(Rev. January 2020) Department of the Treasury Internal Revenue Service Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

OMB No. 1545-0047

Open to Public Inspection

<u>A</u>	For the	2019 calendar year, or tax year beginning JUL I, ∠UIY and e	ending U	UN 30, 2020	
В	Check if applicable:	I TADKIN VALUET ECONOMIC DEVELOPMENT		D Employer identific	cation number
	Address change	DISTRICT, INC.			
	Name change	Doing business as	56-08511	47	
	Initial return	· ·	Room/suite	E Telephone number	r
F	Final return/	533 N CAROLINA AVENUE, HWY 601	336-367-		
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	11,509,393.
	Amende			H(a) Is this a group re	
F	Applica tion			for subordinates	
	pending	SAME AS C ABOVE		H(b) Are all subordinates in	
$\overline{\mathbf{T}}$	Тах-ехе	mpt status: X 501(c)(3)	r 527	1	list. (see instructions)
		E ► WWW.YVEDDI.COM		H(c) Group exemption	,
		organization: X Corporation Trust Association Other	1 Year		1 State of legal domicile: NC
		Summary	rou	or formation, == 1	Ciato or logal dollilollo, = 1 0
		riefly describe the organization's mission or most significant activities: THE	<u> </u>	N OF YVEDD.	INC IS TO
& Governance	1 ' 1	PROVIDE QUALITY PROGRAMS AND SERVICES TO	ALLEV	TATE THE CA	USES AND
naı	-	Check this box if the organization discontinued its operations or dispos			
Ver					24
ၓၟ		lumber of independent voting members of the governing body (Part VI, line 1b)			24
ళ		otal number of individuals employed in calendar year 2019 (Part V, line 1a)			262
Ę					145
Activities	7-7	otal number of volunteers (estimate if necessary)		7a	0.
¥		otal unrelated business revenue from Part VIII, column (C), line 12			0.
	l br	let unrelated business taxable income from Form 990-T, line 39	·····		
		Contributions and grants (Dort VIII line 1b)	-	Prior Year 7,259,758.	Current Year 7,338,789.
ne	1	Contributions and grants (Part VIII, line 1h)		4,439,909.	
Revenue	1	Program service revenue (Part VIII, line 2g)		18,908.	-41,537.
æ		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		11,718,575.	
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	0.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	I	Benefits paid to or for members (Part IX, column (A), line 4)		6,174,011.	6,199,525.
Expenses	15 5	dalaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0,1/4,011.	0,199,323.
en	16a F	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	0.
X	b	otal fundraising expenses (Part IX, column (D), line 25)		6,110,526.	5,623,512.
	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		12,284,537.	
	I	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-565,962.	
<u>_</u> _ 0		Revenue less expenses. Subtract line 18 from line 12			
Net Assets or Find Ralances			Ве	ginning of Current Year	End of Year
SSe	20 T	otal assets (Part X, line 16)		4,779,279.	4,802,577.
et A	21 T	otal liabilities (Part X, line 26)		1,489,788. 3,289,491.	1,301,641.
		let assets or fund balances. Subtract line 21 from line 20		3,409,491.	3,500,936.
					u lunavula dana amal haliaf ikia
	-	ies of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and bellet, it is
true	e, correct	and complete. Declaration of preparer (other than officer) is based on all information of whi	icn preparer	nas any knowledge.	
		Signature of officer		I Date	
Sig	- 1	•		Duto	
He	re	KATHY PAYNE, EXECUTIVE DIRECTOR Type or print name and title			
		, , , , , , , , , , , , , , , , , , , ,		Date Check	II PTIN
D		Print/Type preparer's name Preparer's signature		L STOOK L	- '
Pai	-	JOHN M. ROBINSON JOHN M. ROBINSON	v [0	3/24/21 self-employe	P01281319
		Firm's name BERNARD ROBINSON & COMPANY, LLP		Firm's EIN ▶	56-0571159
US	Only	Firm's address PO BOX 19608			C 204 4404
		GREENSBORO, NC 27419-9608		Phone no. 33	6-294-4494
Ма	y the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No

Form 990 (2019) DISTRICT, INC.

Part III | Statement of Program Service Accomplishments

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Га	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	THE MISSION OF YVEDD, INC IS TO PROVIDE QUALITY PROGRAMS AND SERVICES
	TO ALLEVIATE THE CAUSES AND CONDITIONS OF POVERTY AND TO ENHANCE THE
	QUALITY OF LIFE FOR LOW INCOME AND ELDERLY CITIZENS.
	
