Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

CIVID 1401 TO TO CO TI
2022
Open to Public Inspection

Α	For the	e 2022 calendar year, or tax year beginning and	ending	_	
В	Check if applicabl	C Name of organization		D Employer identifi	cation number
	Addre:	New Hanover Community Endowment, Inc.			
	Name chang			85-35633	
	Initial return Final	DO Box 4730	Room/suite	E Telephone numbe 910-756-	
	⊥return/ termin ated				,558,927,716.
	Ameno			H(a) Is this a group re	
F	Applic tion			for subordinates	
	pendir	same as C above		H(b) Are all subordinates in	
$\overline{}$	Tax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) o	or 527	1	list. See instructions
	Websit			H(c) Group exemptio	
		organization: X Corporation Trust Association Other	L Year		√ State of legal domicile: NC
	art I	Summary			<u> </u>
	1	Briefly describe the organization's mission or most significant activities: ${ t To}$	mprove	the health	<u>'</u>
Activities & Governance		education, safety, and economic opportuni			
na	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	sets.
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	13
ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	13
တ္	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		5	6
itie.	6	Total number of volunteers (estimate if necessary)			13
ctj	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.
				Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)		1296033526.	0.
	9	Program service revenue (Part VIII, line 2g)		0.	0.
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		19,555,760.	-36,712,168.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1315589286.	-36,712,168.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	9,288,550.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		232,370.	595,311.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ď	b	Total fundraising expenses (Part IX, column (D), line 25)	<u> </u>	406 506	E 40 E 0 4
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		486,526.	742,594.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		718,896.	10,626,455.
		Revenue less expenses. Subtract line 18 from line 12		1314870390.	
Net Assets or			Ве	ginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)		1315756843.	1208160901.
et A	21	Total liabilities (Part X, line 26)		0. 1315756843.	326,377.
	22 art	Net assets or fund balances, Subtract line 21 from line 20		1313/30043.	1207834524.
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	unto and to the best of my	. Impulades and halist it is
		thes of perjury, I declare that I have examined this return, including accompanying scriedules and complete. Declaration of preparer (other than officer) is based on all information of wh			kilowiedye alid bellet, it is
uue	, correc	is, and complete. Declaration of preparer (other than officer) is based on all information of wh	licii preparei	lias ally kilowieuge.	
ei.	_	Signature of officer		I Date	
Sig Hei		Bill Cameron, Board Chair			
пе	е	Type or print name and title			
_		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid	i	Rebekuh Eley Rebekuh Eley		8/18/23 if self-employ	
	parer	Firm's name RSM US LLP			2-0714325
	Only	Firm's address 30 South Wacker Dr, Suite 3300		TIIII 3 LIIV 4	
		Chicago, IL 60606		Phone no 31	2-634-3400
Ma	v the IF	RS discuss this return with the preparer shown above? See instructions		1 110110 11029 2	X Yes No

	1990 (2022) New Hanover Community Endowment, Inc. 85-3563370 Page	e 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	To improve the health, education, safety, and economic opportunity of	
	every person in our community.	
	over person in our community.	
	Did the organization undertake any significant program services during the year which were not listed on the	
2		
		МО
_	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	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 by 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.	
4a		<u>•</u>)
	Providing financial support to benefit the residents of New Hanover	
	County and region. New Hanover Community Endowment, Inc. focuses on (1)	
	public primary, secondary, and post-secondary education, (2) health and	
	social equity, (3) community development, and (4) community safety in	_
	furtherance of the mission and initiatives of New Hanover County.	
		—
		—
		—
4b	(Code:) (Expenses \$	_)
4c	(Code:) (Expenses \$	_)
		_
		—
		—
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 9,746,027.	_

Form **990** (2022)

Form 990 (2022) New Hanover Community Endowment, Inc.

Part IV Checklist of Required Schedules

85-3563370

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	٣		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
0	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			 **
8				x
_	Schedule D, Part III	8_		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			 ₩
	If "Yes," complete Schedule D, Part IV	9_		X
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	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			l
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	L	Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	_ <u> </u>		
.0	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	۳,		<u> </u>
''	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
12	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	 ''-		
18		10		X
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		 ^
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	1		v
00	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		٦,	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	

Form 990 (2022) New Hanover Community Endowment, Inc.

Part IV Checklist of Required Schedules (continued)

85-3563370

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			,,
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		₩
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		X
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
ь	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			
	, , , , , , , , , , , , , , , , , , ,	25b		X
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	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			
	"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		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			l
	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? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	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	١		\ _V
05-	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	256		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
30	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
0,	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 19?	<u> </u>		
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pai	rt 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			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 7			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X 000	

Part V

Form 990 (2022) New Hanover Community Endowment, Inc.

Statements Regarding Other IRS Filings and Tax Compliance (continued)

85-3563370

Page 5

Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Х 2h X Did the organization have unrelated business gross income of \$1,000 or more during the year? За If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 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? Х 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? 7с If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7a If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Х Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 excess parachute payment(s) during the year? Х 15 If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 If "Yes," complete Form 6069.

New Hanover Community Endowment, Inc. 85-3563370 Form 990 (2022) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 13 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. 13 b Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х 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: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х on Schedule O how this was done 12c Х Did the organization have a written whistleblower policy? 13 13 14 Х Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х a The organization's CEO, Executive Director, or top management official 15a Х 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's

	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed None			
18	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) a	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	William Buster, President - 910-756-5990			

28406-1730

Box 4730, Wilmington, NC

rm 990 ((2022)	New	Hanover	Community	Endowment,	Inc
----------	--------	-----	---------	-----------	------------	-----

85-3563370

<u>Page</u> **7**

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

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

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

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

 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
- Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- 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.

(A)	(B)	l		((C)		out	(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportab l e	Estimated			
	hours per week		box, unless person is both an officer and a director/trustee)		compensation from	compensation from related	amount of other			
	(list any	ctor						the	organizations	compensation
	hours for	ndividual trustee or director	99			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	nstitutional trustee		99	ubens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and re l ated
	below	dual tr	utiona	٠	Key employee	stcor	₩	1099-NEO)		organizations
	line)	Indivi	Institu	Officer	Key e	Highest compensated employee	Former			
(1) William Buster	40.00									
President				Х				329,167.	0.	0.
(2) Lakesha McDay	40.00								_	_
Vice President				Х				72,917.	0.	0.
(3) Joel Beeson	40.00	ļ								
Treasurer				X				56,875.	0.	0.
(4) Spence Broadhurst	8.00	l							•	
Director/Assistant Treasurer		Х		Х				0.	0.	0.
(5) Hannah Gage	8.00								•	_
Director/Secretary	0.00	Х		Х		_		0.	0.	0.
(6) Virginia Adams	8.00	٠,,							0	0
Oirector (7) Chris Boney	9 00	Х					_	0.	0.	0.
(7) Chris Boney Director	8.00	х						0.	0.	0.
(8) Bill Cameron	8.00	^						0.	0.	<u> </u>
Director	8.00	Х						0.	0.	0.
(9) Cedric Dickerson	8.00	~							0.	<u></u>
Director	0.00	х						0.	0.	0.
(10) Michele Holbrook	8.00							•	•	
Director		х						0.	0.	0.
(11) Pat Maguire	8.00									
Director		Х						0.	0.	0.
(12) Khadijia Tribie Reid	8.00									
Director		Х						0.	0.	0.
(13) Edel Segovia	8.00									
Director		Х						0.	0.	0.
(14) David Sprunt	8.00									
Director		Х						0.	0.	0.
(15) Stedman Stevens	8.00									
Director		Х						0.	0.	0.
(16) Shannon Winslow	8.00							_	ا ہے ا	_
Director		Х				_		0.	0.	0.
		ļ								
-										

232007 12-13-22 Form **990** (2022)

Form 990 (2022)

Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below	(do box	not c	Pos heck I ss per	ition more rson i irecto		one n an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensatio from related organization (W-2/1099-MIS 1099-NEC)	oion amoun ed othe ons compens USC/ from t			of tion e ion ed
		line)	Indivi	Institu	Officer	Key er	Highe emplo	Former						
41-	C. A. A. A. I								458,959.		0.			0.
	Subtotal Total from continuation sheets to Part VI								456,959.		0.			0.
d	Total (add lines 1b and 1c)								458,959.		0.			0.
2	Total number of individuals (including but n									000 of reportable				
	compensation from the organization												\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1
•	Did the consciention list over 6	-Uk kk						la tau	l t t t				Yes	No
3	Did the organization list any former officer,			-		•		_		•		3		Х
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su								ner compensation from t			3		
-	and related organizations greater than \$150											4	Х	
5	Did any person listed on line 1a receive or a										ļ			
	rendered to the organization? If "Yes." com	plete Schedule	J f	or su	ıch <u>ı</u>	oers	on .					5		X
	tion B. Independent Contractors					4		مالد مد		1100 000 of comm		tion for		
1	Complete this table for your five highest control the organization. Report compensation for	-								•	bensa	tion ire	וווכ	
	(A) Name and business	address	NO	ONE	3				(B) Description of s	ervices	C	(C Compe	C) nsatio	n
								\dashv						
								\dashv						
2	Total number of independent contractors (ii \$100,000 of compensation from the organization from the organization).	=	ot l ir	nited	d to	thos (_	ted	above) who received mo	ore than				

New Hanover Community Endowment, Inc.

Page 8

85-3563370

Form 990 (2022) New Hanover Community Endowment, Inc. 85-3563370 Page 9
Part VIII | Statement of Revenue

ı a	I C V II	Check if Schedule O contain		or note to any lin	o in this Part VIII			
		Check if Schedule O Contain	s a response (or note to any lin	(A) Total revenue	(B) Related or exempt	(C)	(D) Revenue excluded
nts its	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
S, G	С							
E E		Related organizations						
S.		Government grants (contribution						
e ë	f	All other contributions, gifts, grants,						
ĕ¥		similar amounts not included above						
on to	g							
<u>0</u> 8	h	Total. Add lines 1a-1f						
	_			Business Code				
ice	2 a							
e S	b							
m S	c d							
gra Re	u							
Program Service Revenue	f	All other program service revenu						
	•	Total. Add lines 2a-2f						
	3	Investment income (including div						
		•		<i></i>	24,234,447.			24234447.
	4	Income from investment of tax-ex						
	5	Royalties						
			(i) Real	(ii) Persona l				
	6 a	Gross rents 6a						
	b	Less: rental expenses 6b						
	С	Rental income or (loss) 6c						
	7 a		(i) Securities	(ii) Other				
		accord cirior than inventory	534693269.					
	b	Less: cost or other basis	E0E620004					
Revenue			595639884.					
eve	C	Gain or (loss) 7c -6 Net gain or (loss)	0,540,015.		-60946615.			-60946615
er B		Gross income from fundraising event			00340013.			00340013
Oth	Оа	including \$	of					
١		contributions reported on line 1c						
		Part IV, line 18	· I					
	b	and the second s						
	С	Net income or (loss) from fundrai						
	9 a	Gross income from gaming activ						
		Part IV, line 19	9a					
	b	Less: direct expenses	9b					
	С	Net income or (loss) from gaming	activities					
	10 a	Gross sales of inventory, less ret						
		and allowances						
		Less: cost of goods sold		•				
-	С	Net income or (loss) from sales o	f inventory					
ध्				Business Code				
ieor He	11 a							
Miscellaneous Revenue	b							
sce Be	q							
Ξ		All other revenue Total. Add lines 11a-11d						
	<u>е</u> 12	Total revenue. See instructions			-36712168.	0.	0.	-36712168
			<u> </u>		<u> </u>	i	i	1

New Hanover Community Endowment, Inc. Form 990 (2022)

