PUBLIC INSPECTION COPY Return of Organization Exempt From Income Tax

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Information about Form 990 and its instructions is at www.irs.gov/form990.

Α	For the	2014 calendar year, or tax year beginning and endi	ng		
В	Check if applicable	C Name of organization		D Employer identifi	cation number
Г	Addres	NORTH CAROLINA 811, INC.			
F	Name change			58_1	339494
一	Initial return		1/suite	E Telephone numbe	
	Final return/	2300 W MEADOWVIEW RD 227		,	855-5760
	termin- ated			G Gross receipts \$	5,054,309.
	Amend			H(a) Is this a group r	
	Applica	F Name and address of principal officer:LOUIS PANZER			3? Yes X No
	pendin	SAME AS C ABOVE		H(b) Are all subordinates i	
$\overline{}$	Tax-exe	mpt status: 501(c)(3) _ X 501(c) (4) ◀ (insert no.) 4947(a)(1) or	527		list. (see instructions)
		e: ► WWW.NC811.ORG		H(c) Group exemption	
			Year o		State of legal domicile: NC
		Summary	1000	71.01111ation: <u>1</u> 2.7.0[1	or clate of logar doffiners, 140
_	1 1	Briefly describe the organization's mission or most significant activities: TO PROV	IDE	AN EFFICIE	NT.
Governance		AFFORDABLE COMMUNICATION NETWORK SERVICE OF			
2		Check this box if the organization discontinued its operations or disposed o			
ove		Number of voting members of the governing body (Part VI, line 1a)			21
ğ		Number of independent voting members of the governing body (Part VI, line 1b)			21
SS		otal number of individuals employed in calendar year 2014 (Part V, line 2a)			71
ij		otal number of volunteers (estimate if necessary)			0
Activities	7 a 1	otal unrelated business revenue from Part VIII, column (C), line 12		7a	0.
•		Net unrelated business taxable income from Form 990-T, line 34			0.
				Prior Year	Current Year
0	8 (Contributions and grants (Part VIII, line 1h)		0.	0.
ž		Program service revenue (Part VIII, line 2g)	- 1	4,509,830.	5,042,558.
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	_	7,004.	5,781.
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		83.	5,734.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,516,917.	5,054,073.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14 E	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,057,823.	3,390,703.
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
×		otal fundraising expenses (Part IX, column (D), line 25)			
Ш	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,347,036.	1,405,865.
	18 7	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,404,859.	4,796,568.
	19 F	Revenue less expenses. Subtract line 18 from line 12		112,058.	257,505.
Net Assets or Fund Balances			Beg	inning of Current Year	End of Year
set	20 1	otal assets (Part X, line 16)	. L	2,991,619.	3,229,472.
Age	21 7	otal liabilities (Part X, line 26)		<u>171,544.</u>	151,892.
컐	22 1	let assets or fund balances. Subtract line 21 from line 20		2,820,075.	3,077,580.
	art II	Signature Block			
		ties of perjury, I declare that I have examined this return, including accompanying schedules and			y knowledge and belief, it is
true	, correct	and complete. Declaration of preparer (other than officer) is based on all information of which pr	eparer i		
۵.		Signature of officer		3-20-) Date	3
Sig	- 9	, -		Date	
Her	e	LOUIS PANZER, EXECUTIVE DIRECTOR Type or print name and title			
		· · · · · · · · · · · · · · · · · · ·		ate / Check	PTIN
Paid		Print/Type preparer's name Preparer's signature Preparer's name	[3]	<i>⋜\&\.</i> c∣⊭ └	
	-	Firm's name D M J & CO., PLLC			
_	-	Firm's address 703 GREEN VALLEY ROAD, SUITE 201		Firm's EIN	56-0570567
536	J.11,	GREENSBORO, NC 27408		Dhona no 22	6-275-9886
 Mav	the IB	S discuss this return with the preparer shown above? (see instructions)		FIIONE 110.33	X Yes No

			1	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No
_	If "Yes," complete Schedule A	1	<u> </u>	X
2 3	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	İ		
	during the tax year? If "Yes," complete Schedule C, Part II	_4		
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	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,	ĺ		l
_	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		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or 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, 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,	Ì		
	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	f		
٦.	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	4 4 4		
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		Λ
·	the organization's departure or consolidated infamous statements for the tax year include a roomote 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	"	21	
	Schedule D, Parts XI and XII	12a	Х	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
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		<u>X</u> _
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
40	coiumn (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		<u>X</u>
19				v
202	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		_ <u>X</u> _
	if "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
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Part IV Checklist of Required Schedules (continued)