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as 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	(Code:) (Expenses \$ 3,852,680 • including grants of \$) (Revenue \$ 2,738,172 •)
	YVEDD, INC IS ENGAGED IN PROVIDING NON-URBAN TRANSPORTATION SERVICES
	FOR THE FOUR COUNTY AREA. THE TRANSPORTATION SERVICES PROVIDED ARE
	CONDUCTED USING GRANT FUNDING AND CONTRACTS FROM FEDERAL, STATE AND
	LOCAL SOURCES AS WELL AS FEES CHARGED FOR SERVICES PROVIDED TO ELIGIBLE
	INDIVIDUALS.
	(Code:) (Expenses \$ 3,851,412 • including grants of \$) (Revenue \$)
4b	(Code:) (Expenses \$ 3,851,412. including grants of \$) (Revenue \$) YVEDD, INC IS ENGAGED IN PROVIDING EARLY LEARNING OPPORTUNITIES TO
	ELIGIBLE PARTICIPANTS IN THE FOUR COUNTY AREA. THE SERVICES ARE
	PROVIDED UNDER HEAD START GRANTS AND LOCAL AND STATE CONTRACTS.
4c	(Code:) (Expenses \$
	YVEDD, INC PROVIDES CHILD AND ELDERLY NUTRITION SERVICES TO ELIGIBLE
	PARTICIPANTS IN THE FOUR COUNTY AREA. THESE SERVICES ARE PROVIDED UNDER
	THE USDA CHILD AND ADULT FOOD PROGRAMS, USDA COMMODITY FOODS AND THE US
	DHHS TITLE III, PART C ELDERLY NUTRITION PROGRAMS.
A -1	Other program continue (Describe on Schedule O.)
4d	Other program services (Describe on Schedule O.) (Expenses \$ 3,151,466 • including grants of \$) (Revenue \$ 1,430,728 •)
	(Expenses \$ 3,151,460 • including grants of \$) (Revenue \$ 1,430,720 •) Total program service expenses ► 11,058,919 •
-10	Form 990 (2019)

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Form 990 (2019) DISTRICT, INC.
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
_	during the tax year? If "Yes," complete Schedule C, Part II	4		- 25
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
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		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
Ū	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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		Х
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's siability 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	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		Х
. •	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		Х
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		 -
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form 990 (2019) DISTRICT, INC.

Part IV Checklist of Required Schedules (continued)

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			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
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			l
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year 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			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			3.7
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			3.7
	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			- V
	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 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			X
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?	00-		х
20	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30		30		x
31	contributions? If "Yes," complete Schedule M	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 33		 -
-	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	L_
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			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С				
	(gambling) winnings to prize winners?	1c	Х	

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DISTRICT, INC.
Statements Regarding Other IRS Filings and Tax Compliance (continued) Form 990 (2019) Part V

			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		37	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	_		37
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			,,
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			37
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			,,
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			37
а	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		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		\ ₃₇
	to file Form 8282?	7c		Х
	If "Yes," indicate the number of Forms 8282 filed during the year	_		v
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	0		
	P. I	9a		
a h	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	30		
	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 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
~	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	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.			
b	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			
С	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

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Form 990 (2019) DISTRICT, INC.

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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.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 24			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	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	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		37	
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40		Х
	taxable entity during the year?	16a		Λ
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	401-		
800	exempt status with respect to such arrangements? tion C. Disclosure	16b		
	List the states with which a copy of this Form 990 is required to be filed NONE			
17 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	le onle	/) avail	ahle
10	for public inspection. Indicate how you made these available. Check all that apply.	jo Urily	, avall	avie
	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, ar	d fina	ncial	
19	statements available to the public during the tax year.	u miai	ioiai	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
_0	CHRIS FOWLER - 336-367-3527			
	533 NORTH CAROLINA AVE, HIGHWAY 601, BOONVILLE, NC 27011			

DISTRICT, INC. 56-0851147 Page 7 Form 990 (2019)

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

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

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

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

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

Check this box if neither the organizati	on nor any related	orga	aniza	tion	cor	npe	nsat	ted any current officer, of	director, or trustee.	
(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average		not c		more	than		Reportable	Reportable	Estimated
	hours per	box	, unle cer an	ss pe d a d	rson irecto	is bot or/trus	h an tee)	compensation	compensation	amount of
	week (list any	_					É	from the	from related organizations	other compensation
	hours for	Individual trustee or director				P		organization	(W-2/1099-MISC)	from the
	related	ee or	stee			nsate		(W-2/1099-MISC)	(11 2/ 1000 111100)	organization
	organizations	trust	Institutional trustee		oyee	Highest compensated employee				and related
	below	vidua	itutior	ser	Key employee	nest c	Former			organizations
	line)	ib	Inst	Officer	Key	High	Forr			
(1) MICKEY CARTNER	5.00									
CHAIR		Х		Х				0.	0.	0.
(2) EDDIE HARRIS	5.00								•	•
VICE CHAIR	<u> </u>	Х		Х				0.	0.	0.
(3) SYLVIA JESSUP	5.00									•
SECRETARY	F 00	Х		Х				0.	0.	0.
(4) JIM BROWN	5.00	٠,,		37					0	•
TREASURER	F 00	Х		Х				0.	0.	0.
(5) DEBRA JESSUP	5.00	\ \		37				0.	0.	0
PARLIAMENTARIAN	5.00	Х		Х				0.	0.	0.
(6) MIKE CROUSE	3.00	Х		х				0.	0.	0.
CHAPLAIN (7) LARRY TOUNGON	1.00	^		Λ				0.	0.	0.
(7) LARRY JOHNSON DIRECTOR	1.00	Х						0.	0.	0.
(8) MARK JONES	1.00	^						0.	0.	0.
DIRECTOR	1.00	Х						0.	0.	0.
(9) MARLANA RILEY	1.00	<u>^`</u>						0.	0.	•
DIRECTOR	1.00	Х						0.	0.	0.
(10) JIMMY WALKER	1.00							0.	•	
DIRECTOR	1.00	x						0.	0.	0.
(11) MARION WELBORN	1.00							•		
DIRECTOR		х						0.	0.	0.
(12) SUZANNE WRIGHT	1.00									
DIRECTOR		Х						0.	0.	0.
(13) JAMIE YONTZ	1.00									
DIRECTOR		Х						0.	0.	0.
(14) CAROLYN CARRIER	1.00									
DIRECTOR		Х						0.	0.	0.
(15) ANA FLORES-CORTEZ	1.00									
DIRECTOR		Х						0.	0.	0.
(16) WAYNE FRYE	1.00									
DIRECTOR		Х						0.	0.	0.
(17) MICHAEL HUNT	1.00							_	_	_
DIRECTOR		Х						0.	0.	0.