85-3563370 Page **10**

Part IX | Statement of Functional Expenses

	Check if Schedule O contains a respon-		his Part IX	<u></u>	<u>X</u>
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	9,288,550.	9,288,550.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
Ŭ	trustees, and key employees	458,959.	183,584.	275,375.	
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and	,	, , , ,	, , ,	
7	Other salaries and wages	80,027.	32,011.	48,016.	
8	Pension plan accruals and contributions (include	00,02,0	32,011	20,0200	
٠	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	28,650.	11,460.	17,190.	
10	Payroll taxes	27,675.	11,070.	16,605.	
11	Fees for services (nonemployees):				
	Management				
b	Legal	98,322.		98,322.	
C	Accounting	23,893.		23,893.	
d	Lobbying	,		,	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	72,000.		72,000.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
Ŭ	column (A), amount, list line 11g expenses on Sch O.)	316,572.	126,629.	189,943.	
12	Advertising and promotion				
13	Office expenses	12,203.	4,881.	7,322.	
14	Information technology	101,182.	40,473.	60,709.	
15	Royalties				
16	Occupancy	47,329.	18,932.	28,397.	
17	Travel	495.	198.	297.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	15,543.	6,217.	9,326.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization Insurance	55,055.	22,022.	33,033.	
23 24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)	33,0331	22,022	33,033.	
а					
b					
С					
d					
е	All other expenses	10 606 177	0.046.000	000 100	
25	Total functional expenses. Add lines 1 through 24e	10,626,455.	9,746,027.	880,428.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2022) Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 121,951. 951,843. 1 Cash - non-interest-bearing 265,576,140. 31,914,122. Savings and temporary cash investments 2 Pledges and grants receivable, net 3 3 Accounts receivable, net 4 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 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D ______ 10a b Less: accumulated depreciation 10b 10c 1050058752. 1175294936. Investments - publicly traded securities 11 11 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 1315756843. 1208160901. 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 21,377. Accounts payable and accrued expenses 17 17 305,000. 0. 18 18 Grants payable 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 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 0. 326,377. 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 27 27 Net assets with donor restrictions 1315756843. 1207834524. 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 29 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 30 30

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

Form 990 (2022)

1207834524.

1208160901.

31

32

33

1315756843.

1315756843.

31

32

Form	New Hanover Community Endowment, Inc.	85-3	563370	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				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	-36,712		
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,626		
3	Revenue less expenses. Subtract line 2 from line 1	3	-47,338	3,6	<u>23.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4 1,	315,756	7,8	<u>43.</u>
5	Net unrealized gains (losses) on investments	5	-60,583	6,6	<u>96.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10 1,	207,834	1,5	24.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			
				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	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	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			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit.			
_	review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	•			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		·····		$\overline{}$
-	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2022)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

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

Employer identification number

				mmunity Endov				5-35633/0	
Pa	rt I	Reason for Public (Charity Status.	(All organizations must c	omp l ete th	nis part.) S	ee instructions.		
Γhe	organ	ization is not a private found	ation because it is: (l	For lines 1 through 12, cl	neck only	one box.)			
1		A church, convention of ch	,	•	•	•	IVAVi)		
2	一	A school described in sect					·/· ·/··		
3	H	A hospital or a cooperative				/h\/1\/ / \/ii	iì		
4	\vdash	•	,				•	the beenitel's name	
4		A medical research organiz	ation operated in coi	njuniction with a nospital	described	III Sectio	n 170(b)(1)(A)(III). Enter	the nospital's name,	
_		city, and state:							
5		An organization operated for		liege or university owned	or operat	ed by a go	vernmental unit describ	ea in	
		section 170(b)(1)(A)(iv). (C							
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).							
7	X	An organization that norma	Ily receives a substa	ntia l part of its support fr	om a gove	ernmental	unit or from the general	pub l ic described in	
		section 170(b)(1)(A)(vi). (C							
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(i x) operate	ed in conju	ınction with a land-grant	college	
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the college	e or	
		university:							
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns, membership fees, an	d gross receipts from	
		activities related to its exem	• , ,				•	•	
		income and unrelated busin		•				-	
		See section 509(a)(2). (Con		(1000 000 tilott o t t taxly tro	2456	ooo aoqa	ou by the organization t		
11		An organization organized a		vely to test for public sat	ety See	section 50	19(a)(4)		
12	一	An organization organized a	*		-			nurnoses of one or	
12		more publicly supported or	•	•	•			•	
			=					SHECK THE DOX OH	
_		lines 12a through 12d that						anti-stance	
а		Type I. A supporting orga	•	•		_			
		the supported organization			majority c	or the direc	tors or trustees of the si	apporting	
		organization. You must o	- · ·						
b			•					•	
		control or management o			ame perso	ns that co	ntro l or manage the sup	ported	
		organization(s). You mus	t complete Part IV,	Sections A and C.					
С			grated. A supportin	g organization operated	in connect	tion with, a	and functionally integrate	ed with,	
		its supported organization	n(s) (see instructions). You must complete I	Part IV, Se	ections A,	D, and E.		
d			/ integrated. A supp	orting organization oper	ated in co	nnection w	vith its supported organi	zation(s)	
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and an attenti	veness	
		requirement (see instructi	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	V.		
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type II, Type III		
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.			
f	Ente	er the number of supported o	organizations						
g		ride the following information							
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed ing document?	(v) Amount of monetary	(vi) Amount of other	
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)	
				<u> </u>			<u> </u>		

Schedule A (Form 990) 2022 New Hanover Community Endowment, Inc. 85-3563370 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 (c) 2020 (d) 2021 **(b)** 2019 (e) 2022 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 1296033526, 1296033526. include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 1296033526. 1296033526. 4 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 1296033526. 6 Public support. Subtract line 5 from line 4. Section B. Total Support (d) 2021 Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (e) 2022 (f) Total 1296033526. 1296033526. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, 5991001. 24234447. 30225448. and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 1326258974. **11 Total support.** Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) X organization, check this box and stop here Section C. Computation of Public Support Percentage 14 % 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 15 Public support percentage from 2021 Schedule A, Part II, line 14 % 15 16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 New Hanover Community Endowment, Inc. 85-3563370 Page 3

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b		 				
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						l
alendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6	(4) 2010	(3) 2313	(O) LOLO	(4) 2021	(0) 2322	(1) 10101
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
Total support. (Add lines 9, 10c, 11, and 12.)						
4 First 5 years. If the Form 990 is for th	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organization	on,
check this box and stop here	<u></u>					
ection C. Computation of Publi	c Support Per	rcentage				
5 Public support percentage for 2022 (I	ine 8, co l umn (f), c	divided by line 13, o	co l umn (f))		15	
6 Public support percentage from 2021					16	
ection D. Computation of Inves	tment Income	e Percentage				
17 Investment income percentage for 20)22 (l ine 10c, co l u	mn (f), divided by l i	ine 13, column (f))		17	
18 Investment income percentage from					18	
19a 33 1/3% support tests - 2022. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and l ine 1	7 is not
more than 33 1/3%, check this box ar	nd stop here. The	organization qua l i	fies as a publicly s	supported organiza	ation	[
b 33 1/3% support tests - 2021. If the	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	ınd
line 18 is not more than 33 1/3%, che	ck this box and s	top here. The orga	nization qua l ifies a	as a publicly supp	orted organization	
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in:	structions	Γ

Part IV | Supporting Organizations

<u>Schedule A (Form</u> 990) 2022

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? *If* "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
_		
За		
3b		
3c		
4a		
41		
4b		
4c		
10		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
40-		
10a		
10b		
	n 990)	2022

85-3563370 Page 4

New Hanover Community Endowment, Inc. 85-3563370 Page 5 Schedule A (Form 990) 2022 Supporting Organizations (continued) Part IV Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a b A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide *detail in* Part VI 11c Section B. Type I Supporting Organizations Yes No Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) Section D. All Type III Supporting Organizations Yes No Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how 2 the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's 3 Section E. Type III Functionally Integrated Supporting Organizations 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below. b The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) Yes No Activities Test. Answer lines 2a and 2b below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined 2a that these activities constituted substantially all of its activities. b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. За b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	dule A (Form 990) 2022 New Hanover Community E			85-3563370 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying		•	
Sect	All other Type III non-functionally integrated supporting organizations must ion A - Adjusted Net Income	complet	(A) Prior Year	(B) Current Year (optional)
	Not short term conital rain			(optional)
	Net short-term capital gain	1 2		
3	Recoveries of prior-year distributions Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
o	collection of gross income or for management, conservation, or			
		6		
	maintenance of property held for production of income (see instructions)	<u>6</u> 7		
	Other expenses (see instructions)	8		
8 Sect	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) ion B - Minimum Asset Amount	8	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ly integra	ted Type III supporting	organization (see
	instructions).			- ,

Schedule A (Form 990) 2022

Type III Non-Functionally Integrated 509(D - Distributions mounts paid to supported organizations to accomplish exemounts paid to perform activity that directly furthers exemption activity deministrative expenses paid to accomplish exempt purpose mounts paid to acquire exempt-use assets ualified set-aside amounts (prior IRS approval required - processor of part village).	mpt purposes of purposes of supported		1	Current Year
mounts paid to supported organizations to accomplish exemounts paid to perform activity that directly furthers exempganizations, in excess of income from activity diministrative expenses paid to accomplish exempt purpose mounts paid to acquire exempt-use assets ualified set-aside amounts (prior IRS approval required - prior IRS approval - prior IRS approval - prior IRS approval - prior IRS approval - prior - pr	t purposes of supported			Current Year
mounts paid to perform activity that directly furthers exempting ganizations, in excess of income from activity deministrative expenses paid to accomplish exempt purpose mounts paid to acquire exempt-use assets ualified set-aside amounts (prior IRS approval required - prior IRS approval - prior - pri	t purposes of supported			
ganizations, in excess of income from activity dministrative expenses paid to accomplish exempt purpose mounts paid to acquire exempt-use assets ualified set-aside amounts (prior IRS approval required - pri			ا ۾ ا	
dministrative expenses paid to accomplish exempt purpose mounts paid to acquire exempt-use assets ualified set-aside amounts (prior IRS approval required - pri	es of supported organizations		2	
mounts paid to acquire exempt-use assets ualified set-aside amounts (prior IRS approval required - pro	es of supported organizations		2	
ualified set-aside amounts (prior IRS approval required - pro		5	3	
•			4	
hor dietributione (-la-sella - ta Dout VII) See instructions	ovide details in Part VI)		5	
ther distributions (describe in Part VI). See instructions.			6	
otal annual distributions. Add lines 1 through 6.			7	
stributions to attentive supported organizations to which the	ne organization is responsive		_	
rovide details in Part VI). See instructions.			8	
stributable amount for 2022 from Section C, line 6			9	
ne 8 amount divided by line 9 amount			10	
E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ıs	(iii) Distributable Amount for 2022
stributable amount for 2022 from Section C, line 6				
nderdistributions, if any, for years prior to 2022 (reason-				
le cause required - explain in Part VI). See instructions.				
cess distributions carryover, if any, to 2022				
om 2017				
om 2018				
om 2019				
om 2020				
om 2021				
otal of lines 3a through 3e				
oplied to underdistributions of prior years				
oplied to 2022 distributable amount				
arryover from 2017 not applied (see instructions)				
stributions for 2022 from Section D,				
e 7: \$				
oplied to underdistributions of prior years				
oplied to 2022 distributable amount				
emainder. Subtract lines 4a and 4b from line 4.				
emaining underdistributions for years prior to 2022, if				
y. Subtract lines 3g and 4a from line 2. For result greater				
an zero, explain in Part VI. See instructions.				
emaining underdistributions for 2022. Subtract lines 3h				
nd 4b from line 1. For result greater than zero, explain in				
-				
d 4c.				
ccess from 2018				
cess from 2019				
ccess from 2019				
ccess from 2019 ccess from 2020 ccess from 2021				
	orbital of lines 3a through 3e oplied to underdistributions of prior years oplied to 2022 distributable amount survover from 2017 not applied (see instructions) or mainder. Subtract lines 3g, 3h, and 3i from line 3f. Stributions for 2022 from Section D, see 7: Suplied to underdistributions of prior years oplied to 2022 distributable amount or mainder. Subtract lines 4a and 4b from line 4. Subtract lines 3g and 4a from line 2. For result greater an zero, explain in Part VI. See instructions. Semaining underdistributions for 2022. Subtract lines 3h d 4b from line 1. For result greater than zero, explain in art VI. See instructions. Section 1. For result greater than zero, explain in art VI. See instructions. Section 2023. Add lines 3j d 4c. Seakdown of line 7:	orbital of lines 3a through 3e oplied to underdistributions of prior years oplied to 2022 distributable amount curyover from 2017 not applied (see instructions) orbital distributions for 2022 from Section D, see 7: Suplied to underdistributions of prior years oplied to underdistributions of prior years oplied to 2022 distributable amount orbital distributions for years prior to 2022, if ye. Subtract lines 4a and 4b from line 4. Subtract lines 3g and 4a from line 2. For result greater or zero, explain in Part VI. See instructions. Subtract lines 3h descriptions for 2022. Add lines 3j descriptions carryover to 2023. Add lines 3j descriptions from 2018	Intal of lines 3a through 3e Implied to underdistributions of prior years Implied to 2022 distributable amount Improver from 2017 not applied (see instructions) Implied to 2022 from 2017 not applied (see instructions) Implied to 2022 from Section D, Implied to 2022 from Section D, Implied to underdistributions of prior years Implied to 2022 distributable amount Implied to 2022 distributions for years prior to 2022, if Implied to 2022 distributions for years prior to 2022, if Implied to 2022 distributions for years	Intal of lines 3a through 3e Inplied to underdistributions of prior years Inplied to 2022 distributable amount Introver from 2017 not applied (see instructions) Inmainder. Subtract lines 3g, 3h, and 3i from line 3f. Instributions for 2022 from Section D, Instributions for 2022 from Section D, Instributions of prior years Instributions of years prior to 2022, if Instributions of years prior years Inst