			Yes	No
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
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		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			
	Schedule K. If "No", go to line 25a	24a		X
b	y, and a second an	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part i	25b		<u>X</u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	1		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		_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):			
a	, , , , , , , , , , , , , , , , , , ,	28a		<u>X</u>
b		28b		<u>X</u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u>X</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
5.4	contributions? If "Yes," complete Schedule M	30	-	<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
20	If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			7.7
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		<u> </u>
აა		00		v
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33	-	<u>X</u>
34		,,		v
35a		34		$\frac{x}{x}$
b		35a		
IJ	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?	350		
-	If "Yes," complete Schedule R, Part V, line 2	26		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
٥.	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?	31		
	Note. All Form 990 filers are required to complete Schedule O	38	x	
		, 50		

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	8		77.0
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0		ļ
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			ĺ
	(gambling) winnings to prize winners?	. 1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	-		
	filed for the calendar year ending with or within the year covered by this return 2a 7	1		
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)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor	? 7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7 <u>b</u>		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	ĺ		
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	' <u>7h</u>		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			i
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	_		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	_		
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	\dashv		
Ь	· · · · · · · · · · · · · · · · · · ·			
10-	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	- ₄₀₋		
		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	\dashv		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
L	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			
D				
_	organization is licensed to issue qualified health plans Inter the amount of reserves on hand	\dashv		
	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14a		Λ

Form 990 (2014) NORTH CAROLINA 811, INC. 58-1339494 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 in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year 21 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 21 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? Х 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? X 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 4 Did the organization become aware during the year of a significant diversion of the organization's assets? X 5 Did the organization have members or stockholders? X 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х 8a Each committee with authority to act on behalf of the governing body? Х Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Νo 10a Did the organization have local chapters, branches, or affiliates? Х 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 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Х 12c Did the organization have a written whistleblower policy? X 13 13 Did the organization have a written document retention and destruction policy? X 14 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? a The organization's CEO, Executive Director, or top management official X 15a Other officers or key employees of the organization Х 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NC Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Upon request Another's website oxed Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 19 statements available to the public during the tax year.

Form 990 (2014)

State the name, address, and telephone number of the person who possesses the organization's books and records:

227,

CINDY BOOI - 336-855-5760

2300 W MEADOWVIEW ROAD, SUITE

27407

GREENSBORO

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per	(do		(C Pos heck ss pe	c) ition more rson i	l than is bot	one h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer s		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) BROOKS, ANDREW	1.00	v						•		
DIRECTOR	1 00	X	_			┢		0.	0.	0.
(2) EVERETT, JUSTUS DIRECTOR	1.00	Х						0.	0.	0.
(3) GROOME, BRIAN	1.00	1								
DIRECTOR		X						0.	0.	0.
(4) HORNE, LYMAN	5.00									
PRESIDENT		Х		X				0.	0.	0.
(5) HUNT, CHRIS	1.00							_	_	
DIRECTOR	1 00	Х			-			0.	0.	0.
(6) RICHARDSON, LARRY	1.00							0	•	
DIRECTOR	1 00	Х		_				0.	0.	0.
(7) JONES, ROGER	1.00	v						0	0	0
DIRECTOR	5.00	X						0.	0.	0.
(8) NELSON, JIM	3.00	Х		х				0.	0.	0
VICE PRESIDENT-FINANCE/TREASURER (9) OLDHAM, DONNIE	1.00	Α		^				0.		0.
DIRECTOR	1.00	х						0.	0.	0.
(10) PITTMAN, CHARLES	1.00	71								
DIRECTOR	1.00	Х						0.	0.	0.
(11) RUSS, CHRIS	2.00									<u> </u>
SECRETARY		Х		х				0.	0.	0.
(12) SHEARIN, BARRY	1.00				-					
DIRECTOR		Х					Ì	0.	0.	0.
(13) SHELDON, BRUCE	1.00	29								
DIRECTOR		X						0.	0.	0.
(14) SHINN, MIKE	1.00									
DIRECTOR		X						0.	0.	0.
(15) URQUHART, MIKE	2.00									
VICE PRESIDENT-OPERATIONS		Х		X				0.	0.	0.
(16) WATSON, ROGER	1.00							_		_
DIRECTOR	ļ	X						0.	0.	0.
(17) WEST, TOM	2.00	_		_				_	_	•
VICE PRESIDENT-LEGISLATIVE 432007 11-07-14	I	X		X	ļ			0.	0.	0. Form 990 (2014)

