Term endowment %	,				
·	The percentages on lines 2a, 2b, and 2c sl	nould equal 100%.				
3a	Are there endowment funds not in the poss	·	ation that are held an	d administered for t	the	
	organization by:					Yes No
	(i) Unrelated organizations?	55/10/15/16/15/16/15/16/15/16/15				3a(i)
b	If "Yes" on line 3a(ii), are the related organ				recent contract contr	3b
4	Describe in Part XIII the intended uses of t		owment funds.			
	art VI Land, Buildings, and Eq Complete if the organization		" on Form 990 B	art IV line 11a	See Form 990 Part	t X line 10
-	Description of property	(a) Cost or other		other basis	(c) Accumulated	(d) Book value
	Description of property	(investment		ther)	depreciation	(=, = =================================
12	Land			531,427		1,531,427
	Buildings			260,559	1,741,988	5,518,571
	Leasehold improvements					
	I Equipment			597,115	619,889	77,226
	Other	965 965				
Tota	al. Add lines 1a through 1e. (Column (d) mus	t equal Form 990, Pa	rt X, line 10c, column	(B))		7,127,224

	Complete if the organization answered "Yes" on		
	(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			
	eld equity interests		
2) Other			
(A)			-
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Colum	n (b) must equal Form 990, Part X, line 12, col. (B))		
Part VIII	Investments – Program Related Complete if the organization answered "Yes" on	Form 990, Part IV, li	ine 11c. See Form 990, Part X, line 13.
	(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)			
(8) (9)			
(8) (9) Total. (Colum	n (b) must equal Form 990, Part X, line 13, col. (B))		
(8) (9)	Other Assets	Form 990 Part IV I	ine 11d. See Form 990. Part X, line 15
(8) (9) Total. (Colum	Other Assets Complete if the organization answered "Yes" or	Form 990, Part IV, I	
(8) (9) Total. (Colum Part IX	Other Assets	Form 990, Part IV, I	ine 11d. See Form 990, Part X, line 15.
(8) (9) Fotal. (Colum Part IX	Other Assets Complete if the organization answered "Yes" or	Form 990, Part IV, I	
(8) (9) Fotal. (Colum Part IX (1) (2)	Other Assets Complete if the organization answered "Yes" or	Form 990, Part IV, I	
(8) (9) Fotal. (Colum Part IX (1) (2) (3)	Other Assets Complete if the organization answered "Yes" or	Form 990, Part IV, I	
(8) (9) Fotal. (Column Part IX (1) (2) (3) (4)	Other Assets Complete if the organization answered "Yes" or	Form 990, Part IV, I	
(8) (9) Fotal. (Column Part IX (1) (2) (3) (4) (5)	Other Assets Complete if the organization answered "Yes" or	Form 990, Part IV, I	
(8) (9) Fotal. (Column Part IX (1) (2) (3) (4)	Other Assets Complete if the organization answered "Yes" or	Form 990, Part IV, I	
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(8) (9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets Complete if the organization answered "Yes" or (a) Description (a) Description (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities		(b) Book value
(8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets Complete if the organization answered "Yes" or (a) Description (a) Description (b) must equal Form 990, Part X, line 15, col. (B))		(b) Book value
(8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets Complete if the organization answered "Yes" or (a) Description (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities Complete if the organization answered "Yes" or	Form 990, Part IV, I	(b) Book value
(8) (9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X	Other Assets Complete if the organization answered "Yes" or (a) Description (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities Complete if the organization answered "Yes" or line 25.	Form 990, Part IV, I	ine 11e or 11f. See Form 990, Part X,
(8) (9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X	Other Assets Complete if the organization answered "Yes" or (a) Description (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities Complete if the organization answered "Yes" or line 25. (a) Description of liability	Form 990, Part IV, I	ine 11e or 11f. See Form 990, Part X,
(8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X I. (1) Federal	Other Assets Complete if the organization answered "Yes" or (a) Description (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities Complete if the organization answered "Yes" or line 25. (a) Description of liability	Form 990, Part IV, I	ine 11e or 11f. See Form 990, Part X,
(8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X I. (1) Federal (2)	Other Assets Complete if the organization answered "Yes" or (a) Description (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities Complete if the organization answered "Yes" or line 25. (a) Description of liability	Form 990, Part IV, I	ine 11e or 11f. See Form 990, Part X,
(8) (9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X I. (1) Federal (2) (3)	Other Assets Complete if the organization answered "Yes" or (a) Description (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities Complete if the organization answered "Yes" or line 25. (a) Description of liability	Form 990, Part IV, I	ine 11e or 11f. See Form 990, Part X,
(8) (9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X I. (1) Federal (2) (3) (4)	Other Assets Complete if the organization answered "Yes" or (a) Description (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities Complete if the organization answered "Yes" or line 25. (a) Description of liability	Form 990, Part IV, I	ine 11e or 11f. See Form 990, Part X,
(8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X (1) Federal (2) (3) (4) (5) (6)	Other Assets Complete if the organization answered "Yes" or (a) Description (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities Complete if the organization answered "Yes" or line 25. (a) Description of liability	Form 990, Part IV, I	ine 11e or 11f. See Form 990, Part X,
(8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X I. (1) Federal (2) (3) (4) (5)	Other Assets Complete if the organization answered "Yes" or (a) Description (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities Complete if the organization answered "Yes" or line 25. (a) Description of liability	Form 990, Part IV, I	ine 11e or 11f. See Form 990, Part X,