DISTRICT, INC. 56-0851147 Page 8 Form 990 (2019) Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (C) (A) (F) (D) (E) Position Name and title Average Reportable Reportable Estimated (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee) week from from related other (list any organizations compensation ndividual trustee or director the hours for organization (W-2/1099-MISC) from the related nstitutional trustee (W-2/1099-MISC) organization organizations (ey employee and related below organizations Officer line) 1.00 (18) SHELBY KING 0. 0. 0. DIRECTOR (19) JO ANN LAYELL 1.00 X 0 0 . 0. DIRECTOR (20) REBECCA VANHOY 1.00 X 0. 0. 0. DIRECTOR 1.00(21) KELLY CRAINE X 0 0 . DIRECTOR 0. (22) RICHARD LASKY 1.00 0. 0 . DIRECTOR Х О. (23) MARY OLVERA 1.00 X 0. 0. 0. DIRECTOR (24) EDWARD STEVENS 1.00 X 0. 0 . 0. DIRECTOR 40.00 (25) KATHY PAYNE X 72,619. 7.860. EXECUTIVE DIRECTOR 72,619 0. 7,860 1b Subtotal 0. 0. c Total from continuation sheets to Part VII, Section A 7,860. 72,619. d Total (add lines 1b and 1c). Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable 0 compensation from the organization Yes No Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual Х 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 Х Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services X rendered to the organization? If "Yes," complete Schedule J for such person **Section B. Independent Contractors** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (C) (A) (B) Name and business address NONE Description of services Compensation

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Form 990 (2019) DISTRIC Part VIII Statement of Revenue

DISTRICT, INC.

56-0851147 Page 9

		Check if Schedule O	contains	a response	or note to any lin	ne in this Part VIII			
						(A)	(B)	(C)	_ (D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
र र	1 2	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues							
		Fundraising events							
		Related organizations			7,169,775.				
		Government grants (conti			7,109,773.				
	T	All other contributions, gifts,			160 014				
		similar amounts not included			169,014.				
no Du		Noncash contributions included in				E 220 E00			
0 e	h	Total. Add lines 1a-1f				7,338,789.			
	_	TD11/4D0DT1 TT01/		Business Code	0 520 150	0 520 150			
ice	2 a				624100	2,738,172.	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' 		
le Z	b	·	UE		624100	957,068.			
n S	C	WEATHERIZATION			624100	238,734.			
gra Re	C	SENIOR CENTER			624100	234,926.	234,926.		
Program Service Revenue	е								
۵	f	f All other program service revenue g Total. Add lines 2a-2f							
\rightarrow	g					4,168,900.			
	3	Investment income (include							
		other similar amounts)				1,704.			1,704.
	4	Income from investment of	of tax-ex	empt bond p	proceeds				
	5	Royalties							
			1 L	(i) Real	(ii) Personal				
	6 a	Gross rents	6a						
	b	Less: rental expenses	6b						
	c	Rental income or (loss)	6с						
	c	Net rental income or (loss							
	7 a	Gross amount from sales of	(i)	Securities	(ii) Other				
		assets other than inventory	7a						
	b	Less: cost or other basis							
en l		and sales expenses	7b		43,241.				
ther Revenue	c	Gain or (loss)	7c		-43,241.				
Re		Net gain or (loss)				-43,241.			-43,241.
Je		Gross income from fundraisi							
₹		including \$		of					
		contributions reported on	line 1c).	. See					
		Part IV, line 18	·	8a					
	b	Less: direct expenses							
		Net income or (loss) from							
		Gross income from gamin							
		Part IV, line 19	-						
	b	Less: direct expenses							
	c	Net income or (loss) from	gaming	activities					
		Gross sales of inventory,							
		and allowances							
	b	Less: cost of goods sold							
		: Net income or (loss) from							
<u></u>		()		,	Business Code				
Miscellaneous Revenue	11 a	1							
ng an	b								
	c								
<u>18</u> 6		All other revenue							
≥		Total. Add lines 11a-11d							
	12	Total revenue. See instruction				11,466,152.	4,168,900.	0.	-41,537.
	_								,