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022	New	Hanover	Community	Endowment,	Inc.	85-3563370	Page 8
Part VI	Supplemental Part IV, Section A, line 1; Part IV, Sec Section D, lines 5,	Information. lines 1, 2, 3b, 3d tion D, lines 2 an	Provide the e.c., 4b, 4c, 5a, 6, dd 3; Part IV, Se	xplanations required 9a, 9b, 9c, 11a, 11b ection E, lines 1c, 2a	by Part II, line 10; Pa , and 11c; Part IV, So	art II, line 17a or ection B, lines 1 V, line 1; Part V	17b; Part III, line 12; and 2; Part IV, Section , Section B, line 1e; Par	C,
	(See instructions.)							

232028 12-09-22 Schedule A (Form 990) 2022

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

New Hanover Community Endowment

Employer identification number 85-3563370

Pa	rt I Organizations Maintaining Donor Advised		or Accou	nts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		0.7.000.	oompiete ii tile
		(a) Donor advised funds	(b) Fu	nds and other accounts
1	Total number at end of year	, ,	. ,	
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor advis	sed funds	
	are the organization's property, subject to the organization's e	_		Yes No
6	Did the organization inform all grantees, donors, and donor ad			
_	for charitable purposes and not for the benefit of the donor or			
			•	Yes No
Pa	rt II Conservation Easements. Complete if the org			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (for example, recreat	ion or education) Preservation o	f a historically	/ important land area
	Protection of natural habitat	Preservation o	f a certified hi	istoric structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	of a conserva	ation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic stru	octure included in (a)	2c	
d	Number of conservation easements included in (c) acquired a	fter July 25,2006, and not on a		
	historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization	during the tax
	year			
4	Number of states where property subject to conservation eas	ement is located		
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing con	servation eas	ements during the year
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enforcing conserva	tion easemer	nts during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)(4)(B)(i)	
9	In Part XIII, describe how the organization reports conservation	·		
	balance sheet, and include, if applicable, the text of the footne	ote to the organization's financial statem	ents that des	cribes the
Da	organization's accounting for conservation easements. III Organizations Maintaining Collections of	Art Historical Transuras or Of	thar Simila	or Assats
Га	Complete if the organization answered "Yes" on Form			ii Assets.
			and balance a	ha a ha a sa a sa a sa a sa a sa a sa a
та	If the organization elected, as permitted under FASB ASC 958	•		
	of art, historical treasures, or other similar assets held for pub	· · · · · · · · · · · · · · · · · · ·		public
L	service, provide in Part XIII the text of the footnote to its finan If the organization elected, as permitted under FASB ASC 958			t works of
b	, ,	· ·		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furti	ierance or pu	iblic service,
	provide the following amounts relating to these items:			Φ
	(i) Revenue included on Form 990, Part VIII, line 1			Ψ
0	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical trea	peuros, or other similar assets for financia		Ψ
2	the following amounts required to be reported under FASB AS		u gani, provid	□
_	·	<u> </u>		\$
a h	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X			
.,				-

	dule D (Form 990) 2022 New Han t III Organizations Maintaining C	over Commun			r Simila	85-35			ige 2
	<u> </u>						(continu	ed)	
3	Using the organization's acquisition, accessing	on, and other records	s, cneck any of the t	following that make	significant	use of its			
	collection items (check all that apply):	·		L					
a	Public exhibition	d		hange program					
b	Scholarly research	е	Other						—
C	Preservation for future generations					in Dont	VIII		
4	Provide a description of the organization's co	•	•	•		ose in Part	XIII.		
5	During the year, did the organization solicit o						٦ 🗸		1
Dai	t IV Escrow and Custodial Arrange						_ Yes		No
Fai	t IV Escrow and Custodial Arrange reported an amount on Form 990, Par		ete if the organizatio	n answered "Yes" o	n Form 99	90, Part IV,	line 9, or		
	•	•	ion, for contribution	a ar athar assats not	ingludad				
ıa	Is the organization an agent, trustee, custodi		=				7 v		No
L	on Form 990, Part X?						」Yes		NO
D	If "Yes," explain the arrangement in Part XIII	and complete the for	lowing table.				Amount		
_	Beginning balance				10		7 tilloulit		
C C	0 0								
d	Additions during the year Distributions during the year								
e •	Ending balance								
22	Did the organization include an amount on F						Yes		No
	If "Yes," explain the arrangement in Part XIII.								
Pai									
		(a) Current year	(b) Prior year	(c) Two years back		years back	(e) Four y	ears l	 back
1a	Beginning of year balance	1,315,756,843.	92,968.	, , ,	<u> </u>	,	, ,		
b	Contributions		1,296,033,526.	100,000.					
c	Net investment earnings, gains, and losses	-97,367,864.	20,413,157.	,					
d	Grants or scholarships	9,288,550.	, , , ,						
	Other expenditures for facilities	, ,							
·	and programs								
f	Administrative expenses	1,265,905.	782,808.	7,032.					
g		1,207,834,524.		·					
2	Provide the estimated percentage of the curr				ı				
– a	Board designated or quasi-endowment	.0000	%	,,					
b	Permanent endowment .0000	%	_ / ~						
c	100	 /3							
•	The percentages on lines 2a, 2b, and 2c sho	•							
За	Are there endowment funds not in the posse	•	tion that are he l d ar	nd administered for t	he				
	organization by:	3					[7	es	No
	(i) Unrelated organizations						3a(i)	х	
	(ii) Related organizations						3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the								
Pai	t VI Land, Buildings, and Equipm	ent.							
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part X	, line 10.				
	Description of property	(a) Cost or o basis (investn	', '	1 1-7	Accumu l a epreciatio		(d) Book	value)
	Land								
	Buildings								
C	Leasehold improvements								
ď	Equipment								
	Other								
	. Add lines 1a through 1e. (Column (d) must e		X. column (B). line 1	0c.)					0.

Schedule D (Form 990) 2022

Schedule D	(Form 990) 2022	New Hanover	Community	Endowment,	Inc.	85-3563370 Page 3
Part VII	Investments - Ot					
		ization answered "Yes"				
(a) Descrip	tion of security or category	(including name of security)	(b) Book value	(c) Metho	d of valuation: Cos	t or end-of-year market value
	held equity interests					
(3) Other						
(A)						
<u>(B)</u>						
(C)						
(D)						
<u>(E)</u>						
<u>(F)</u>						
(G)						
(H)	h) 000 D	(aut.) 1 (D) line 40)				
	b) must equal Form 990, P Investments - Pr					
rait VIII		ization answered "Yes"	on Form 990 Part IV	line 11c See Form	000 Part Y line 13	2
	(a) Description of inv		(b) Book value			st or end-of-year market value
(4)	(a) Description of inv	/estillerit	(b) Book value	(C) Metric	d of valuation, cos	t of end-of-year market value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
<u>(7)</u>						
(8)						
(9)	b) must equal Form 990, P	eart V col. (P) line 12 \				
Part IX	Other Assets.	art A, col. (D) line 10.)				
1 011 0 11 1		ization answered "Yes"	on Form 990. Part IV	. line 11d. See Form	990. Part X. line 15	5.
	11 11 11 11 11 11		Description	,,	,, ,,	(b) Book value
(1)		(-7	<u>'</u>			
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	mn (b) must equal Form	990, Part X, col. (B) line	e 15.)			
Part X	Other Liabilities.					
	Complete if the organi	ization answered "Yes"	on Form 990, Part I V	, line 11e or 11f. See	Form 990, Part X,	line 25.
1.	(a) Desc	cription of liability				(b) Book value
(1) Fed	leral income taxes					
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	mn (b) must equal Form	990. Part X. col. (B) line	e 25.)			
		ons. In Part XIII, provide	•			nents that reports the
organiz	ation's liability for uncer	tain tax positions under	FASB ASC 740. Che	eck here if the text of	the footnote has b	peen provided in Part XIII X

	dule D (Form 990) 2022 New Hanover Community Endo				<u>3563370</u>	Page 4
Par			Revenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	•				
1				1	-97,367	<u>,864.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1 6	0 502 606			
a	Net unrealized gains (losses) on investments		<u>0,583,696.</u>	-		
b	Donated services and use of facilities			-		
C	Recoveries of prior year grants	1 1		-		
d	Other (Describe in Part XIII.)			-	-60,583	696
e	Add lines 2a through 2d			2e	-36,784	
3 4	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			3	-30,704	, 100.
+ a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	72,000.			
a b	Other (Describe in Part XIII.)		727000	-		
-	Add lines 4a and 4b			4c	72	,000.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	-36,712	.168.
	t XII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per F		n.	,
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		•			
1	Total expenses and losses per audited financial statements			1	10,554	,455.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				•	
a	Donated services and use of facilities	2a				
b	Prior year adjustments	1 1				
С	Other losses					
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	10,554	,455.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	72,000.			
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c	72	<u>,000.</u>
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	10,626	<u>,455.</u>
	t XIII Supplemental Information.					
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part			; Part :	X, l ine 2; Part X	(1,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	itional inform	ation.			
Dow	+ T/ 1:mo /.					
Par	t V, line 4:					
шhа	andarment funds are used to halp provide	finana	isl gunnor	+ +	o (1)	
1116	endowment funds are used to help provide	TIHanc	Tal Suppor	L L	0 (1)	
nuh	lic primary, secondary, and post-secondary	, equa	tion (2)	haa	1+h and	
pur	iic primary, secondary, and post-secondary	<u>euuca</u>	<u> </u>	11Ea	ich and	
800	ial equity, (3) community development, and	f (4) c	ommunity s	afe	tv	
<u> </u>	rai equity, (3) community development, and	<u> </u>	ommunitely b	<u>urc</u>	<u>cy</u>	
mis	sions and initiatives in New Hanover Count	.v.				
	brond and interactived in hew handver count	<u>-1 • </u>				
Par	t X, Line 2:					
The	Endowment is generally exempt from federa	al inco	me taxes u	nde:	r Sectio	on
501	(c)(3) of the Internal Revenue Code. In ad	dition	, the Endo	wme	nt	
qua	lifies for charitable contribution deducti	ions an	d has been	. c1	assified	<u>1</u> 1
				_		
<u>as</u>	an organization that is not a private four	ndation	. Income t	hat	is not	
		a.a · ·				
rel	ated to exempt purposes, less applicable d	requeti	ong maw b	e s.	unzect t	-0

Schedule D (Form 990) 2022 New Hanover Community Endowment, Inc. 85-3563370 Page 5
Part XIII Supplemental Information (continued)
federal and state corporate income taxes. The Endowment did not have any
net unrelated business income for the year ended December 31, 2022.
Management evaluated the tax positions of the Endowment and concluded that
the Endowment had taken no uncertain tax positions that require adjustment
to the financial statements to comply with the provisions of the Income
Taxes Topic of the FASB ASC.