432007 11-07-14

Form 990 (2014)

(A)	(B)			(0	C)			(D)	(E)			(F)	
Name and title	Average	ída	not c	Pos heck			one	Reportable	Reportable		Es	timate	ed
	hours per week	box	, unle cer ar	ss pe	rson	is bot	h an	compensation	compensation	1		nount	of
	(list any	.	1				,,,,,	from the	from related organizations			other pensa	+100
	hours for	direct				_		organization	(W-2/1099-MIS			pensa om the	
	related	10 aa	stee			nsate		(W-2/1099-MISC)	(** 27 1000 7 110	Ο,		anizat	
	organizations	trust	al tru		yee	эшы		, , ,			_	d relat	
	below line)	Individual trustee or director	Institutional trustee	ОЩсег	Key employee	Highest compensated employee	Former			:	orga	anizati	ons
(19) MODELL MARG	2.00		Ĕ	\ \(\bar{\bar{\bar{\bar{\bar{\bar{\bar{	Ke	를 5	<u>B</u>				<u> </u>		
(18) WORTH, MARC VICE PRESIDENT-MEMBERSHIP	2.00	x	İ	x				0.		0.			0.
(19) YANCEY, DEAN	1.00												
DIRECTOR		Х	ļ			<u> </u>		0.		0.			0.
(20) PANZER, LOUIS	40.00	i	İ					,					
EXECUTIVE DIRECTOR	10.00	- 30		X		ļ	ļ!	136,895.		0.	2	1,4	34.
(21) BOOI, CYNTHIA	40.00			37				61 300		^	- 1		2 -
MANAGER-ACCOUNTING				X				61,388.		0.		5,8	<u> 35</u> .
		1	-										
									<u>. </u>				
		_											
			<u> </u>		<u> </u>								
		-											
			-										
	-												
1b Sub-total				,,,,,				198,283.		0.	3	7,2	69.
c Total from continuation sheets to Pa	rt VII, Section A						▶	0.		0.			0.
d Total (add lines 1b and 1c)								198,283.		0.	3	7,2	<u>69.</u>
2 Total number of individuals (including b		nose	liste	ed at	DOVE	e) wh	no re	ceived more than \$100	,000 of reportable)			1
compensation from the organization												Yes	No
3 Did the organization list any former offi	icer, director, or tr	uste	e, ke	y en	nplo	yee.	or h	nighest compensated er	mployee on				
line 1a? If "Yes," complete Schedule J	for such individual								.,,		3		Х
4 For any individual listed on line 1a, is th													
and related organizations greater than	\$150,000? If "Yes	," co	mple	ete S	Sche	edule	e J fo	or such individual			4		X
5 Did any person listed on line 1a receive					-			=					
rendered to the organization? If "Yes," Section B. Independent Contractors	complete Schedu	e J f	or st	uch I	pers	on .			·····		5		X
Complete this table for your five highes	et compensated in	dene	ende	ent c	ontr	antr	ore th	nat received more than	 \$100 000 of comr	nene	ation f	rom	
the organization. Report compensation										,,,,,	20011	0111	
(A)								(B)			(C		
Name and busin	ess address	N	INC	3			_	Description of s	ervices	C	omper	nsatio	n ——
							- 1						
							- 1						
							\perp						_
							\perp						
2 Total number of independent contractor	ors (including but r	ot li	mite	d to	tho	se li	sted	above) who received m	ore than				
\$100,000 of compensation from the org		.0: 111		٠.٠)		22010, MIO 10001960 III	2.0 (1,011				
											Form 9	000	