DISTRICT, INC. Form 990 (2019)

Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX (D) (C) (A) Total expenses Do not include amounts reported on lines 6b. Program service expenses Management and general expenses Fundráisina 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 72,619. 72,619. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 4,545,255. 4,177,183. 368,072. Other salaries and wages 7 Pension plan accruals and contributions (include 30,145. 323,044 292,899 section 401(k) and 403(b) employer contributions) 1,051,990. 980,019. 71,971. Other employee benefits 9 22,048. 206,617. 184,569. Payroll taxes 10 Fees for services (nonemployees): a Management Legal 36,610. 36,610. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 401,301. 386,632. 14,669. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 Office expenses 13 14 Information technology 15 Royalties 19,277. 405,691. 386,414. 16 Occupancy 1,616,447. 1,611,365. 5,082. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 12,903. 12,903. Interest 20 Payments to affiliates 21 706,070. 624,919. 81,151. Depreciation, depletion, and amortization 22 248,974. 228,287. 20,687. 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24è amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 605,191. 591,371. 13,820. SUPPLIES FOOD 509,093. 509,093. 185,584. COMMUNICATIONS 187,689. 2,105. 87,305. 87,206. 99. TRAINING 5,763. 806,238. 800,475. e All other expenses 11,823,037. 11,058,919. 764,118. 0. Total functional expenses. Add lines 1 through 24e 25 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)

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19) DISTRICT, INC. 56-0851147 Page 11

Form 990 (2019)
Part X Balance Sheet

Ра	ILΛ	balance Sheet					
		Check if Schedule O contains a response or no	te to an	y line in this Part X			<u></u>
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments	919,256.	2	1,539,800.		
	3	Pledges and grants receivable, net	463,494.	3	518,349.		
	4	Accounts receivable, net		326,843.	4	285,929.	
	5	Loans and other receivables from any current of					
	-	trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disqual					
	•	under section 4958(f)(1)), and persons describe				6	
Ø	7	Notes and loans receivable, net		F		7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges			50,339.	9	73,060.
	1	Land, buildings, and equipment: cost or other			,		.,
		basis. Complete Part VI of Schedule D	10a	9,251,101.			
	h	Less: accumulated depreciation		6,865,662.	3,019,347.	10c	2,385,439.
	11	Investments - publicly traded securities			.,,	11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equ			4,779,279.	16	4,802,577.
	17	Accounts payable and accrued expenses	971,833.	17	709,408.		
	18	Grants payable		18	,		
	19	Deferred revenue				19	123,419.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
S	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subs					
lig		controlled entity or family member of any of the				22	
Ë	23	Secured mortgages and notes payable to unrel			273,866.	23	231,639.
	24	Unsecured notes and loans payable to unrelate			. ,	24	. ,
	25	Other liabilities (including federal income tax, pa		· · · · · · · · · · · · · · · · · · ·			
		parties, and other liabilities not included on line	-				
		of Schedule D	= .,	, complete rail / t	244,089.	25	237,175.
	26	Total liabilities. Add lines 17 through 25			1,489,788.	26	1,301,641.
		Organizations that follow FASB ASC 958, che			· · ·		, ,
Ses		and complete lines 27, 28, 32, and 33.					
anc	27				719,515.	27	1,372,498.
Bal	28	Net assets with donor restrictions		F	2,569,976.	28	2,128,438.
pu		Organizations that do not follow FASB ASC 9					
Ē		and complete lines 29 through 33.	,				
s or	29	Capital stock or trust principal, or current funds				29	
šets	30	Paid-in or capital surplus, or land, building, or ea				30	
As	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			3,289,491.	32	3,500,936.
2	33	Total liabilities and net assets/fund balances			4,779,279.	33	4,802,577.
		. Star habilities and not assets/fully baldifices .			=,:::,=::	50	=,=,=,=,,,,

Form **990** (2019)

Form 990 (2019) DISTRICT, INC. 56-0851147 Page 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 2 3 4 5 6 7	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses	1 2 3 4 5 6 7	11,46 11,82 -35 3,28	6,1 3,0 6,8	37. 85. 91.
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,	10	3,50	n 9	36.
Pa	column (B)) rt XII Financial Statements and Reporting	10	3,30	0,5	50•
	Check if Schedule O contains a response or note to any line in this Part XII				
	Oncok ii Gonedale o containe a responde of note to any line iii alie i are xii			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 in Schedule	О.	-		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	d on a			
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat				
	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	e 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 Sch	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sit	-			
	Act and OMB Circular A-133?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required			τ,	
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X	

Form **990** (2019)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

YADKIN VALLEY ECONOMIC DEVELOPMENT **Employer identification number** Name of the organization DISTRICT, INC. 56-0851147 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

Schedule A (Form 990 or 990-EZ) 2019 DISTRICT, INC.