DocuSign Envelope ID: C6C45437-09A6-4263-BBB9-4C2A2D613D87

SCHEDULE (Form 990)

Department of the Treasury

Internal Revenue Service

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public

Inspection

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

2 [] 92. • advocacy, and restoration adults, and veterans with Advance Youth Outreach to Employer identification number new and gently used bikes nobile dental services to Schedule I (Form 990) 2022 85-3563370 or Every Child collects Safe Place (ASP) is an roviding comprehensive, The Mission of ACCESS of equipping the Youth with empowerment organization Access Dental Care is a ransforming lives, one ocusing on prevention, Wilmington is to build ommunity for children plant trees to enhance oike at a time, A Bike Alliance for Cape Fear reduce recidivism and preserve, protect and (h) Purpose of grant Prees' mission is to negative behavior by national leader in or assistance X Yes 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 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) 0 。 Ö Ö o o (e) Amount of assistance noncash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant 16,000, 16,000, 148,000, 140,500, 50,000 14,000 Inc. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Endowment, (c) IRC section (if applicable) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 56-2152124 501(c)(3) 85-2353072 501(c)(3) 501(c)(3) 501(c)(3) 37-1571998 501(c)(3) 81-2206807 501(c)(3) Community Enter total number of other organizations listed in the line 1 table 81-1129594 45-4267424 General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? New Hanover 1 (a) Name and address of organization Wrightsville Beach, NC 28480 Alliance for Cape Fear Trees or government A Bike for Every Child Advance Youth Outreach 1901 S. Live Oak Pkwy Wilmington, NC 28405 Wilmington, NC 28401 ACCESS of Wilmington Wilmington, NC 28403 Wilmington, NC 28401 Name of the organization 1219 Dawson Street Access Dental Care Asheboro, NC 27203 2021 Corporate Dr 513 White Oak St 20 N 4th Street A Safe Place PO Box 1271 Part Part II 0

See Part IV for Column (h) descriptions

0
7
3
3
9
വ
സ
L
Ŋ
ω

Schedule (Form 990) New Hanover Community Endowment, Inc. Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	er Community Assistance to Domestic	ity Endowment nestic Organizations and	ıt, Inc. and Domestic Go		(Schedule I (Form 990), Part II.)		85-3563370 Page 1
(a) Name and address of organization or government	(a)	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Red Cross 1102 South 16th Street Wilmington NC 28401	53-0196605 501(c)(3)	501(c)(3)	170 735	C			The American Red Cross prevents and alleviates human suffering in the
Beacon Education 4100 Sunglow Drive	47-3629354 501(c)(3)	501(c)(3)	200,000,	o			By ensuring equitable access to high quality education, we empower children and their
Blue Ribbon Commission on the Prevention of Youth Violence (DBA Voyage) - 507 McRae Street - Wilmington, NC 28401	35-2454819 501(c)(3)	501(c)(3)	100,000.	°			Voyage operates under the mission of connecting youth with pathways to success.
Bread for Life Senior Pantry (BFL) 108 N Kerr Wilmington, NC 28405	83-3009919 501(c)(3)	501(c)(3)	15,000.	.0			The mission is to provide nutritious food to vulnerable low-income seniors in the Wilmington
Brooklyn Arts Music Academy 202 N 5th Avenue Wilmington, NC 28401	82-4902917 501(c)(3)	501(c)(3)	.000,25,000	.0			Brooklyn Arts Music Academy of Wilmington, NC is a 501c3 nonprofit community music school
Cameron Art Museum 3201 South 17th Street Wilmington, NC 28412	56-0812213 501(c)(3)	501(c)(3)	104,000.	.0			The mission is to provide a cultural gathering place that enriches the lives of museum visitors
Camp Schreiber Foundation 624 N 4th Street Wilmington, NC 28401	45-4467465 501(c)(3)	501(c)(3)	48,000.	.0			camp Schreiber breaks down barriers and creates opportunity through education, experience and
Canines for Service, Inc 221-1 Old Dairy Road Wilmington, NC 28405	56-2118747 501(c)(3)	501(c)(3)	.000,25	.0			The mission of Canines for Service is to inspire Veterans through life changing canine
Cape Fear Center for Inquiry 2525 Wonder Way Wilmington, NC 28401	56-2174502 501(c)(3)	501(c)(3)	.000,08	0			Cape Fear Center for Inquiry is committed to promoting students' abilities to think and

85-3563370	
	(Schedule I (Form 990), Part II.)
, Inc.	d Domestic Governments
ty Endowment	nestic Organizations and
New Hanover Communit	r Assistance to Don
New Hano	of Grants and Othe
Schedule I (Form 990)	Part II Continuation of Grant

	io con con con	ileotio ol garinetationo			dalo 1 (1 01111 000), 1 di	·)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							Cape Fear Collective
Cape Fear Collective							drives towards equitable
3916 Oleander Dr. #7746							systemic change in
Wilmington, NC 28403	83-3263326	501(c)(3)	70,000.	0.			Southeastern North
Cape Fear Community College							The mission of Cape Fear
Foundation, Incorporated - 411							Community College is to
North Front Street - Wilmington,							provide high-quality,
NC 28401	58-1308578	501(c)(3)	500,000.	0.			dynamic, innovative,
							Cape Fear Group Homes is
Cape Fear Group Homes							dedicated to assisting
102 Old Eastwood Road							individuals, utilizing
Wilmington, NC 28401	58-1933669	501(c)(3)	60,000.	0.			our person - centered
							Cape Fear Guardian ad
Cape Fear Guardian ad Litem							Litem Association serves
Association - 320 Chestnut Street							children in foster care
- Wilmington, NC 28401	52-2285232	501(c)(3)	12,500.	0.			due to abuse or neglect
							Seeking to put God's love
Cape Fear Habitat for Humanity							into action, Cape Fear
3310 Frederickson Road							Habitat brings people
Wilmington, NC 28401	56-1555858	501(c)(3)	200,000.	0.			together to build homes,
							Cape Fear HealthNet
Cape Fear HealthNet, Inc							(CFHN) exists to create a
1601 Doctor's Circle							coordinated system of
Wilmington, NC 28401	26-2469988	501(c)(3)	30,000.	0.			healthcare for the
							To provide personalized
Cape Fear Literacy Council							education so adults can
1012 S 17th St							transform their lives and
Wilmington, NC 28401	58-1613254	501(c)(3)	69,100.	0.			contribute to a stronger
							Cape Fear Museum of
Cape Fear Museum Associates, Inc							History and Science
814 Market Street							collects and interprets
Wilmington, NC 28401	23-7210395	501(c)(3)	17,000.	0.			objects in the Cape Fear
							Catholic Charities Cape
Catholic Charities of the Diocese							Fear Regional Office
of Raleigh - 20 N 4th Street -							providing help to our
Wilmington, NC 28401	56-0529943	501(c)(3)	531,000.	0.			brothers and sisters in
							Schedule I (Form 990)

\overline{c}	2
-	
ď	1
Ç	
V	-
R	
~	
. !	
Ŋ	
α	כ

Schedule I (Form 990) New Hanover Community Endowment, Inc.

Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

Part II Conunuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Scriedule (Poriti 990), Part III,	Assistance to Do	Hestic Organizations	alla Dolliestic do	Vernients (von	dule I (1 01111 330), I al	t II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							The mission is to build
Child Development Center							the independence of
3802 Princess Place Drive							exceptional children
Wilmington, NC 28405	56-0796221	501(c)(3)	75,000.	0.			through high quality
							The mission is to provide
Children's Cancer Partners of the							comprehensive support and
Carolinas - 900 S. Pine Street -							loving compassion to
Spartanburg, NC 29302	20-2511033	501(c)(3)	16,184.	0.			families whose children
							Protecting, serving, and
City of Wilmington Fire Department							educating for the safest
801 Market Street							community.
Wilmington, NC 28401	56-6000239	Gov't Entity	219,500.	0.			This grant will support
							The mission is to teach
Classical Charter Schools of							students the rules and
America - 3610 Thaddeus Lott Lane							techniques for effective
- Leland, NC 28451	56-2173031	501(c)(3)	194,900.	0.			expression and
							The mission is to
Coastal Bringing Up Down Syndrome							support, connect and
20 N 4th Street							provide resources and
Wilmington, NC 28401	81-4628292	501(c)(3)	6,175.	0.			opportunities for people
							Coastal Horizons promotes
Coastal Horizons							choices for healthier
615 Shipyard Blvd							lives, stronger families,
Wilmington, NC 28412	56-0950370	501(c)(3)	250,000.	0.			and safer communities.
							To enable all young
Community Boys & Girls Club							people, especially those
910 Nixon Street							who need us most, to
Wilmington, NC 28401	56-0636247	501(c)(3)	133,650.	0.			reach their full
							The mission of the
Community Counseling Center							Community Counseling
4810 Wrightsville Ave							Center is to support the
Wilmington, NC 28403	56-1540018	501(c)(3)	75,000.	0.			mental and emotional
							The mission of Community
Community Enrichment Initiatives							Enrichment Initiatives
Inc - 3217 Bougainville Way -							Inc. (CEII) is to enrich
Wilmington, NC 28406	30-0792103 501(c)(3)	501(c)(3)	129,200.	0.			the lives of those in
							Schedule I (Form 990)

85-3563370	
	(Schedule I (Form 990), Part II.)
Inc.	Domestic Governments
Endowment,	Organizations and
New Hanover Community	stance to Domestic
ew Hanover	ants and Other Assi
Schedule I (Form 990) ${ m N}$	Part II Continuation of Grants and Other Assistance to Do
Schedule	Part II