		Check if Schedule O cont	tains a resnonse	or note to any lir	ne in this Part VIII			
	_	Officer if Schedule O com	tams a response	of frote to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns	1a					012 071
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
2,5		Fundraising events						
iffs		Related organizations		,				
S,E		Government grants (contribut						
ë is		All other contributions, gifts, gran						
her	'	similar amounts not included abo						1
ξŏ	_	Noncash contributions included in lines						
Sep	_	Total. Add lines 1a-1f						
<u> </u>		Total. Add intes Ta-17		Business Code				
ø.	2.0	USER FEES			5,021,069.	5 021 069		
Κį		MEMBERSHIP FEES	3	561499	21,489.		 -	
Ser				201433	21,409.	21,409.		<u> </u>
E è	C							
gra Re	d							
Program Service Revenue	e	AN -41-						
_		All other program service reve			5,042,558.			
		Total. Add lines 2a-2f		•	D,U42,556.			
	3	Investment income (including			E 020			E 022
	_	other similar amounts)			5,932.			5,932.
	4	Income from investment of ta				-		
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a							
		Less: rental expenses						
		Rental income or (loss)						
	d	Net rental income or (loss)	·	<u> </u>				<u>. </u>
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	-	85.				
	b	Less: cost or other basis				·		
		and sales expenses		236.				
		Gain or (loss)		-151.				
	d	Net gain or (loss)			-151.			-151.
<u>o</u>	8 a	Gross income from fundraisin	g events (not					
enc		including \$	of					
Other Revenu		contributions reported on line	1c). See					
는			a]		
Ě	ь	Less: direct expenses	b			İ		
0	С	Net income or (loss) from fund	draising events	<u></u>				
	9 a	Gross income from gaming ac	ctivities. See					
		Part IV, line 19	a					
	b	Less: direct expenses	b					
		Net income or (loss) from gam		>				
	10 a	Gross sales of inventory, less	returns					
		and allowances	а					
	b	Less: cost of goods sold	b					
		Net income or (loss) from sale						
		Miscellaneous Revenu	le	Business Code				
	11 a	INVESTMENT INCO		561499	5,360.			5,360.
		MISCELLANEOUS I		561499	374.			374.
	C							
		All other revenue						· · · · · · · · · · · · · · · · · · ·
		Total. Add lines 11a-11d			5,734.			
	12	Total revenue. See instructions.			5,054,073.	5,042,558.	0.	11,515.
43200 11-07	9	The state of the s						Form 990 (2014)

Form 990 (2014) NORTH CAROLINA 811, INC.
Part IX Statement of Functional Expenses

Do n	Check if Schedule O contains a respons ot include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	Management and	(D) Fundraising
7b, 8	lb, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part (V, line 21				
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,		04.6 707	10 044	
	trustees, and key employees	235,551.	216,707.	18,844.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)			470 014	
7	Other salaries and wages	2,161,430.	1,988,516.	172,914.	
8	Pension plan accruais and contributions (include			46 000	
	section 401(k) and 403(b) employer contributions)	135,413.	124,580.	10,833.	
9	Other employee benefits	651,250.	599,150.	52,100.	
10	Payroll taxes	207,059.	190,494.	16,565.	
11	Fees for services (non-employees):				
а	Management				
b	Legal	41,938.		41,938.	
c	Accounting	18,103.		18,103.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch 0.)	19,800.	18,216.	1,584.	
12	Advertising and promotion	260,377.	239,547.	20,830.	
13	Office expenses	30,043.	<u> 27,639.</u>	2,404.	
14	Information technology	193,892.	178,381.	15,511.	
15	Royalties				
16	Occupancy	116,161.	<u> 106,868.</u>	9,293.	
17	Travel	153,843.	<u>141,536.</u>	12,307.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	48,262.	44,401.	3,861.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	67,764.	62,343.	5,421.	
23	Insurance	36,838.	33,891.	2,947.	
24	Other expenses. Itemize expenses not covered				
27	above, (List miscellaneous expenses in line 24e. If line)		•		
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	TELEPHONE	261,488.	240,569.	20,919.	
a b	TART OVER MONTHING AND E	50,637.	46,586.		
	AMODETTANTON	33,892.	31,181.	2,711.	
d	DITTO AND GIDGODIDUTONO	21,902.	20,150.		
	All other expenses	50,925.	46,851.		
	Total functional expenses. Add lines 1 through 24e	4,796,568.	4,357,606.		0
25	Joint costs. Complete this line only if the organization				
26	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here from if following SOP 98-2 (ASC 958-720)				

Form 990 (2014)