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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) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 8,067,063. 7,822,765 8,400,293 7,259,758 7,338,789 38,888,668. 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 8,067,063. 7,822,765 8,400,293 7,259,758. 7,338,789 38,888,668. 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. column (f) 38,888,668. 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) **(b)** 2016 (a) 2015 (c) 2017 (d) 2018 (e) 2019 (f) Total 8,067,063. 7,822,765. 8,400,293, 7,259,758. 7,338,789 38,888,668. 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties, 633. 1,486. 1,763. 603. 1,704. 6,189. and income from similar sources 9 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.) 38 894 857. 11 Total support. Add lines 7 through 10 20.954.407. 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 99.98 14 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2018 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2019. 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 - 2018. 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 - 2019. 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 - 2018. 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

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 DISTRICT, INC.

56-0851147 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.)

Se	ction A. Public Support	now, please com	piete Part II.)				
	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and	(-,/ = - : -	(-,	(5,=5.1	(1) = 1 1	(-,	(-)
_	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						
2	Gross receipts from activities that						
3	are not an unrelated trade or bus-						
1	Tax revenues levied for the organ-						
7	ization's benefit and either paid to						
	or expended on its behalf						
_	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	• • • • • • • • • • • • • • • • • • • •						
	Total. Add lines 1 through 5						
/ 6	A Amounts included on lines 1, 2, and						
,	3 received from disqualified persons Amounts included on lines 2 and 3 received						-
•	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
			#1,0040	() 0047	(0 0040	() 0040	(O.T.)
	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						
108	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	's first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	zation,
_							<u></u>
	ction C. Computation of Publi						
15	Public support percentage for 2019 (lin	ne 8, column (f),	divided by line 13,	column (f))		15	%
16	Public support percentage from 2018					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
19	a 33 1/3% support tests - 2019. If the	organization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box an	d stop here. The	organization qual	ifies as a publicly s	supported organiz	zation	▶□
ŀ	o 33 1/3% support tests - 2018. If the	organization did r	not check a box or	n line 14 or line 19a	a, and line 16 is m	nore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, ched	ck this box and s f	top here. The orga	anization qualifies 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 t	his box and see ir	nstructions	▶□

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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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 (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
_		
6		
7		
8		
9a		
Oh		
9b		
9с		
10a		
IUa		
10b		
m 990 or 99	90-EZ)	2019

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		,03111	<u>, L</u>	age 3
Pa	rt IV Supporting Organizations _(continued)		1	
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44		
	below, the governing body of a supported organization?	11a	\vdash	
	A family member of a person described in (a) above?	11b	\vdash	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. tion B. Type I Supporting Organizations	11c		
566	tion b. Type i oupporting organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	140
•	regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	$oxed{oxed}$	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), 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			
0	supported organizations played in this regard.	3		<u> </u>
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee instruction	ns).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b c	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 government entity (see	inetructions	c)	
2	Activities Test. Answer (a) and (b) below.	ristraction's	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	NO
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	20		
~	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а				
_	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	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.	3b		

Schedule A (Form 990 or 990-EZ) 2019 DISTRICT, INC.

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI). See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	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 1-1/2% 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 .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 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 integrat	ed Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 DISTRICT, INC.

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Par	rt V Type III Non	-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	ion D - Distributions				Current Year
1	Amounts paid to suppo				
2	Amounts paid to perfor				
	organizations, in exces	s of income from activity			
3	Administrative expense	es paid to accomplish exempt purpose	es of supported organization	ns	
4	Amounts paid to acquir	re exempt-use assets			
5	Qualified set-aside amo	ounts (prior IRS approval required)			
6	Other distributions (des	scribe in Part VI). See instructions.			
7	Total annual distributi	ons. Add lines 1 through 6.			
8	Distributions to attentiv	re supported organizations to which the	ne organization is responsive	e	
	(provide details in Part	VI). See instructions.			
9	Distributable amount fo	or 2019 from Section C, line 6			
10	Line 8 amount divided	by line 9 amount			
Secti	ion E - Distribution Allo	ocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount fo	or 2019 from Section C, line 6			
2	Underdistributions, if a	ny, for years prior to 2019 (reason-			
	able cause required- ex	plain in Part VI). See instructions.			
3	Excess distributions ca	rryover, if any, to 2019			
а	From 2014				
b	From 2015				
С	From 2016				
d	From 2017				
е	From 2018				
f	Total of lines 3a throug	h e			
g	Applied to underdistrib	utions of prior years			
h	Applied to 2019 distrib	utable amount			
i	Carryover from 2014 no	ot applied (see instructions)			
j	Remainder. Subtract lin	nes 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 f	rom Section D,			
	line 7:	\$			
а	Applied to underdistrib	utions of prior years			
b	Applied to 2019 distrib	utable amount			
С	Remainder. Subtract lin	nes 4a and 4b from 4.			
5	Remaining underdistrib	utions for years prior to 2019, if			
	any. Subtract lines 3g a	and 4a from line 2. For result greater			
	than zero, explain in Pa	rt VI. See instructions.			
6	Remaining underdistrib	utions for 2019. Subtract lines 3h			
	and 4b from line 1. For	result greater than zero, explain in			
	Part VI. See instruction	IS.			
7	Excess distributions of	carryover to 2020. Add lines 3j			
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2015				
b	Excess from 2016				
С	Excess from 2017				
d	Excess from 2018				
	Excess from 2019				