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)	ssistance to Doi	nestic Organizations	and Domestic Go	vernments (പ്രവേ	dule I (Form 990), Par	t II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							Comprehensive Care of
Comprehensive Care of Wilmington							Wilmington: To enable
515 S 3rd Street							seniors and young adults
Wilmington, NC 28401	90-0918828	501(c)(3)	48,070.	0.			with disabilities to live
							Diaper Bank of North
Diaper Bank of North Carolina							Carolina's mission is to
1311 E Club Blvd							increase awareness of and
Durham, NC 27704	32-0401621	501(c)(3)	170,000.	0.			access to essential
							Work toward the
Domestic Violence Shelter and							elimination of domestic
Services, Inc - PO Box 1555 -							violence and provide
Wilmington, NC 28402	56-1497076	501(c)(3)	203,000.	0.			emergency and support
							DREAMS Center for Arts
DREAMS Center for Arts Education							Education's mission is to
901 Fanning Street							create a culture of
Wilmington, NC 28401	56-2001053	501(c)(3)	115,000.	0.			confidence for youth and
							Develop affordable
East Carolina Community							housing for families and
Development, Inc - 331 S Turners							senior citizens, Develop
Run - Wilmington, NC 28405	56-1909969	501(c)(3)	125,000.	0.			Family Life Center with
							The mission of
Easterseals UCP North Carolina and							Easterseals UCP is to
Virginia - 5171 Glenwood Ave -							provide meaningful and
Raleigh, NC 27612	56-0670676	501(c)(3)	125,000.	0.			exceptional services so
							The mission of Eden
Eden Village							Village of Wilmington is
1302 Kornegay Ave							to build relationships
Wilmington, NC 28405	84-4629801	501(c)(3)	125,000.	0.			and communities for our
							El Cuerpo cultivates
El Cuerpo							resilience in the Latino
4555 Fairview Drive							community by offering
Wilmington, NC 28412	03-0389985	501(c)(3)	30,000.	0.			holistic care for health,
							Elderhaus strives to
Elderhaus							promote and sustain
\circ							independence of seniors
Wilmington, NC 28405	58-1449301 501(c)(3)	501(c)(3)	59,887.	0.			wishing to remain in the
							Schedule I (Form 990)

c	>
5	•
ď	
ď	
V	
R	
ď	7
- !	
R	
α)

Schedule I (Form 990) New Hanover Community Endowment, Inc. Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	er Community Assistance to Domestic	ity Endowment nestic Organizations and	nt, Inc. and Domestic Go		(Schedule I (Form 990), Part II.)		85-3563370 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Extensiton Master Gardener Volunteer Association - 6206							Extension Master Gardener Volunteer Association
Oleander Drive - Wilmington, NC 28403	56-1710125	501(c)(3)	13,400.	0			(EMGVA) supports transforming science into
Family Promise of the Lower Cape Fear - 20 N 4th Street -							Family Promise of the Lower Cape Fear provides case management and
ington, NC 28401	56-1925967 501(c)(3)	501(c)(3)	.000,08	0.			transitional housing for
							Feast Down East's mission
Feast Down East, Inc 20 N 4th Street							is to strengthen the farming communities and
Wilmington, NC 28401	32-0333038	501(c)(3)	120,000.	0.			the local food systems in
							Provide legal services
Financial Protection Law Center 272 N. Front Street							and support to protect low-income people and
Wilmington, NC 28401	56-3362315	501(c)(3)	77,000.	0.			families from unfair and
							The mission is to impact
First Tee of Greater Wilmington							the lives of young people
Wilmington, NC 28409	81-1220120	501(c)(3)	64,400.	0			
							The mission of Five14
Five14 Revolution							Revolution of Wilmington,
101 N Kerr Avenue Wilmington NC 28405	46-1063246	501(c)(3)	11 375.	0			NC is to respond to survivors of human
							Friends of the New
Friends of the New Hanover County							Hanover County Arboretum
Arboretum, Inc - 6206 Oleander							which supports the
Drive - Wilmington, NC 28403	56-1484952	501(c)(3)	13,442.	0			maintenance and
Genesis Block Foundation							Entrepreneurship in
zo wilgines Aly Wilmington NC 28401	85-2618849	501(c)(3)	26 200.	0			underrepresenced communities by ensuring
Global Connections							mission is to provide
svil	1		,				social and empowerment
Wilmington, NC 28403	37-1945900 501(c)(3)	501(c)(3)	10,000.	0			services to enhance the
							Schodille I (Form 990)

c)
_	•
ď)
ď)
V)
R	
ď)
ı	
Ľ)
α)

Schedule I (Form 990) New Hanover Community Endowment, Inc. Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)	er Community Assistance to Domestic	ity Endowment nesticOrganizations and	lt, Inc. and Domestic Go	vernments (Sche	dule I (Form 990), Pari		85-3563370 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							To feed the hungry,
Good Shepherd Center							shelter the homeless, and
811 Martin Street							foster transition to
Wilmington, NC 28401	56-1566178	501(c)(3)	250,000.	0.			housing.
							The Greater Wilmington
Greater Wilmington Chamber							Chamber Foundation's
Foundation - 1 Estell Lee Place -							mission is to partner
Wilmington, NC 28401	23-7337244	501(c)(3)	37,000.	0.			with educational
							HUMC seeks to achieve
Harbor United Methodist Church							greater health equity
4853 Masonboro Loop Road							within the county, by
Wilmington, NC 28409	56-1947892 501(c)(3)	501(c)(3)	135,000.	0.			meeting basic human needs
							We believe everyone is
Hope Recovery UMC							recovering from something
3403 Winston Blvd							and recovery is possible
Wilmington, NC 28403	85-2511081 501(c)(3)	501(c)(3)	27,800.	0.			for all people,
							The Harrelson Center's
Jo Ann Carter Harrleson Center Inc							mission is to provide a
20 N 4th Street							centralized humanitarians
Wilmington, NC 28401	20-3598248 501(c)(3)	501(c)(3)	100,000.	0.			services campus of
							Kids Making It is a youth
Kids Making It							woodworking program that
617 Castle Street							teaches valuable
Wilmington, NC 28401	26-1606084	501(c)(3)	132,500.	0.			vocational,
							The mission of Leading
Leading Into New Communities, Inc							Into New Communities, Inc
(LINC) - 222 Division Drive -							(LINC) is to motivate and
Wilmington, NC 28401	53-2135792 501(c)(3)	501(c)(3)	149,000.	0.			educate youth to make
							Lower Cape Fear LifeCare
Lower Cape Fear LifeCare							is dedicated to providing
1414 Physicians Drive							access to the highest
Wilmington, NC 28401	56-1216682 501(c)(3)	501(c)(3)	147,500.	0.			quality LifeCare,
							Our mission is to protect
Masonboro, org							public access, promote
2524 Independence Blvd							responsible use, and
Wilmington, NC 28403	45-3743512 501(c)(3)	501(c)(3)	18,000.	0.			preserve the traditions
							Schedule I (Form 990)

(Ξ)
	4	
(۲)
Ĺ	۷)
L	2)
(٣	١
	I	
L	9)
(X)

Schedule I (Form 990) New Hanover Community Endowment, Inc. Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	er Community Assistance to Domestic	ity Endowment, nestic Organizations and	ot, Inc. and Domestic Go		(Schedule I (Form 990), Part II.)	8 8 R II.)	5-3563370 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							MedNorth Health Center is
MedNorth Health Center							building a healthier
925 N 4th Street							community by serving as a
Wilmington, NC 28401	58-2003803	501(c)(3)	162,500.	0.			medical home for patients
							Mother Hubbard's Cupboard
Mother Hubbard's Cupboard of							serves the hungry in the
Wilmington, Inc - 315 Red Cross							Wilmington area through
Street - Wilmington, NC 28401	58-1797761	501(c)(3)	50,000.	0.			distribution of emergency
							No Limit Boxing Club
No Limit Boxing Club							utilizes boxing as a
801 Greenfield Street							vehicle to empower young
Wilmington, NC 28401	88-1450904	501(c)(3)	18,500.	0.			individuals from under
							North Carolina State
North Carolina State University							Extension's local New
2601 Wolf Village Way							Hanover County Center
Raleigh, NC 27607	56-6000756	Gov't Entity	38,500.	0.			serves New Hanover County
							The mission is to provide
NourishNC							healthy food to hungry
3606 Market Strett							children, empowering them
Wilmington, NC 28403	27-1349138	501(c)(3)	105,000.	0.			to succeed in the
							The mission is to
NSEA Swim							increase water safety and
PO Box 7261							prevent drowning in the
Wilmington, NC 28406	83-3450312	501(c)(3)	75,000.	0.			community, specifically
							The mission is to use
Peer Recovery Resources							peer relationships to
20 N. 4th Street							help individuals, their
Wilmington, NC 28401	47-3632714	501(c)(3)	11,250.	0.			family members and loved
							To provide burial options
Pine Forest Cemetary Board							for the black community
490 North 16th Street							of New Hanover County,
Wilmington, NC 28401	56-0609369	501(c)(3)	10,000.	0.			engage in primary and
							Quality Life Blueprint
Quality Life Blueprint							(QLB) is a
1219 Dawson Street							community-based institute
Wilmington, NC 28401	82-2589720 501(c)(3)	501(c)(3)	14,000.	0.			of learning,
							Schedule I (Form 990)

85-3563370	Page 1	
	5-356337	

Schedule I (Form 990) New Hanover Community Endowment, Inc. Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	er Community Assistance to Domestic	ity Endowment nestic Organizations and	ıt, Inc. and Domestic Go		(Schedule I (Form 990), Part II.)		85-3563370 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ייין אייון פסן אָרְטְּקְּמָטְ							SEEDS of Healing (SOH)
or mearing, Princess Stre							the C
Wilmington, NC 28401	81-1548650	501(c)(3)	24,000.	0.			stigma; generate support
							The mission is to build
SmartStart of New Hanover County 3534 South College Road							bridges to develop, sustain and enhance
Wilmington, NC 28412	56-1951952	501(c)(3)	120,000.	0.			health, family support
							The mission of Soaring As
							s Outreach Ministr
Ministry Inc - 20 North 4th Street		L	C C C	C			em
- Wilmington, NC 28401	27-0864360	501(c)(3)	.000,67	0			litle I schools through
							St. Jude's Feeding
st. Jude s Metropolitan community Church - 19 N 26th Street -							Wilmington is a program to help those in our
Wilmington, NC 28405	56-1883831	501(c)(3)	8,000.	0			community who do not have
							The mission of StepUp
StepUp Wilmington							Wilmington is to empower
621 N 4th Street							individuals to reach
Wilmington, NC 28401	54-2074778	501(c)(3)	125,500.	0.			their potential and lead
							The Anchor exists to
The Anchor United Methodist Church							build community with
PO Box 1642							people who are
Wilmington, NC 28401	46-2845561	501(c)(3)	32,000.	0.			experiencing
							The Children's Museum of
The Children's Museum of							Wilmington to provide a
Wilmington - 116 Orange Street -							welcoming and engaging
Wilmington, NC 28401	56-2043649 501(c)(3)	501(c)(3)	86,400.	0.			environment that promotes
The Food Bank of Central & Eastern							The Food Bank of Central
North Carolina at Wilmington -							& Eastern North Carolina
1314 Marstellar Street -							at Wilmington provides
Wilmington, NC 28401	56-1283426	501(c)(3)	165,000.	0.			programs that support the
							The mission of The
The Healing Place							Healing Place of New
							Hanover County (THPNC) is
Wilmington, NC 28401	85-3768731 501(c)(3)	501(c)(3)	200,000.	0.			to transform individuals
							Schedule I (Form 990)