Part X | Balance Sheet

Part X	Balance Sheet					
	Check if Schedule O contains a response or no	te to any line in th	nis Part X		**********	
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			600,324.	1	876,137
2	Savings and temporary cash investments			1,826,104.	2	1,243,112
3	Pledges and grants receivable, net				3	
4	Accounts receivable, net			256,359.	4	194,236
5	Loans and other receivables from current and f					
	trustees, key employees, and highest compens	ated employees.	Complete			
	Part II of Schedule L				5	
6	Loans and other receivables from other disqual	ified persons (as	defined under			
	section 4958(f)(1)), persons described in sectio	n 4958(c)(3)(B), ar	nd contributing			
	employers and sponsoring organizations of sec	tion 501(c)(9) volu	untary))		
S S	employees' beneficiary organizations (see instr)	. Complete Part II	of Sch L		6	
Assets 2	Notes and loans receivable, net				7	
⊄ 8	Inventories for sale or use				8	
9	Prepaid expenses and deferred charges			58,064.	9	59,009
10a	Land, buildings, and equipment: cost or other					
- 11	basis. Complete Part VI of Schedule D	10a	912,804.			
b	Less: accumulated depreciation	10b	643,654.	<u>250,768.</u>	10c	<u>269,</u> 150
11	Investments - publicly traded securities				11	
12	Investments - other securities. See Part IV, line	11			12	587,828
13	Investments · program-related. See Part IV, line	11			13	· · · · · · · · · · · · · · · · · · ·
14	Intangible assets				14	
15	Other assets. See Part IV, line 11			1111	15	
16	Total assets. Add lines 1 through 15 (must equ	ıal line 34)		2,991,619.	16	3,229,472
17	Accounts payable and accrued expenses			171,544.	17	151,892
18	Grants payable				18	
19	Deferred revenue				19	
20	Tax-exempt bond liabilities				20	<u> </u>
21	Escrow or custodial account liability. Complete	Part IV of Schedu	ıle D		21	
g 22	Loans and other payables to current and forme	r officers, director	s, trustees,			
	key employees, highest compensated employe					
Clabilities 22	Complete Part II of Schedule L		HILLIAN LINE		22	
23	Secured mortgages and notes payable to unrel				23	
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	s 17-24). Complet	e Part X of	1		
	Schedule D				25	4 = 4 = 0.00
26	Total liabilities. Add lines 17 through 25			171,544.	26	151,892
	Organizations that follow SFAS 117 (ASC 956		LX and			
ပို့	complete lines 27 through 29, and lines 33 ar		İ	0 000 075		2 255 522
27	Unrestricted net assets			2,820,075.		3,077,580
28	Temporarily restricted net assets				28	
29					29	
ב	Organizations that do not follow SFAS 117 (A	ISC 958), check l	nere 🕨 🔛			
27 28 29 30 1 32 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	and complete lines 30 through 34.					
30	Capital stock or trust principal, or current funds				30	
ž 31	Paid-in or capital surplus, or land, building, or ed				31	
32	Retained earnings, endowment, accumulated in			0.000.055	32	2 055 500
33	Total net assets or fund balances			2,820,075.	33	3,077,580
34	Total liabilities and net assets/fund balances .			2,991,619.	34	3,229,472

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

432012

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

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

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

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

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

	01(c)(4), (5), or (6) organiza	tions: Complete Part III.			
Name of orga				Emp	loyer identification number
	NORTH C	AROLINA 811, INC	•		58-1339494
Part I-A	Complete if the org	janization is exempt und	er section 501(c	or is a section 527 o	organization.
2 Political	expenditures	ation's direct and indirect politic		>	\$
Part I-B	Complete if the ord	anization is exempt und	er section 501(c))(3)	
		incurred by the organization und			<u></u>
		incurred by organization manage			
		n 4955 tax, did it file Form 4720			

b If "Yes,"	describe in Part IV.				
		anization is exempt und by the filing organization for sec			
 exempt Total exempt line 17b Did the f Enter the made paracontribu 	function activities empt function expenditures illing organization file Form a names, addresses and er syments. For each organizations received that were pr	ization's funds contributed to other. Add lines 1 and 2. Enter here a second of the s	nd on Form 1120-POI N) of all section 527 p I from the filing organ a separate political org	olitical organizations to whi ization's funds. Also enter t	Yes No Ch the filing organization he amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2014