chedule	D /Form	990) (Rev	12-2024 North	Carolina	Association	of

Pa	rt XI Reconciliation of Revenue per Audited Financial		ue per Return	
	Complete if the organization answered "Yes" on Form			
1	Total revenue, gains, and other support per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	÷ 8		
а		2a		
þ	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1	en e	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	(*,*,*,*,*,*,*,*,*,*,*,*,*,*,*,*,*,*,*,			
	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b	0.000 0	4c 5	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			
Pe	Reconciliation of Expenses per Audited Financia Complete if the organization answered "Yes" on Fore		ises per Keturn	
4				
1	Total expenses and losses per audited financial statements			
		ا ءه ا		
a	Donated services and use of facilities	2a 2b		
a	Prior year adjustments Other losses			
_		A 10/19 A 23 A 20/10/		
d		CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC	2e	
3	Add lines 2a through 2d		3	-
4	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:		041994344000	
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)			
•	Other (Describe in Fait Ain.)			
			4c	
С	Add lines 4a and 4b	******	4c 5	
С 5		******	#151# #1# #1# #10 #10 #10 #10 #10 #10 #10 #	
c 5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)	5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information	d 4; Part IV, lines 1b and 2b; Par	t V, line 4; Part X, line	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b and 2b; Par	t V, line 4; Part X, line	
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Sche	dule D (Fo	rm 990) (Re	ev. 12-2024)No	orth C	arolina	Associ	ation.	of	56-048884	9 Page 5
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Employer identification number 56-0488849 Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Go to www.irs.gov/Form990 for instructions and the latest information. Attach to Form 990. North Carolina Association of Department of the Treasury Internal Revenue Service Name of the organization (Rev. December 2024) SCHEDULE I (Form 990)

Open to Public Inspection OMB No. 1545-0047

ž

X Yes

Realtors Inc

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, General Information on Grants and Assistance

Part

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV. line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed and the selection criteria used to award the grants or assistance?

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II

Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	received more t	nan \$5,0	00. Part II can be o	Juplicated it additi	onal space is n	eeded.	
1 (a) Name and address of organization	(p) EIN	(c) IRC	(d) Amount of cash	(e) Amount of	(f) Method of valuation	(g) Description of	(h) Purpose of grant
or government		(if applicable)	grant	noncash assistance	other)	noncash assistance	or assistance
(1) REALTORS Relief Foundation							
430 N. Michigan Avenue							Contribution
Chicago IL 60611	36-4468109	501c7	135,000				
(2) Economic Development Partnership of	Ä						
15000 Weston Parkway							Contribution
NC 27513	46-4840814	501c3	50,000				
(3) NC Housing Opportunity Foundation							
4511 Weybridge Lane							Contribution
Greensboro NC 27407	45-0530518	501c7	286,170				
(4) Neighbors Helping North Carolina							
4511 Weybridge Lane							Contribution
Greensboro NC 27407	20-5345771	527	1,430,852				
(5)							
(9)							
FOR THE CONTROL OF TH							
(2)							
(8)							
(6)							=
2 Enter total number of section 501(c)(3) and government organizations listed in	organizations listed	in the line	the line 1 table				
)					

For Paperwork Reduction Act Notice, see the Instructions for Form 990. $^{\rm DAA}$

3 Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (Rev. 12-2024)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. 56-0488849 Schedule I (Form 990) (Rev. 12-2024) North Carolina Association of PartIII

reviewing the expenditures when management and leadership review internal financial statements. External grant reporting requirements are noted and the Use of Grant Funds them by account code and Part I, Line 2 - Procedures for Monitoring grant expenses by segregating observed by appropriate staff. NCR monitors

SCHEDULE J

(Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

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.