0
_
\mathcal{C}
3
9
2
'n
. [
2
∞

3	
	Schedule I (Form 990), Part II.)
Inc.	Omestic Governments (
Indowment,	ic Organizations and L
nover Community F	Assistance to Domest
New Hanov	of Grants and Other
Schedule I (Form 990)	Part II Continuation

rail ii Continuation of drains and other Assistance to Domestic Organizations and Domestic Governments (Schedule 1), Part II,	Assistance to Do	llesuc Organizations	alla Dolliesus Go	Verilliellis (SOUTH	uule I (FUIII 330), Fai	t II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							The mission of Third
Third Person Project							Person Project is to
2001 Perry Ave							promote equity through
Wilmington, NC 28403	83-2908512	501(c)(3)	17,000.	0.			educational outreach,
							This Whole Life
This Whole Life Foundation							Foundation exists to help
3804 Park Avenue							individuals and
Wilmington, NC 28403	84-3372800	501(c)(3)	7,500.	0.			businesses live well,
							The mission is to provide
Tides							a comprehensive,
410 Harnett St. #3							intensive, outpatient
Wilmington, NC 28401	82-3107911	501(c)(3)	85,500.	0.			treatment program for
							Transitions Foundation-NC
Transitions Foundation NC Inc							prepares college-aged
201 N Front Street							students with autism
Wilmington, NC 28401	82-2538820	501(c)(3)	15,500.	0.			spectrum disorder with
							The Center for Education
University of North Carolina at							in Science, Technology,
Wilmington - 601 S College Road -							Engineering, and Math
Wilmington, NC 28403	56-1258660	Gov't Entity	545,396.	0.			(CESTEM) in the Watson
							Wilmington Area
WARM NC							Rebuilding Ministry, Inc.
5058 Wrightsville Ave							mission is to repair,
Wilmington, NC 28403	56-2076795	501(c)(3)	165,000.	0.			rebuild, and make homes
							Welcome Home Angel
Welcome Home Angel							changes the lives of
1206 Whispering Doe Drive							children with significant
Wilmington, NC 28409	26-1638488	501(c)(3)	50,000.	0.			health or life-altering
							Wilmington School of the
Wilmington School of the Arts							Arts is a tuition-free,
1306 Floral Parkway							public charter school
Wilmington, NC 28403	82-2712458	501(c)(3)	80,000.	0.			which offers a project
Wrightsville Beach Museum of							Our mission is to tell
History - 303 West Sailsbury							the story of the Island
Street - Wrightsville Beach, NC							of Wrightsville Beach
28480	56-2082869 501(c)(3)	501(c)(3)	34,500.	0.			across a range of
							Schodille I (Form 990)

Schedule I (Form 990) New Hanover Community Endowment, Inc. Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	er Commun: Assistance to Dor	Community Endowment tance to Domestic Organizations and	nt, Inc. and Domestic Go		(Schedule I (Form 990), Part II.)		85-3563370 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA of Southeastern North Carolina - PO Box 3467 -							The YMCA of Southeastern NC is a non-profit association committed to
Wilmington, NC 28406 Young Mogul Development Group 310 N Front Street Wilmington, NC 28401	82-4261631 501(c)(3)	501(c)(3) 501(c)(3)	.000,000				a mission of putting Young Mogul Development Group's (YMDG) mission is to educate young men from underserved populations
Young Scientists Academy 20 N 4th St Wilmington, NC 28401	81-4999928	501(c)(3)	21,000.	.0			Young Scientist Academy (YSA) empowers all youth to be community ambassadors in science
Youth Villages North Carolina 1608 Queen St Wilmington, NC 28405	58-1716970 501(c)(3)	501(c)(3)	.000,27	°			Youth Villages is a private nonprofit organization dedicated to helping emotionally and
YWCA Lower Cape Fear 2815 S. College Road Wilmington, NC 28412	56-0556766 501(c)(3)	501(c)(3)	122,125.	.0			The YWCA Lower Cape Fear is dedicated to eliminating racism, empowering women, and
							Schedule I (Form 990)

7
8
끘
9
\Box
Ŋ
А
8
$\stackrel{4}{\vee}$
Ţ
8
盟
窗
83
×
4
ó
ĕ
<u>ത</u>
P
/
<u>ლ</u>
2
4
Ó
ဖွ
ပ
<u>.</u> .
므
a)
ă
<u>_0</u>
ē
≥
ш
_
믕
ö
깍
ರ
2

New Hanover Community Endowment, Inc.

Page 2

85-3563370

Schedule I (Form 990) 2022 New Hanover Community Endowment,	umunity Er		Inc.		85-3563370 Page 2
er Assista uplicated	Complete if the	organization answe	ared "Yes" on Form 9	90, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	I quired in Part I, lin	e 2; Part III, column	L (b); and any other ac	ditional information.	
Part I, Line 2:					
The organization requires grantees	to submit	t semi-annual	and	annual grant	
reports.					
Part II, line 1, Column (h):					
Name of Organization or Government:	A Bike	for Every Child	Chi1d		
(h) Purpose of Grant or Assistance	: Transforming	rming lives	s, one bike	e at a	
time. A Bike For Every Child collects n	cts new and		gently used bikes	from the	
community, refurbishes them, and g	gives the	the bikes and	new helmets	s and	
232102 10-31-22					Schedule (Form 990) 2022

Schedule I (Form 990) New Hanover Community Endowment, Inc. 85-3563370 Page 2 Part IV Supplemental Information
locks to kids and adults who need one.
This grant will support the Junior Bike Mechanics program.
Name of Organization or Government: A Safe Place
(h) Purpose of Grant or Assistance: A Safe Place (ASP) is an empowerment
organization focusing on prevention, advocacy, and restoration to assist
victims of commercial sexual exploitation and sex trafficking.
This grant will support case management, occupancy, and the Outreach
Center Program.
Name of Organization or Government: Access Dental Care
(h) Purpose of Grant or Assistance: Access Dental Care is a national
leader in providing comprehensive, mobile dental services to patients
with special health care and behavioral needs.
This grant will support mobile dental services.
Name of Organization or Government: ACCESS of Wilmington
(h) Purpose of Grant or Assistance: The Mission of ACCESS of Wilmington
is to build community for children, adults, and veterans with
disabilities by eliminating barriers to health and wellness through
adapted sports, recreation and fitness.
This grant will support membership fees to a number of fitness programs,
giving people more access and to purchase adaptive sports equipment.
Name of Organization or Government: Advance Youth Outreach
(h) Purpose of Grant or Assistance: Advance Youth Outreach to reduce
recidivism and negative behavior by equipping the Youth with mentorship
and announced the market the Warth to make forth was 1. then

Schedule I (Form 990) New Hanover Community Endowment, Inc. 85-3563370 Page 2 Part IV Supplemental Information
concerning community issues and education.
This grant will support the YES program cohort.
Name of Organization or Government: Alliance for Cape Fear Trees
(h) Purpose of Grant or Assistance: Alliance for Cape Fear Trees'
mission is to preserve, protect and plant trees to enhance the quality of
life and health for present and future generations in the Lower Cape Fear
area.
This grant will support beautification work and expanding green space in
Northside, Southside, the Bottom, Sunset Park, and Wilmington Housing
Authority communities.
Name of Organization or Government: American Red Cross
(h) Purpose of Grant or Assistance: The American Red Cross prevents and
alleviates human suffering in the face of emergencies by mobilizing the
power of volunteers and the generosity of donors.
This grant will support the Sickle Cell Initiative.
Name of Organization or Government: Beacon Education
(h) Purpose of Grant or Assistance: By ensuring equitable access to high
quality education, we empower children and their families to close and
even reverse the achievement and opportunity gaps.
This grant will support the installation of a commercial kitchen.
Name of Organization or Government:
Blue Ribbon Commission on the Prevention of Youth Violence (DBA Voyage)
(h) Purpose of Grant or Assistance: Voyage operates under the mission of
connecting youth with pathways to success.

New Hanover Community Endowment, Inc. 85-3563370 Page 2 Schedule I (Form 990) Part IV | Supplemental Information This grant will support summer employment program. Name of Organization or Government: Bread for Life Senior Pantry (BFL) (h) Purpose of Grant or Assistance: The mission is to provide nutritious food to vulnerable low-income seniors in the Wilmington area who are hungry. This grant will support improvements in the quality / quantity of food provided and operational expenses. Name of Organization or Government: Brooklyn Arts Music Academy (h) Purpose of Grant or Assistance: Brooklyn Arts Music Academy of Wilmington, NC is a 501c3 nonprofit community music school whose mission is to change lives through music by providing accessible, exceptional music education to students of every age and skill level in order to create better global citizens. This grant will support the Music is Life! Classes. Name of Organization or Government: Cameron Art Museum (h) Purpose of Grant or Assistance: The mission is to provide a cultural gathering place that enriches the lives of museum visitors and the community through high-quality exhibitions, lifelong learning in the arts, dynamic public programs, and stewardship and interpretation of the collection. This grant will support the United States Colored Troop project. Name of Organization or Government: Camp Schreiber Foundation (h) Purpose of Grant or Assistance: Camp Schreiber breaks down barriers and creates opportunity through education, experience and exposure.

New Hanover Community Endowment, Inc. 85-3563370 Page 2 Schedule I (Form 990) Part IV | Supplemental Information This grant will support operational expenses. Name of Organization or Government: Canines for Service, Inc (h) Purpose of Grant or Assistance: The mission of Canines for Service is to inspire Veterans through life changing canine partnerships. This grant will support the acquisition of a vehicle and installation of a fire alarm system. Name of Organization or Government: Cape Fear Center for Inquiry (h) Purpose of Grant or Assistance: Cape Fear Center for Inquiry is committed to promoting students' abilities to think and create in personally meaningful ways through an inquiry-based, integrated curriculum in a nurturing and empowering environment. This grant will support the acquisition of a vehicle. Name of Organization or Government: Cape Fear Collective (h) Purpose of Grant or Assistance: Cape Fear Collective drives towards equitable systemic change in Southeastern North Carolina by collaborating with community partners to leverage local assets, illuminate actionable insights, and catalyze innovative programming. This grant will support mapping the affordable housing sector to better understand impact, gaps, funding, and means by which we can all be better stewards of funds and partners in solving this issue for our community. Name of Organization or Government: Cape Fear Community College Foundation, Incorporated (h) Purpose of Grant or Assistance: The mission of Cape Fear Community College is to provide high-quality, dynamic, innovative, educational,

Schedule I (Form 990) New Hanover Community Endowment, Inc. 85-3563370 Page 2 Part IV Supplemental Information
cultural, training and workforce development opportunities to
individuals, businesses, and industries in New Hanover and Pender
counties.
This grant will support capital improvements to establish a childcare
center.
Name of Occasional delices on Grandwich Grand Rose Rose Rose Rose Rose
Name of Organization or Government: Cape Fear Group Homes
(h) Purpose of Grant or Assistance: Cape Fear Group Homes is dedicated
to assisting individuals, utilizing our person - centered philosophy to
become fully participating members of our community through goal
development and skill acquisition.
This grant will support the acquisition of a vehicle.
Name of Organization or Government:
Cape Fear Guardian ad Litem Association
(h) Purpose of Grant or Assistance: Cape Fear Guardian ad Litem
Association serves children in foster care due to abuse or neglect in
North Carolinas 5th Judicial District.
This grant will support tutoring program and visits to local institutions
of higher education.
Name of Organization or Government: Cape Fear Habitat for Humanity
(h) Purpose of Grant or Assistance: Seeking to put God's love into
action, Cape Fear Habitat brings people together to build homes,
communities, and hope.
This grant will support the Homeownership Program and Critical Repair
Program.