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 DISTRICT

Schedule A	(Form 990 or 990-EZ) 2019 DISTRICT,	INC.	56-0851147 Page 8
Part VI	Supplemental Information. Provide th Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a line 1; Part IV, Section D, lines 2 and 3; Part IV	e explanations required by Part II, line 10; Part II, line 17a or a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 , Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V	17b; Part III, line 12; and 2; Part IV, Section C, /, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Sectio (See instructions.)	n E, lines 2, 5, and 6. Also complete this part for any addition	nal information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

YADKIN VALLEY ECONOMIC DEVELOPMENT DISTRICT

Employer identification number 56-0851147

Pa	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds	or Accounts Complete if the
ı u			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6	(a) Donor advised funds	(b) Funds and other accounts
_	Tatal mounth on at and of coor	(a) Bonor advised failes	(b) i dilas 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		ad formalis
5	Did the organization inform all donors and donor advisors in wri	_	
_	are the organization's property, subject to the organization's ex	-	
6	Did the organization inform all grantees, donors, and donor adv		
	for charitable purposes and not for the benefit of the donor or o		
Pa		sization anawarad "Vac" on Form 000 D	
	1 0	· · ·	art IV, III le 7.
1	Purpose(s) of conservation easements held by the organization	· · · · · · · · · · · · · · · · · · ·	historically important land area
	Preservation of land for public use (for example, recreation	· —	a historically important land area
	Protection of natural habitat	Preservation of a	a certified historic structure
•	Preservation of open space		6
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribution in the form of	
_	day of the tax year.		Held at the End of the Tax Year
a			
b		to the dead in (a)	
C	Number of conservation easements on a certified historic struc		
d	Number of conservation easements included in (c) acquired after		l l
_	listed in the National Register		
3	Number of conservation easements modified, transferred, relea	ised, extinguished, or terminated by the	organization during the tax
4	year	ment is leasted	
4	Number of states where property subject to conservation ease		
5	Does the organization have a written policy regarding the period violations, and enforcement of the conservation easements it h		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha		
U	Land volunteer rours devoted to monitoring, inspecting, na	and emoreing cons	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handlin	a of violations, and enforcing conservat	ion essements during the year
•	\$\\$\$\$ \$\$\$ \$\$\$ \$\$\$ \$\$\$ \$\$\$ \$\$\$ \$\$\$ \$\$\$	ig of violations, and emorcing conservat	on easements during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 1700	a)(4)(B)(i)
Ü	and section 170(h)(4)(B)(ii)?	•	
9	In Part XIII, describe how the organization reports conservation		
•	balance sheet, and include, if applicable, the text of the footnot	•	
	organization's accounting for conservation easements.	is to the organization of infancial statement	The trial describes the
Pa	t III Organizations Maintaining Collections of A	Art, Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" on Form 99		
	If the organization elected, as permitted under FASB ASC 958,	not to report in its revenue statement ar	nd balance sheet works
	of art, historical treasures, or other similar assets held for public	·	
	service, provide in Part XIII the text of the footnote to its financi		•
b	If the organization elected, as permitted under FASB ASC 958,		
	art, historical treasures, or other similar assets held for public ex	·	
	provide the following amounts relating to these items:	,	,
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical treasured		
	the following amounts required to be reported under FASB ASC	•	~
а	Revenue included on Form 990, Part VIII, line 1	_	> \$
	Assets in all related in Forms 000, Part V		

Schedule D (Form 990) 2019

DISTRICT, INC.