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

Name of the organization

North Carolina Association of Realtors Inc

Employer identification number

OMB No. 1545-0047

56-0488849

Pi	art I Questions Regarding Compensation			
			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 X Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
	16 6 the beautiful for the superior of the first of the superior of the first of the superior of the sup			
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	X	0000000000
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	X	
	1115-111-111-1111-1111-1111-1111-1111-			
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.			
	pro-			
	Independent compensation consultant X Compensation survey or study			
	X 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:			
	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	000000000000000000000000000000000000000	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			
5	compensation contingent on the revenues of:			
_		68888888 E		
	The organization?	5a		
þ	Any related organization?	5b	0000000000	
	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		
b	Any related organization?	6b		
	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	\$22000000	*********	23/23/24/24/24
7	· · · · · · · · · · · · · · · · · · ·	7		
	payments not described on lines 5 and 6? If "Yes," describe in Part III		-	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		1

Page 2

Schedule J (Form 990) (Rev. 12-2024) North Carolina Association of

56-0488849

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 Part

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	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	9-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)–(D)	in column (B) reported as deferred on prior Form 990
r:	(i) 475,458	48,000	229	18,458	22,024	564,169	0
1 CEO (non-vote)	(III)		0	0	0	0	0
ns.	(i) 194,193	12,500	138	11,711	16,219	234,761	0
2 CFO	0	0		0	0	0	0
Melton	(1) 189,350	12,50	258	8,857	9,310	220,275	0
3 VP Advocacy	0		O	0	0		0
ica Hughes	(1) 175,827	20,000	06	10,578	9,310	215,805	0
4 000	(II)		0	0	0	0	0
lin Thompson	(i) 158,980	17,500	54	10,094	16,219	202,847	0
cer	0		0	0	0	0	0
le Allen	(1) 147,145	15,00	54	8,768	608'6	180,276	0
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Schedule J (Form 990) (Rev. 12-2024)

SCHEDULE O (Form 990)

(Rev. December 2024)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public

Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information	on.	Inspection
Name of the organization	North Carolina Association of	Employer identifi	ication number
	Realtors Inc	56-04888	849
The organi	Part VI, Line 11b - Organization's Process to zation's 990 is reviewed by the Chief Financi and the Chief Executive Officer prior to subm	al Office	r, the
The conflithe Execut Directors. Association as being a then discussive appropriates and as rethem from for a partemployees	Part VI, Line 12c - Enforcement of Conflicts ct of interest policy is distributed to all vive Committee of the Board of Directors and the Signed copies of acknowledgement are returned n's office for retention. Any item that is not potential conflict of interest is reviewed be seed by the leadership team. The leadership the steps necessary to alleviate, monitor and districting the actions of persons with a conflicting the actions of persons with a conflicting transaction. Staff members who are official are reminded to communicate conflict of interest during their annual review process.	olunteer he Board d to the ted by an y legal c eam deter eal with ict by pr ation and icers or	of y volunteer ounsel and mines the conflicts, ohibiting decisions key
Committee Compensati	Part VI, Line 15a - Compensation Process for mpensation process for the top official, the performs reviews of the Chief Executive Officion is determined and adjusted based on outsid similar positions.	er once p	er year.
The organi The confli available made avail	Part VI, Line 19 - Governing Documents Disclozation's bylaws are made available on the orgct of interest policy is given to all board m to general membership upon request. Financial able to membership upon request. Tax returns st and are also available on a public website	anization embers an statemen are made	's website. d is ts are
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Open to Public (g) Section 512(b)(13) controlled entity? No OMB No. 1545-0047 × × × Inspection (f)
Direct controlling
entity Employer identification number Yes Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. 56-0488849 (f)
Direct controlling entity (e) End-of-year assets N/A N/A N/A (e)
Public charity status
(if section 501(c)(3)) Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. 1 (d) Total income Related Organizations and Unrelated Partnerships (d) Exempt Code section Go to www.irs.gov/Form990 for instructions and the latest information. 527 527 501 Legal domicile (state or foreign country) <u>©</u> Legal domicile (state or foreign country) NC N S Attach to Form 990. (b) Primary activity (b) Primary activity Advocacy Advocacy Housing 45-0530518 20-4345771 56-1061848 North Carolina Association of (a) Name, address, and EIN (if applicable) of disregarded entity NC Housing Opportunity Foundation (a)
Name, address, and EIN of related organization 27407 NC 27407 Neighbors Helping North Carolina NC 27404 NC Realtors Political Action Com N Realtors Inc 4511 Weybridge Lane 4511 Weybridge Lane PO Box 4574 Greensboro Greensboro Greensboro Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE R (Rev. December 2024) (Form 990) Part II Part £ 8 <u>@</u> **②** Ξ 3 3 3

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Schedule R (Form 990) (Rev. 12-2024)