Catholic Charities of the Diocese of Raleigh

(h) Purpose of Grant or Assistance: Catholic Charities Cape Fear Regional Office providing help to our brothers and sisters in need by alleviating the effects of poverty and creating hope by developing

New Hanover Community Endowment, Inc. 85-3563370 Page 2 Schedule I (Form 990) Part IV | Supplemental Information solutions to transform lives. This grant will support capital expenditures. Name of Organization or Government: Child Development Center (h) Purpose of Grant or Assistance: The mission is to build the independence of exceptional children through high quality early education and therapeutic services. This grant will support salary supplements to address the gap between the compensation of current staff and the compensation they would receive teaching in the public schools. Name of Organization or Government: Children's Cancer Partners of the Carolinas (h) Purpose of Grant or Assistance: The mission is to provide comprehensive support and loving compassion to families whose children are battling cancer, to improve their overall quality of life. This grant will support mileage reimbursement, airfares, lodging, meals, essential homecare needs, and funeral expenses for clients. Name of Organization or Government: City of Wilmington Fire Department (h) Purpose of Grant or Assistance: Protecting, serving, and educating for the safest community. This grant will support the acquisition of vehicles. Name of Organization or Government: Classical Charter Schools of America (h) Purpose of Grant or Assistance: The mission is to teach students the rules and techniques for effective expression and communication in the arts and sciences, to communicate, by these arts and sciences, their understandings of the universe and students role in it, and to instill a

New Hanover Community Endowment, Inc. 85-3563370 Page 2 Schedule I (Form 990) Part IV | Supplemental Information the community. This grant will support an increased number of individuals and families served by a sliding scale program across various populations. Name of Organization or Government: Community Enrichment Initiatives Inc (h) Purpose of Grant or Assistance: The mission of Community Enrichment Initiatives Inc. (CEII) is to enrich the lives of those in need in our community through initiatives that promote personal empowerment, self-sufficiency and productivity. This grant will support CEIIs capital improvements and their acquisition of equipment. Name of Organization or Government: Comprehensive Care of Wilmington (h) Purpose of Grant or Assistance: Comprehensive Care of Wilmington: To enable seniors and young adults with disabilities to live safely and successfully in the community throughout their lives regardless of health or wealth. This grant will support expansion of Comprehensive Care of Wilmingtons outreach, education, and counseling efforts for clients, and pursue opportunity to acquire property (feasibility, regulatory, zoning, environmental).

Name of Organization or Government: Diaper Bank of North Carolina (h) Purpose of Grant or Assistance: Diaper Bank of North Carolina's mission is to increase awareness of and access to essential hygiene items to promote dignity, health, and quality of life. This grant will support the purchase of supplies and delivery vehicle purchase.

learn, work & play in their communities.

Schedule I (Form 990) New Hanover Community Endowment, Inc. 85-3563370 Page 2 Part IV Supplemental Information
This grant will support the Culinary Connections program.
Name of Organization or Government: Eden Village
(h) Purpose of Grant or Assistance: The mission of Eden Village of
Wilmington is to build relationships and communities for our homeless
friends.
This grant will support construction of tiny homes for affordable
housing.
Name of Organization or Government: El Cuerpo
(h) Purpose of Grant or Assistance: El Cuerpo cultivates resilience in
the Latino community by offering holistic care for health, educational,
and spiritual needs.
This grant will support medical services, English language classes, and
after-school tutoring.
Name of Organization or Government: Elderhaus
(h) Purpose of Grant or Assistance: Elderhaus strives to promote and
sustain independence of seniors wishing to remain in the community.
This grant will support capital expenses for PACE clinic.
Name of Organization or Government:
Extensiton Master Gardener Volunteer Association
(h) Purpose of Grant or Assistance: Extension Master Gardener Volunteer
Association (EMGVA) supports transforming science into everyday solutions
for North Carolinians through programs and partnerships focused on
agriculture and food, health and nutrition, and 4-H youth development.
This grant will support EMGVA for a new permaculture food garden at the

New Hanover Community Endowment, Inc. 85-3563370 Page 2 Schedule I (Form 990) Part IV | Supplemental Information NHC Arboretum. Name of Organization or Government: Family Promise of the Lower Cape Fear (h) Purpose of Grant or Assistance: Family Promise of the Lower Cape Fear provides case management and transitional housing for victims of domestic violence and emergency shelter to homeless families with children while supplying them with the resources and skills vital to regaining and maintaining financial independence. This grant will support capital improvements in apartments used for emergency shelter and transitional housing. Name of Organization or Government: Feast Down East, Inc (h) Purpose of Grant or Assistance: Feast Down East's mission is to strengthen the farming communities and the local food systems in Southeastern North Carolina by cultivating bridges between farmers and local communities. This grant will support operational expenses and internal capacity building. Name of Organization or Government: Financial Protection Law Center (h) Purpose of Grant or Assistance: Provide legal services and support to protect low-income people and families from unfair and predatory financial practices, to preserve home ownership and to enhance their ability to build equity and to prosper. This grant will support operational expenses and free legal services for low-income residents.

Name of Organization or Government: First Tee of Greater Wilmington

(h) Purpose of Grant or Assistance: Advancing Entrepreneurship in underrepresented communities by ensuring support for resources and programs that reduce the barriers to entrepreneurship, supporting early stage entrepreneurs, small business owners and those ready to strengthen their business venture.

This grant will support entrepreneur trainings, workshops, and business

Schedule I (Form 990) New Hanover Community Endowment, Inc. 85-3563370 Page 2 Part IV Supplemental Information
model development.
Name of Organization or Government: Global Connections
(h) Purpose of Grant or Assistance: Global Connections mission is to
provide social and empowerment services to enhance the lives of refugees
resettling in Wilmington, NC.
This grant will support programmatic and operational expenses.
Name of Organization or Government: Good Shepherd Center
(h) Purpose of Grant or Assistance: To feed the hungry, shelter the
homeless, and foster transition to housing.
This grant will support the Rapid Rehousing program.
Name of Organization or Government: Greater Wilmington Chamber Foundation
(h) Purpose of Grant or Assistance: The Greater Wilmington Chamber
Foundation's mission is to partner with educational institutions and the
business community to improve the current and future workforce.
This grant will support the Career and Leadership Development Academy.
Name of Organization or Government: Harbor United Methodist Church
(h) Purpose of Grant or Assistance: HUMC seeks to achieve greater health
equity within the county, by meeting basic human needs of our neighbors,
preserving their dignity, and empowering them to grow their own food.
Name of Organization or Government: Hope Recovery UMC
(h) Purpose of Grant or Assistance: We believe everyone is recovering
from something and recovery is possible for all people, therefore, we
host spaces to cultivate the healing and wholeness of all persons.

New Hanover Community Endowment, Inc. 85-3563370 Page 2 Schedule I (Form 990) Part IV | Supplemental Information This grant will support the overnight emergency shelter and day shelter. Name of Organization or Government: Jo Ann Carter Harrleson Center Inc (h) Purpose of Grant or Assistance: The Harrelson Center's mission is to provide a centralized humanitarians services campus of nonprofit organizations that provide hope, opportunity, and empowerment. This grant will support the Housing Empowerment partnership. Name of Organization or Government: Kids Making It (h) Purpose of Grant or Assistance: Kids Making It is a youth woodworking program that teaches valuable vocational, entrepreneurial and life skills to at-risk, low income and disadvantaged youth. This grant will support capital expenditures and an instructor. Name of Organization or Government: Leading Into New Communities, Inc (LINC) (h) Purpose of Grant or Assistance: The mission of Leading Into New Communities, Inc (LINC) is to motivate and educate youth to make positive life changes while empowering men and women returning from incarceration to be productive members of our community. This grant will support capacity building and operational expenses. Name of Organization or Government: Lower Cape Fear LifeCare

(h) Purpose of Grant or Assistance: Lower Cape Fear LifeCare is

dedicated to providing access to the highest quality LifeCare, education,
and supportive services to our patients, their families, and the

communities we serve.

This grant will support patient charity care, an End-of-Life and Chronic

New Hanover Community Endowment, Inc. 85-3563370 Page 2 Schedule I (Form 990) Part IV | Supplemental Information Illness Health Summit and a Welcome Home Veterans event. Name of Organization or Government: Masonboro.org (h) Purpose of Grant or Assistance: Our mission is to protect public access, promote responsible use, and preserve the traditions of Masonboro Island. This grant will support ferry costs for student field trips. Name of Organization or Government: MedNorth Health Center (h) Purpose of Grant or Assistance: MedNorth Health Center is building a healthier community by serving as a medical home for patients regardless of the individuals or families ability to pay. This grant will support capital expenditures and some new staffing. Name of Organization or Government: Mother Hubbard's Cupboard of Wilmington, Inc. (h) Purpose of Grant or Assistance: Mother Hubbard's Cupboard serves the hungry in the Wilmington area through distribution of emergency food. This service is provided without discrimination by volunteers with care to preserve the dignity of the individuals being served. This grant will support to assist with Occupancy costs for part of 2023. Name of Organization or Government: No Limit Boxing Club (h) Purpose of Grant or Assistance: No Limit Boxing Club utilizes boxing as a vehicle to empower young individuals from under resourced communities to develop their sense of social responsibility. This grant will support equipment and scholarships.

New Hanover Community Endowment, Inc. 85-3563370 Page 2 Schedule I (Form 990) Part IV | Supplemental Information Name of Organization or Government: North Carolina State University (h) Purpose of Grant or Assistance: North Carolina State Extension's local New Hanover County Center serves New Hanover County residents focusing on community development, food security, natural resources, and youth development. This grant will support a collaborative and comprehensive food security plan. Name of Organization or Government: NourishNC (h) Purpose of Grant or Assistance: The mission is to provide healthy food to hungry children, empowering them to succeed in the classroom and in their community. This grant will support the purchase and upfit of a vehicle and increased internal capacity to scale up client services. Name of Organization or Government: NSEA Swim (h) Purpose of Grant or Assistance: The mission is to increase water safety and prevent drowning in the community, specifically focused on the African American community and the Northside neighborhood. This grant will support the purchase and installation of a bubble - a vinyl inflatable cover that creates an indoor environment for the pool in winter conditions. Name of Organization or Government: Peer Recovery Resources (h) Purpose of Grant or Assistance: The mission is to use peer relationships to help individuals, their family members and loved ones of

individuals in recovery by connecting them to community through

education, hope, and empowerment.

Part IV Supplemental Information New Hanover Community Endowment, Inc. 85-3563370 Page 2
This grant will support training for the North Carolina Peer Support
<u>class</u> .
Name of Organization or Government: Pine Forest Cemetary Board
(h) Purpose of Grant or Assistance: To provide burial options for the
black community of New Hanover County, engage in primary and
collaborative historical and educational pursuits, provide community
developmental support, and sustain the documents and artifacts of history
dating back to 1850.
Name of Organization or Government: Quality Life Blueprint
(h) Purpose of Grant or Assistance: Quality Life Blueprint (QLB) is a
community-based institute of learning, collaboration and capacity
building; with a focus on responding to the needs of the most vulnerable
populations in America.
This grant will support Community Health Worker-Violence Prevention
Professional Training.
Name of Organization or Government: SEEDS of Healing, Inc
(h) Purpose of Grant or Assistance: SEEDS of Healing (SOH) works to
deconstruct myths that perpetuate HIV stigma; generate support for people
living with or affected by HIV; and eliminate disparities in HIV outcomes
for Black women through awareness, assistance, advocacy, alliances, and
education.
This grant will support operational expenses.
Name of Organization or Government: SmartStart of New Hanover County
(h) Purpose of Grant or Assistance: The mission is to build bridges to

New Hanover Community Endowment, Inc. 85-3563370 Page 2 Schedule I (Form 990) Part IV | Supplemental Information develop, sustain and enhance health, family support and early education services for all children, ages birth to five. This grant will support the research and development project that will result in a comprehensive and in-depth plan of direct supports for Friends Family, Neighbor caregivers and system change projects. Name of Organization or Government: Soaring as Eagles Outreach Ministry Inc (h) Purpose of Grant or Assistance: The mission of Soaring As Eagles Outreach Ministry is to empower families of Title 1 schools through personal, emotional, educational, and professional development. This grant will support Soaring As Eagles Outreach Ministrys capital expenditures (van) and operational support. Name of Organization or Government: St. Jude's Metropolitan Community Church (h) Purpose of Grant or Assistance: St. Jude's Feeding Wilmington is a program to help those in our community who do not have access to healthy and nutritious food, and/or suffer from food insecurity. This grant will support the purchase of food and personal products (hygiene, etc). Name of Organization or Government: StepUp Wilmington (h) Purpose of Grant or Assistance: The mission of StepUp Wilmington is to empower individuals to reach their potential and lead stable lives through satisfying work.