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Pai	rt III	Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures,	or Othe	er S	milar A	ssets(cont	inued)	
3	Usin	g the organization's acquisition, accessi	on, and other record	ls, chec	k any of the	following tha	at make s	signifi	cant use c	f its		
	colle	ection items (check all that apply):										
а		Public exhibition	d		Loan or exc	hange progra	am					
b		Scholarly research	е		Other							
С		Preservation for future generations										
4	Prov	ride a description of the organization's co	ollections and explain	n how th	ney further t	he organizati	ion's exe	mpt į	ourpose in	Part XIII.		
5		ng the year, did the organization solicit o										
	to b	e sold to raise funds rather than to be ma	aintained as part of t	he orga	nization's c	ollection?				Yes		No
Pai	rt IV	Escrow and Custodial Arran	gements. Comple	ete if the	organizatio	n answered	"Yes" on	Forn	n 990, Parl	IV, line 9, c	r	
		reported an amount on Form 990, Par	t X, line 21.									
1a	Is th	e organization an agent, trustee, custodi	an or other intermed	diary for	contribution	ns or other as	ssets not	inclu	ded			
	on F	orm 990, Part X?								Yes		□No
b		es," explain the arrangement in Part XIII										
										Amour	nt	
С	Beg	nning balance						[1c			
d		itions during the year							1d			
е		ibutions during the year							1e			
f		ng balance						Г	1f			
2a		the organization include an amount on Fo						lity?		Yes		No
b	If "Y	es," explain the arrangement in Part XIII.	Check here if the ex	kplanatio	on has been	provided on	Part XIII				. \square	
Pai	rt V	Endowment Funds. Complete it	the organization an	swered	"Yes" on Fo	orm 990, Par	t IV, line ⁻	10.				
			(a) Current year	(b) P	rior year	(c) Two yea	rs back	(d) T	ree years b	ack (e) Fou	ır years	back
1a	Beg	nning of year balance	•		•							
b		tributions										
С		investment earnings, gains, and losses										
d		nts or scholarships										
е		er expenditures for facilities										
		programs										
f		ninistrative expenses										
g		of year balance										
2		ride the estimated percentage of the curr	ent vear end balanc	e (line 1	a. column (a	a)) held as:				I		
а		rd designated or quasi-endowment	,	%	J, ("						
b		nanent endowment	%	_								
С		· —	<u></u> '									
		percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
За		there endowment funds not in the posse		ation tha	at are held a	and administe	ered for t	he or	ganization			
	by:	·	J						J		Yes	No
		Unrelated organizations								3a(i)		
		Related organizations										
b		es" on line 3a(ii), are the related organiza										
4		cribe in Part XIII the intended uses of the										<u> </u>
Pai	rt VI	Land, Buildings, and Equipm										
		Complete if the organization answered). Part I\	/. line 11a. S	See Form 990	D. Part X.	line	10.			
		Description of property	(a) Cost or o			or other			ulated	(d) Boo	ok valu	IE.
		bescription of property	basis (investr		` '	(other)		orecia		(4) 500	n vala	
	Land	<u> </u>	 	-7		5,223.				26	5.2	23.
b		dings				6,656.	2.4	413	,196.	1,21		
		sehold improvements			-,	.,	,		, = > • •	_,	- , -	
d		pment			1.64	2,754.	1.2	275	,257.	36	7,4	97.
	Othe					6,468.			,209.		9,2	
		l lines 1a through 1e. <i>(Column (d) must</i> e		X. colur			- , -		<u> </u>	2,38		

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019

DISTRICT, INC.

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Part VI	I Investments - Other Securities.			
	Complete if the organization answered "Yes"			
(a) Descr	ription of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
. ,	cial derivatives			
	ly held equity interests			
(3) Other				
(A)				
(B)				
(C) (D)				
(E)				
(F)				
(G)				
(H)				
	(b) must equal Form 990, Part X, col. (B) line 12.)			
Part VI	II Investments - Program Related.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, lir	ne 11c. See Form 990, Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX				
	Complete if the organization answered "Yes"	on Form 990. Part IV. lir	ne 11d. See Form 990. Part X. line 15.	
		Description	, ,	(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)		4=1		
Part X	lumn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	9 15.)	_	·[
FaitA	Complete if the organization answered "Yes"	on Form 900 Part IV lin	ne 11e or 11f See Form 000 Bart V line 3	5
1.	(a) Description of liability	on i onn 990, rail iv, ill	TO THE OF THE OCCUPANT OF THE 2	(b) Book value
	ederal income taxes			(a) I som value
	APITAL EQUIPMENT LEASE P.	AYABLE		237,175.
(3)	~ *			, ,
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Co.	lumn (b) must equal Form 990, Part X, col. (B) line	e 25.)		237,175.
	ty for uncertain tax positions. In Part XIII, provide			
organi	ization's liability for uncertain tax positions under	FASB ASC 740. Check	here if the text of the footnote has been	provided in Part XIII X

Schedule D (Form 990) 2019 DISTRICT, INC.

56-0851147 Page 4

Par	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With	n Revenue per R	eturr	١.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	12,034,482.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	568,330.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	568,330.
3	Subtract line 2e from line 1			3	11,466,152.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b			•
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	11,466,152.
Pai	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents Wit	in Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				11 002 027
1	Total expenses and losses per audited financial statements			1	11,823,037.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities				
b	Prior year adjustments				
C	Other losses				
d	Other (Describe in Part XIII.)			0-	0.
e	Add lines 2a through 2d			2e 3	11,823,037.
3	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:			3	11,025,057.
4	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
a h	Other (Describe in Part XIII.)	-			
0	A stat Proper Alexand Alexandra	1.0		4c	0.
	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)			5	11,823,037.
	rt XIII Supplemental Information.				, ,
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV, lines 1k	and 2b; Part V, line	4; Part	X, line 2; Part XI,
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addi				
PAI	RT X, LINE 2:				
				~ -	
TT	IS THE ORGANIZATION'S POLICY TO EVALUATE A	7TT 17	AX POSITION	S T	O IDENTIFY
7 7 7 7	, milam way de congradad inidedmathi ali thi	3 3700 T 13 5	CHD MAMHDIA	т т	7. 37
AN	THAT MAY BE CONSIDERED UNCERTAIN. ALL IDI	ZIV,T,T,E	LED MATERIA	ь т.	AA
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тнт	UNCERTAIN TAX POSITION MAY HAVE ON THE F	NANC	TAL STATEME	NTS	. NO
				-11-10	• 110
MAT	TERIAL UNCERTAIN TAX POSITIONS WERE IDENTIF	FIED E	FOR 2020 AN	D 2	019. ANY
-					
CHA	ANGES IN THE AMOUNT OF A TAX POSITION WILL	BE RI	ECOGNIZED I	N T	HE PERIOD
THE	E CHANGE OCCURS.				