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Page 2

56-0488849

Schedule R (Form 990) (Rev. 12-2024) (k) Percentage ownership Section 512(b)(13) controlled entity? Yes No × (i) General or managing Yes No partner? 15,088 100.000000 Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Percentage ownership Ê amount in box 20 (i) Code V—UBI of Schedule K-1 (Form 1065) end-of-year assets Share of (h) Dispro-portionate Yes No 6 (g) Share of end-of-year assets 39,835 Share of total (f) Share of total income (С согр, S согр, Type of entity υ (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) Direct controlling NCR (d)
Direct controlling
entity Legal domicile foreign country) (state or N Schedule R (Form 990) (Rev. 12-2024) North Carolina Association of (c) Legal domicile (state or foreign country) Primary activity Service Primary activity NC 27407 (1)NCAR Service Corporation, Inc Name, address, and EIN of related organization Name, address, and EIN of related organization 4511 Weybridge Lane Greensboro 56-1737585 Part 🗏 Part IV DAA 4 lΞ 8 ල 4 3 3

PartV

or 36.

× × × × × ×

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Schedule R (Form 990) (Rev. 12-2024) North Carolina Association of

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b,

Schedule R (Form 990) (Rev. 12-2024) Yes × × × × × × Method of determining amount involved ᆵ 4 9 9 19 9 2 19 <u>1</u> <u> 1</u>e ₽ * 18 # ÷ = Î If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. Cash Cash Cash Cash Cash Cash Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 93,158 75,752 102,599 288,094 1,434,477 228,957 Amount involved 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Transaction type (a-s) 0 ט Д Д Ч Н Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity NC Housing Opportunity Foundation NC Housing Opportunity Foundation Neighbors Helping North Carolina Neighbors Helping North Carolina Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Lease of facilities, equipment, or other assets from related organization(s) Lease of facilities, equipment, or other assets to related organization(s) NCAR Service Corporation Other transfer of cash or property from related organization(s) Gift, grant, or capital contribution from related organization(s) Reimbursement paid by related organization(s) for expenses Reimbursement paid to related organization(s) for expenses Name of related organization r Other transfer of cash or property to related organization(s) Gift, grant, or capital contribution to related organization(s) d Loans or loan guarantees to or for related organization(s) Sharing of paid employees with related organization(s) e Loans or loan guarantees by related organization(s) Purchase of assets from related organization(s) Exchange of assets with related organization(s) Sale of assets to related organization(s) Dividends from related organization(s) NC RPAC 7 E (2) 3 3 (2) (9)

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Schedule R (Form 990) (Rev. 12-2024) North Carolina Association of

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

Yes No	200		1b ×	1c ×	X Id X	1e X	1f X	1a X	1h X		1j	1	1	T X	1n X	10 X	1p X	1q X	1r ×	1s X	holds.	(b)	Method of determining amount involved	म्	ч	ч		
1 N/O	בפונס וויין א																			The state of the s	lationships and transaction thresh	(3)	Amount involved	125,000 Cash	56,212 Cash	177,576 Cash		
ri batail sacitoriacest bo	eu organizations iisteu iir	200600000000000000000000000000000000000						7.1.00000000000000000000000000000000000		CONTRACTOR CONTRACTOR CONTRACTOR IN											ine, including covered rel	ĝ	Transaction type (a–s)	q	ρ	υ		
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		a Receipt of (1) interest, (11) annuriles, (111) royarties, or (10) rent from a controlled entity	b Gift, grant, or capital contribution to related organization(s)	c Gift, grant, or capital contribution from related organization(s)	d Loans or loan guarantees to or for related organization(s)	e Loans or loan quarantees by related organization(s)	f Dividends from related organization(s)	(8)	Purchase of assets from related organization(s)		i Lease of facilities, equipment, or other assets to related organization(s)	k Lease of facilities, equipment, or other assets from related organization(s)	I Performance of services of membership of fundraising solicitations for related organization(s)	m Performance of services or membership or fundraising solicitations by related organization(s)	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	o Sharing of paid employees with related organization(s)	p Reimbursement paid to related organization(s) for expenses		r Other transfer of cash or property to related organization(s)	s Other transfer of cash or property from related organization(s)	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	(6)	Name of related organization	(1) National Association of Realtors	(2) National Association of Realtors	National		

Schedule R (Form 990) (Rev. 12-2024)

Part VI

Page 4

56-0488849

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Schedule R (Form 990) (Rev. 12-2024) North Carolina Association of

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

(1) (2)	(state or foreign	unrelated, excluded			specific and second		L'A di Pados de	Charther	
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Part VII	Supplemental I Provide addition	n rormation. al information f	or responses t	o questions o	n Schedule R	. See instruct	tions.	
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