LHA 432041 10-21-14

Schedule C (Form 990 or 990-EZ) 2014 NOR' Part II-A Complete if the organization	TH CARO	LINA 811, IN	IC.	58-	1339494 Page 2
section 501(h)).	ation is exe	mpt under section	in 50 r(c)(5) and in	eu roilli 5766 (election under
A Check ▶ ☐ if the filing organization be			n Part IV each affiliated	group member's na	me, address, ElN,
expenses, and share of ex		'			
B Check if the filing organization ch	ecked box A a	ind "limited control" pr	ovisions apply.		
Limits on L (The term "expenditures	obbying Expe " means amo)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence	oublic opinion	(grass roots lobbying)			
b Total lobbying expenditures to influence					
c Total lobbying expenditures (add lines 1a		·			
			ĺ		
e Total exempt purpose expenditures (add					
f Lobbying nontaxable amount. Enter the a					
If the amount on line 1e, column (a) or (b) is:		bying nontaxable am			
Not over \$500,000		the amount on line 1e			
Over \$500,000 but not over \$1,000,000		00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,500,000		00 plus 10% of the exc			
Over \$1,500,000 but not over \$17,000,00		00 plus 5% of the exce			
Over \$17,000,000	\$1,000				
g Grassroots nontaxable amount (enter 259	6 of line 1f)				
h Subtract line 1g from line 1a. If zero or les					
i Subtract line 1f from line 1c. If zero or les					
j If there is an amount other than zero on e					1
reporting section 4911 tax for this year?					Yes No
		eraging Period Under			
(Some organizations that ma				of the five columns	below.
	See the separ	ate instructions for li	nes 2a through 2f.)		
L	obbying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Tota!
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))		 			
				•	

Schedule C (Form 990 or 990-EZ) 2014

Schedule C (Form 990 or 990 EZ) 2014 NORTH CAROLINA 811, INC. 58-1339494 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Voluntiers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? 1 Total, Add lines 1c through 11 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d. If the filling organization incurred a section 4912 tax, did file Form 4/20 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). 1 Were substantially all (90% or more) dues received nonadeductible by members? 2 Did the organization make only in house lobbying expenditures of \$2,000 or less? 2 Did the organization make only in house lobbying expenditures of \$2,000 or less? 2 Did the organization make only in house lobbying and political expenditures from the prior year? 3 Did the organization agree to carry over lobbying and political vescenditures from the prior year? 2 Dust, assessments and stanismilar amounts from members 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-B, line 3, answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 182(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditure seven for the excess does the organization agree to carryover to the reaso	1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: 2 Volunteers? 4 Volunteers? 5 Paid staff or management (include compensation in expenses reported on lines 1c through 1)? 6 Media advertisements? 6 Mailings to members, legislators, or the public? 7 Publications, or published or broadcast statements? 9 Direct contact with legislators, their staffs, government officials, or a legislative body? 1 Ratiles, demonstrations, seminars, conventions, speeches, lectures, or any similar means? 1 Other activities? 9 Total, Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? 1 If "Yes," enter the amount of any tax incurred under section 4912 of the year? Part III-A] Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 1 Were substantially all (90% or more) dues received nondeductible by members? 1 Were substantially all (90% or more) dues received nondeductible by members? 1 Were substantially all (90% or more) dues received nondeductible by members? 1 Were substantially all (90% or more) dues received nondeductible by members? 1 Did the organization make only in house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and bolitical expenditures from the prior year? 9 Did the organization agree to carry over lobbying and bolitical expenditures from the prior year? 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2 Current year 5 Daves a sessesments and similar amount on line 2 ce exceeds the amount on line 3, wast portion of the exces	For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(a))	(k	o)
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SCHEDULE D

Department of the Treasury

(Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Inspection

Part I Organization answered "Yes" to Form 990, Part IV, Sine 6.	Name of the organization NORTH CAROLINA 811, INC.	Employer Identification number 58-1339494
organization answered "Yes" to Form 990, Part IV, line 6. 1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of contributions to (during year) 4 Aggregate value of and of year 2 Aggregate value of and of year 5 Did the organization inform (during year) 5 Did the organization inform (during year) 6 Did the organization inform (during year) 7 Aggregate value at end of year 8 Did the organization inform and donors and donor advisors in writing that the assets held in donor advised funds are the organization to property, subject to the organization's avolusive legal control? 9 Did the organization inform at grantees, conors, and conor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring properties to provide benefit? Part II Conservation Easements. Complete if the organization (check all that apply). Preservation of an analysis to the organization (check all that apply). Preservation of an analysis to the organization (check all that apply). Preservation of a certified nistor c structure Preservation of a certified nistor c structure Preservation of a certified nistor c structure Preservation of a certified nistor c structure Preservation of a certified nistor c structure Preservation of a certified nistor c structure Preservation of a certified nistor c structure included in (a) 1 Total number of conservation easements and certified historic structure included in (a) 2 Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure Istad in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 4 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year P 5 Note organization historial presents to the organization increased in	Part I Organizations Maintaining Donor Advised Funds or Other Similar	r Funds or Accounts. Complete if the
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a Revenue included in Form 990, Part VIII, line 1		r financial gain, provide
a Revenue included in Form 990, Part VIII, line 1	·	
	b Assets included in Form 990, Part X	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 432051 10-01-14