This grant will support current programs and the launching of additional

initiatives.

Name of Organization or Government: The Anchor United Methodist Church

(h) Purpose of Grant or Assistance: The Anchor exists to build community

with people who are experiencing homelessness, poverty, addiction, and

brokenness.

This grant will support the day shelter.

Name of Organization or Government: The Children's Museum of Wilmington

(h) Purpose of Grant or Assistance: The Children's Museum of Wilmington

to provide a welcoming and engaging environment that promotes hands-on

art, science and literacy-focused learning for all children and their

families.

This grant will support half of the capital expenditures requested and the Title 1 schools discounts.

Name of Organization or Government:

The Food Bank of Central & Eastern North Carolina at Wilmington

(h) Purpose of Grant or Assistance: The Food Bank of Central & Eastern

North Carolina at Wilmington provides programs that support the local hunger relief network.

This grant will support capital expenditures (commercial kitchen, vehicle) and student support services.

Name of Organization or Government: The Healing Place

(h) Purpose of Grant or Assistance: The mission of The Healing Place of

New Hanover County (THPNC) is to transform individuals affected by

addiction or homelessness through accountability and connection.

This grant will support the acquisition of vehicles and establishment of

New Hanover Community Endowment, Inc. 85-3563370 Page 2 Schedule I (Form 990) Part IV | Supplemental Information college-aged students with autism spectrum disorder with the necessary skills to complete postsecondary education through academic and vocational goal attainment. This grant will support services for students transitioning to post-secondary education. Name of Organization or Government: University of North Carolina at Wilmington (h) Purpose of Grant or Assistance: The Center for Education in Science, Technology, Engineering, and Math (CESTEM) in the Watson College of Education was established in 1985 to improve the quality of precollege science and mathematics education in NC schools through programs designed for teachers. This grant will support professional development for teachers and provide them with access to a broad array of STEM equipment to use in their classrooms at no cost. Name of Organization or Government: WARM NC (h) Purpose of Grant or Assistance: Wilmington Area Rebuilding Ministry, Inc. mission is to repair, rebuild, and make homes accessible; and to inspire service, generosity, and hope. This grant will support the Community Partner Program for Affordable Housing Retention. Name of Organization or Government: Welcome Home Angel (h) Purpose of Grant or Assistance: Welcome Home Angel changes the lives of children with significant health or life-altering conditions by creating necessary space transformations and providing a safe,

New Hanover Community Endowment, Inc. 85-3563370 Page 2 Schedule I (Form 990) Part IV | Supplemental Information functional, and engaging environment for the child, as well as invaluable relief to their caregivers. This grant will support bedroom/home modifications and case management for clients. Name of Organization or Government: Wilmington School of the Arts (h) Purpose of Grant or Assistance: Wilmington School of the Arts is a tuition-free, public charter school which offers a project based, fully arts integrated curriculum. This grant will support the purchase a new bus with AC so that their students can have a cooler and safer ride to and from school on the longer routes. Name of Organization or Government: Wrightsville Beach Museum of History (h) Purpose of Grant or Assistance: Our mission is to tell the story of the Island of Wrightsville Beach across a range of cultural experiences, including the conflicts that occur with progress and the little-known history of people and the land. This grant will support the Black Community / Shell Island program and the Climate Change program. Name of Organization or Government: YMCA of Southeastern North Carolina (h) Purpose of Grant or Assistance: The YMCA of Southeastern NC is a non-profit association committed to a mission of putting Christian principles into practice through programs that build a healthy spirit, mind and body for all. This grant will support the acquisition of vehicles and program scholarships.

Name of Organization or Government: Young Mogul Development Group

(h) Purpose of Grant or Assistance: Young Mogul Development Group's

(YMDG) mission is to educate young men from underserved populations as
well as develop and support their career aspirations through activities,
programming, and community efforts that lead to improved life chances,
higher self-efficacy, and career development.

This grant will support YMDGs development of a Young Mogul Vision Center.

Name of Organization or Government: Young Scientists Academy

(h) Purpose of Grant or Assistance: Young Scientist Academy (YSA)

empowers all youth to be community ambassadors in science and technology.

This grant will support STEM experiences for New Hanover County youth.

Name of Organization or Government: Youth Villages North Carolina

(h) Purpose of Grant or Assistance: Youth Villages is a private

nonprofit organization dedicated to helping emotionally and behaviorally

troubled children and their families live successfully.

This grant will support the LifeSet program for youth transitioning from

foster care (or other systems of care) into independent adulthood.

Name of Organization or Government: YWCA Lower Cape Fear

(h) Purpose of Grant or Assistance: The YWCA Lower Cape Fear is

dedicated to eliminating racism, empowering women, and promoting peace,
justice, freedom, and dignity for all.

This grant will support the Leadership for Inclusive Community program.

SCHEDULE J (Form 990)

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.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

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

New Hanover Community Endowment, Inc.

Employer identification number 85-3563370

to 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	D	rt I Questions Regarding Compensation	, , , , ,	<u> </u>	
ta 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	F 6	Transport of the second in the second of the		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel	٠.	Cheal the appropriate having lift the approximation manifed and approximate the following the approximation manifest and approximate the appro		Yes	No
First-class or charter travel	та				
Travel for companions Payments Payments for business use of personal residence Tax indemnification and gross-up payments Health or social dub dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 3 Indicate which, if any, of the following the organization used to establish the compensation of the 1a? 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant X Compensation survey or study Form 990 of other organizations X Approval by the board or compensation committee Participate in or receive payment from a supplemental nonqualified retirement plan? 4a					
Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the Items checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee					
Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant X Compensation survey or study Form 990 of other organizations X Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment from a supplemental nonqualified retirement plan? 4 Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 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					
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant X Compensation survey or study Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Receive a severance payment or change-of-control payment? 4a X Participate in or receive payment from a supplemental nonqualified retirement plan? 4b X C Participate in or receive payment from an equity-based compensation arrangement? 4c X If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: The organization? 5a X Any related organization? 5a X For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b		Discretionary spending account Personal services (such as maid, chauffeur, chef)			
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee	b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Independent compensation consultant Tomp 990 of other organizations Approval by the board or compensation committee Uning the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization: Receive a severance payment or change-of-control payment? Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: The organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation Tomp 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation Tomp 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation Tomp 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations 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 filling organization or a related organization: Receive a severance payment or change-of-control payment? Approval by the board or compensation committee 4 Exparticipate in or receive payment from a supplemental nonqualified retirement plan? C Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: The organization? Any related organization? The organization? Sa X If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Receive a severance payment or change-of-control payment? Participate in or receive payment from a supplemental nonqualified retirement plan? Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: The organization? Any related organization? Sa X Ya X Ya Y Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Receive a severance payment or change-of-control payment? Participate in or receive payment from a supplemental nonqualified retirement plan? Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: The organization? Any related organization? Sa X Ya X Ya Y The organization or accrue any compensation arrangement or accrue any compensation contingent on the revenues of: The organization? Any related organization? Sa X For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation The organization? Sa X For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	2	Indicate which, if any of the following the organization used to establish the compensation of the organization's			
establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Independent compensation consultant Tompensation survey or study Form 990 of other organizations 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? Participate in or receive payment from a supplemental nonqualified retirement plan? Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: The organization? Any related organization? Any related organization? Any related organization? For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	J				
Compensation committee Independent compensation consultant Form 990 of other organizations 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 filling organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 5a X b Any related organization? f "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					
Independent compensation consultant Form 990 of other organizations 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: a Receive a severance payment or change-of-control payment? b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? f "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					
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 filling organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? dc X If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? 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					
During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization: Receive a severance payment or change-of-control payment? Participate in or receive payment from a supplemental nonqualified retirement plan? Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: The organization? Any related organization? Any related organization? For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? 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		Form 990 of other organizations Approval by the board or compensation committee			
a Receive a severance payment or change-of-control payment? b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? 5a X If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		organization or a related organization:			
c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: The organization? Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	а	Receive a severance payment or change-of-control payment?	4a		X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: The organization? Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? 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	С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: The organization? Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
contingent on the revenues of: a The organization? b Any related organization? 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	5				
a The organization? b Any related organization? 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	-				
b Any related organization? 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	а		5a		Х
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	h				
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
	6				
contingent on the net earnings of:	•	contingent on the net earnings of:			
a The organization?	а	·	6a		Х
b Any related organization? 6b X					
If "Yes" on line 6a or 6b, describe in Part III.					
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	7				
not described on lines 5 and 6? If "Yes," describe in Part III	•		7		Х
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	8				
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X	-		8		Х
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	9				
Regulations section 53.4958-6(c)?	-		9		

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

Schedule J (Form 990) 2022

New Hanover Community Endowment, Inc.

85-3563370

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Schedule J (Form 990) 2022

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

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) William Buster	(i)	329,167.	0	0		0	329,167.	
President	⊞	• 0	0	0	0	0	0	0
	(j)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	€							
	(i)							
	(
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	Ξ							
	(ii)							
	Ξ							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	Θ							
	(ii)							
							Schedu	Schedule J (Form 990) 2022

84
Õ
3
6
Δ
Ŋ
2
\ddot{c}
4
Ö
器
器
풊
ø
42
1
9
<u>ത</u>
우
37
4
15
8
ŏ
\circ
$\dot{\Box}$
=
be
0
ō
2
ũ
┖
<u>.</u>
Ω
ਲ
2

Page 3											990) 2022
85-3563370	nplete this part for any additional information.										Schedule J (Form 990) 2022
Schedule J (Form 990) 2022 New Hanover Community Endowment, Inc.	Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.										

SCHEDULE 0 (Form 990)

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

Open to Public

Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

New Hanover Community Endowment, Inc.

Employer identification number 85-3563370

Form 990, Part I, Line 1, Description of Organization Mission: community.

Form 990, Part VI, Section A, line 4:

During 2022, technical corrections were made to bring the Bylaws into agreement with gift instrument regarding Restricted Funds and Fund distribution.

Form 990, Part VI, Section B, line 11b:

A copy of the Form 990 is distributed, reviewed, and approved internally before it is filed with the IRS.

Form 990, Part VI, Section B, Line 12c:

Each Director, Officer, and Key Employee shall, upon commencement of his or her employment or term of office, and annually thereafter, sign a statement acknowledging and complying with this Policy.

Form 990, Part VI, Section B, Line 15:

In establishing compensation the proposed salary for each Officer is reviewed against market data from industry sources. This data is provided to the Finance Committee which reviews the proposed salaries and market data for similar size foundations and locations and discusses it in the committee. The Finance Committee then creates a salary recommendation that is sent to the full board. This recommendation is discussed at the board level and salaries are set.

Schedule O (Form 990) 2022 Name of the organization	Page 2 Employer identification number
New Hanover Community Endowment, Inc.	85-3563370
Form 990, Part VI, Section C, Line 19:	
These documents are available upon request for the same pe	riod of
disclosure as set forth in the IRC Section 6104(d).	
Form 990, Part IX, Line 11g, Other Fees:	
Consultant Fees:	
Program service expenses	126,629.
Management and general expenses	189,943.
Fundraising expenses	0.
Total expenses	316,572.
Total Other Fees on Form 990, Part IX, line 11g, Col A	316,572.