Schedule D (Form 990) 2019	DISTRICT, INC.	56-0851147 _{Page 5}
Schedule D (Form 990) 2019 Part XIII Supplemental In	formation (continued)	
		-

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. **Open to Public**

OMB No. 1545-0047

Inspection

Name of the organization

YADKIN VALLEY ECONOMIC DEVELOPMENT DISTRICT, INC.

Employer identification number 56-0851147

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: CONDITIONS OF POVERTY AND TO ENHANCE THE QUALITY OF LIFE FOR LOW INCOME AND ELDERLY CITIZENS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: CSBG SELF-SUFFICIENCY PROGRAM; QAA TITLE III, A & B; SENIOR CENTER OPERATIONS (5 CENTERS); WEATHERIZATION ASSISTANCE PROGRAM; WAP/HARPP; RSVP ELDERLY VOLUNTEER SERVICES; DOMESTIC VIOLENCE-EDUCATION AND PREVENTION; FEMA.

EXPENSES \$ 3,151,466. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,430,728.

FORM 990, PART VI, SECTION B, LINE 11B:

AFTER COMPLETION OF THE DRAFT COPY OF FORM 990, AN ENCRYPTED ELECTRONIC COPY OF THE FORM IS MADE AVAILABLE BY THE FINANCE DIRECTOR TO THE EXECUTIVE DIRECTOR AND THE BOARD OF DIRECTORS. UPON REVIEW THE BOARD AND FINANCE COMMITTEE MEMBERS CAN DIRECT ANY QUESTIONS OR COMMENTS TO THE FINANCE DIRECTOR AND EXECUTIVE DIRECTOR.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY REQUIRES ANNUAL REVIEW AND DISCLOSURE BY DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD OF DIRECTORS HAS FINAL AUTHORITY TO APPROVE THE COMPENSATION FOR THE EXECUTIVE DIRECTOR. THE AGENCY'S PERSONNEL COMMITTEE REVIEWS THE

COMPENSATION FOR ALL COMPENSATED OFFICERS AND KEY EMPLOYEES (AS DEFINED FOR LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019)

Schedule O (Form 990 or 9	990-EZ) (2019)				Page 2
Name of the organization	YADKIN VALLE DISTRICT, IN		DEVELOPMEN	T	Employer identification number 56-0851147
FORM 990).					
FORM 990, PAR	T VI, SECTION	C, LINE 19	:		
FORM 990 AND	THE FINANCIAL	STATEMENTS	OF THE AG	ENCY ARE A	VAILABLE TO THE
PUBLIC AT THE					
AVAILABLE TO	THE PUBLIC WI	TH APPROVAL	FROM THE	BOARD.	

Form **8868**

(Rev. January 2020)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ File a separate application for each return.▶ Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

	acts, for which an extension request must be sent to the IR of this form, visit www.irs.gov/e-file-providers/e-file-for-chari		,	details on	the electronic			
Auto	matic 6-Month Extension of Time. Only subm	it origin	al (no copies needed)					
All cor	porations required to file an income tax return other than Fouse Form 7004 to request an extension of time to file income	orm 990-T	(including 1120-C filers), partnership	os, REMIC	s, and trusts			
Type o								
File by t due date filing you return. S	e for Number, street, and room or suite no. If a P.O. box, sure 533 N CAROLINA AVENUE. HWY		tions.		56-08511	<u> </u>		
instructi	City, town or post office, state, and ZIP code. For a for BOONVILLE, NC 27011		, 					
Enter :	the Return Code for the return that this application is for (file	e a separa	ate application for each return)			[0]1]		
Applic	cation	Return	Application			Return		
ls For		Code	Is For			Code		
Form 9	990 or Form 990-EZ	01	Form 990-T (corporation)			07		
Form 9	990-BL	02	Form 1041-A			08		
Form 4	4720 (individual)	03	Form 4720 (other than individual)			09		
Form 9	990-PF	04	Form 5227			10		
Form 9	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 9	990-T (trust other than above)	06	Form 8870			12		
Tel If the	e books are in the care of beginning books are in the care of beginning books are in the care of beginning books are in the care of books are in t	27011 s in the Ur Group Exe	emption Number (GEN) I	f this is for	r the whole group,			
	1 I request an automatic 6-month extension of time until MAY 17, 2021 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ▶ □ calendar year or							
	If the tax year entered in line 1 is for less than 12 months, c Change in accounting period			Final retur				
	If this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069,	enter the tentative tax, less	3-	e	0.		
	any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069	onter en	v rofundable credits and	3a	\$			
	estimated tax payments made. Include any prior year overp			3b	\$	0.		
	Balance due. Subtract line 3b from line 3a. Include your pa			30	Ψ			
	using EFTPS (Electronic Federal Tax Payment System). See	instruction	ons.	3c	\$	0.		
	on: If you are going to make an electronic funds withdrawal	(direct de	bit) with this Form 8868, see Form 8	8453-EO ar	nd Form 8879-EO f	or payment		

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

Form 8868 (Rev. 1-2020)