1.	(a) Description of liability	(b) Book value				
(1)	(1) Federal income taxes					
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)					

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2014 NORTH CAROLINA			1339494 Page 4
Part XI Reconciliation of Revenue per Audited F	inancial Statements With Revenue	per Return	١.
Complete if the organization answered "Yes" to Form			
1 Total revenue, gains, and other support per audited financial		1	5,054,073.
2 Amounts included on line 1 but not on Form 990, Part VIII, lin			
a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities			
c Recoveries of prior year grants d Other (Describe in Part XIII.)			
e Add lines 2a through 2d		2e	n
3 Subtract line 2e from line 1			5,054,073.
4 Amounts included on Form 990, Part VIII, line 12, but not on			5,031,073.
a Investment expenses not included on Form 990, Part VIII, line			
b Other (Describe in Part XIII.)			
and the second s		4c	0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990			5,054,073.
Part XII Reconciliation of Expenses per Audited I	•	es per Retu	rn.
Complete if the organization answered "Yes" to Form			
1 Total expenses and losses per audited financial statements			4,796,568.
2 Amounts included on line 1 but not on Form 990, Part IX, line	The state of the s	197	
a Donated services and use of facilities			
b Prior year adjustments		i i	
c Other losses			
d Other (Describe in Part XIII.) e Add lines 2a through 2d			n
3 Subtract line 2e from line 1			4,796,568.
4 Amounts included on Form 990, Part IX, line 25, but not on lin		3	1 ,100,000.
a Investment expenses not included on Form 990, Part VIII, line	1	3	
b Other (Describe in Part XIII.)			
A did No. 1 and 1 at		4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 99	10, Part I, line 18.)	5	4,796,568.
Part XIII Supplemental Information.			
Provide the descriptions required for Part II, lines 3, 5, and 9; Part II	I, lines 1a and 4; Part IV, lines 1b and 2b; Par	t V, line 4; Part l	X, line 2; Part XI,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this pa	art to provide any additional information.		
PART X, LINE 2:			
FART A, DINE 2:			
THE ORGANIZATION IS A RECOGNIZED (DCANTZATION INDER SECT	TON 501	(C) (A) OF
THE ORGINIZATION IS A RECOGNIZED (MGANIZATION ONDER DEC	1011 301	C/(4/ OF
THE INTERNAL REVENUE CODE AND, ACC	CORDINGLY, IS EXEMPT FR	OM PEDER	RAT, AND
		.011 1 111111	1110
NORTH CAROLINA INCOME TAXES.			
AS OF DECEMBER 31, 2014, MANAGEMEN	NT BELIEVES THERE ARE N	O UNCERT	XAT MIAT
POSITIONS.			(4
		·	
AC OF DECEMBED 21 2014 AND INCITE	TMC Mile DDEVITORE MIDER	VENDO	
AS OF DECEMBER 31, 2014 AND INCLUI	JING THE PREVIOUS THREE	YEARS	
CONSIDERING EXTENSIONS, THE ORGAN	7ATTON'S INCOME TAY DE	ייוום אכן	מואג ואים סיים
COLUMN TITLE ONGAIN.	LETTION D INCOME IAA RE	TOTAND AL	OTEM WIND
SUBJECT TO EXAMINATION BY TAX AUTH	HORITIES WITH RELEVANT	JURISDIC	TTION.
SHOULD SUCH AN EXAMINATION TAKE PI	ACE, MANAGEMENT DOES N	OT ANTIC	CIPATE ANY
432054 10-01-14			ule D (Form 990) 2014
	1.0		•

SIGNIFICANT ISSUES RELATED TO THE OPEN YEARS.	Schedule D (Form 990) 2014 NORTH CAROLINA 811, INC. Part XIII Supplemental Information (continued)	58-1339494 Page 5
SIGNIFICANT ISSUES RELATED TO THE OPEN YEARS.	Part Alli Supplemental Information (continued)	
	SIGNIFICANT ISSUES RELATED TO THE OPEN YEARS.	
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		-

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

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number NORTH CAROLINA 811, INC. 58-1339494

P	art I Questions Regarding Compensation	,,,,,	•		
			Yes	No	
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,				
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or charter travel				
	Travel for companions Payments for business use of personal residence				
	Tax indemnification and gross-up payments Health or social club dues or initiation fees				
	Discretionary spending account Personal services (e.g., 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,			l	
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		 -	
2	Indiana which Many at the falls No. 11 Cl.				
3	Indicate which, if any, of the following the filing 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		}	l	
	establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract				
	Compensation committee Independent compensation consultant Compensation survey or study			l	
	Form 990 of other organizations Approval by the board or compensation committee				
	Approval by the board of compensations committee			Į	
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a related organization:				
а	Receive a severance payment or change-of-control payment?	4a		X	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х	
	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 in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
	contingent on the revenues of:				
	The organization?	5a		<u>X</u>	
b	Any related organization?	5b		<u>X</u>	
_	If "Yes" to line 5a or 5b, describe in Part III.				
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
	contingent on the net earnings of:				
a	The organization?	6a		<u> X</u>	
D	Any related organization?	6b	i	<u>X</u>	
7	If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments				
•		_		v	
8	not described in lines 5 and 6? If "Yes," describe in Part III Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	7		<u>X</u>	
J	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		ļ	v	
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	8		<u>X</u> _	
-					
	Regulations section 53.4958-6(c)?	9			

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

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

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII.

58-1339494

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

		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and (D) Nontaxable					
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred in prior Form 990		
(1) PANZER, LOUIS	(i)	136,895.	0.	0.	10,253.	11,181.	158,329.	0.		
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.		
	(i)									
-	(ii)									
	(i)									
	(ii)									
	(0)									
	(ii)									
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	(i)									
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	(ii)	55 55			1 145					
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	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)					·	-			

Schedule J (Form 990) 2014	NORTH CAROLINA 811, INC.	<u>58-1339494</u>	Page 3
Part III Supplemental Informa	ation		
Provide the information, explanat	ion, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and	d for Part II. Also complete this part for any additional information	on.
Toylde the information, explanat			

SCHEDULE 0

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2014

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number 5.8 - 1.3.3.9.4.9.4

NORTH CAROLINA 811, INC. 58-1339494
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
STANDARDS TO CONTRACTORS, UTILITIES, AND THE GENERAL PUBLIC FOR THE
PURPOSE OF REQUESTING LOCATION OF BURIED UTILITIES PRIOR TO EXCAVATION
ACTIVITIES IN THE INTEREST OF PROMOTING JOB SAFETY AND DAMAGE
PREVENTION.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
JOB SAFETY AND DAMAGE PREVENTION
FORM 990, PART VI, SECTION B, LINE 11:
THE 990 WILL BE REVIEWED BY THE BOARD, THE EXECUTIVE DIRECTOR, AND THE
CONTROLLER PRIOR TO ISSUING THE 990.
FORM 990, PART VI, SECTION B, LINE 12C:
THE DIRECTORS AND KEY EMPLOYEES ARE TO REPORT CONFLICTS OF INTEREST TO THE
PRESIDENT OR TO LEGAL COUNSEL.
FORM 990, PART VI, SECTION B, LINE 15A:
EXECUTIVE COMMITTEE MADE UP OF THE BOARD PRESIDENT AND THE CHAIRS OF
FINANCE, MEMBERSHIP, OPERATIONS, LEGISLATIVE AND POLICY CONDUCTS A REVIEW
OF THE EXECUTIVE DIRECTOR'S PERFORMANCE. THIS REVIEW IS INCLUDED IN A
LARGER MATRIX MEASURING PERFORMANCE OBJECTIVES, ADHERENCE TO BUDGET AND
SPECIFIC ACTION ITEMS IDENTIFIED BY THE COMMITTEE AT THE BEGINNING OF THE
YEAR.

FORM 990, PART VI, SECTION C, LINE 19:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 432211 08-27-14

Schedule O (Form 990 or 990-EZ) (2014)