Form **8879-TE** 

## IRS E-file Signature Authorization for a Tax Exempt Entity

**6/01** ..., 2023, and ending ..... 5/31 <sub>20</sub> 24

2023

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of filer

For calendar year 2023, or fiscal year beginning ..... Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

EIN or SSN

NORTH CAROLINA HIGH SCHOOL & JR HIG 81-0893729 Name and title of officer or person subject to tax April Williams Treasurer Part I Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 356,305 b Total revenue, if any (Form 990, Part VIII, column (A), line 12) \_\_\_\_\_ 1b 1a Form 990 check here 2a Form 990-EZ check here ..... b Total revenue, if any (Form 990-EZ, line 9) 2b 3a Form 1120-POL check here ..... 4a Form 990-PF check here ...... b Tax based on investment income (Form 990-PF, Part V, line 5) 4b 5a Form 8868 check here b Balance due (Form 8868, line 3c) 5b 6a Form 990-T check here ..... b Total tax (Form 990-T, Part III, line 4) 6b 7a Form 4720 check here 8a Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D) ...... 8b 9a Form 5330 check here ..... 10a Form 8038-CP check here .... Amount of credit payment requested (Form 8038-CP, Part III, line 22) ... 10b Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that |X| I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) , (EIN) and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only I authorize \_\_\_\_\_ \_\_ to enter my PIN as my signature Enter five numbers, but do not enter all zeros on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. 09/04/24 **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 69315712859 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

> ERO Must Retain This Form — See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

Frank H Harper CPA

09/04/24

ERO's signature

990

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2023 Open to Public

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information. Inspection For the 2023 calendar year, or tax year beginning 06/01/23, and ending 05/31/24D Employer identification number C Name of organization Check if applicable: NORTH CAROLINA HIGH SCHOOL & JR HIG Address change Doing business as 81-0893729 Name change Number and street (or P.O. box if mail is not delivered to street address) 252-524-1797 Initial return 215 Button Branch Ln Final return/ City or town, state or province, country, and ZIP or foreign postal code La Grange NC 28551 356,305 **G** Gross receipts\$ Amended return Name and address of principal officer: H(a) Is this a group return for subordinates? Application pending Billy Williams H(b) Are all subordinates included? If "No," attach a list. See instructions **X** 501(c)(3) 501(c) ( 4947(a)(1) or 527 ) (insert no.) https://www.nchsrodeo.com Website: H(c) Group exemption number Year of formation: 2016 Trust Association X Corporation Form of organization: M State of legal domicile: Summary 1 Briefly describe the organization's mission or most significant activities: Non-Profit Youth Rodeo Association governed by the National High School Governance Rodeo Association 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) Activities & 4 Number of independent voting members of the governing body (Part VI, line 1b) 12 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 0 5 6 Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 Current Year 8 Contributions and grants (Part VIII, line 1h) 152,866 177,086 Revenue 280,732 9 Program service revenue (Part VIII, line 2g) 179,219 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 433,598 356,305 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 15,709 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 446,736 378,141 462,445 378,141 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) -28,847-21,836 19 Revenue less expenses. Subtract line 18 from line 12. Beginning of Current Year End of Year 5 83,191 57,155 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 47,810 43,610 22 Net assets or fund balances. Subtract line 21 from line 20 . 35,381 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sian Signature of officer April Williams Treasurer Here Type or print name and title Print/Type preparer's name Preparer's signature Check Paid Frank H Harper CPA Frank H Harper CPA 09/04/24 self-employed P00419525 **Preparer** Frank H. Harper, 56-1523111 Firm's name Firm's EIN **Use Only** PO Box 188 Snow Hill, NC 28580 252-747-8158

May the IRS discuss this return with the preparer shown above? See instructions

X

X

X

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14b

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20b

#### Form 990 (2023) NORTH CAROLINA HIGH SCHOOL & JR HIG 81-0893729 Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Х complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? See instructions 2 2 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 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III 5 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 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

- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes, complete Schedule D, Part III
- 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
- 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
- 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.
  - a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
  - 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
  - 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
  - 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
  - Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
  - Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII
  - **b** Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes." and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional
- Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Did the organization maintain an office, employees, or agents outside of the United States?
- 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
- 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
- Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV
- Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions
- Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II
- 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III
- Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
- 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.

Form **990** (2023)

# Form 990 (2023) NORTH CAROLINA HIGH SCHOOL & JR HIG 81-0893729 Part IV Checklist of Required Schedules (continued)

	Onesitiet of Required Contanacy		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			x
24a	employees? If "Yes," complete Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		
<b>24</b> a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	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				l
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	<u>25a</u>		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?	051		•
26	If "Yes," complete 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%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	······		
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule			
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			l
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			- v
20	"Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	28c 29		X
29 30	Did the organization receive more than \$25,000 in noncash contributions? If Yes, complete schedule in Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
30	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes,"			
	complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	36		x
37	related organization? If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
51	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	······		
_	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38		x
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance	•		
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
	$oldsymbol{L} = oldsymbol{L}$ .		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			x
	reportable gaming (gambling) winnings to prize winners?	1c	1	ιX

Pa	art V Statements Regarding Other IRS Filings and Tax Compliance (continu	ued)			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	a financial account in a foreign country (such as a bank account, securities account, or other financial	acco	ınt)?	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 A	ccour	ts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $\dots$			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?		5b		Х
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	Э				
	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 contribution	ns 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 g	oods				
				7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? $\dots$			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	S				
	required to file Form 8282?			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract	?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file For			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	-				
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а				9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	40				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		1		
11	Section 501(c)(12) organizations. Enter:	11a				
a		Ha		1		
b	Gross income from other sources. (Do not net amounts due or paid to other sources	11h				
120	against amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b	<u> </u>	120		
12a		1041 12b		12a		
b 12	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		1		
13	le the approximation licensed to increase wellfield beautiful and in more than one of the O			13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.			13a		
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	13b				
С	Fatou the constant of recorded on head	13c		1		
14a	Did the experiencian receive any neumants for indept tenning continue during the tay year?			14a		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
. •	and the second s			15		х
	excess paracnute payment(s) during the year?  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	incom	e?	16		Х
•	If "Yes," complete Form 4720, Schedule O.		~			
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activity	ties				
-	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

Form 990 (2023) NORTH CAROLINA HIGH SCHOOL & JR HIG 81-0893729 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 12 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 ...... 12 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 X 2 any other officer, director, trustee, or key employee? 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? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 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? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a 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? X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. X 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? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 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 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? a The organization's CEO, Executive Director, or top management official X 15a X Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Х 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed **None** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Don request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records.

April Williams 215 Button Branch Lane
La Grange NC 28551

252-524-1797

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average	,			ition more	than one		<b>(D)</b> Reportable	<b>(E)</b> Reportable	<b>(F)</b> Estimated amount
	hours per week (list any hours for related organizations below		cer al Institutional			or/trustee		compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	of other compensation from the organization and related organizations
	dotted line)	tee	trustee			ensated				
(1) Marc Hill	0.00									
National Director	0.00	x		x				0	0	0
(2) Billy Williams	0.00							0	0	0
(2) DIIIY WIIIIAMS	0.00									
President	0.00	x		x				0	0	0
(3) Brad Stewart										
•	0.00									
Vice-President	0.00	X		х				0	0	0
(4) Sharon Livengood	<b>3</b> .									
	0.00									
State Secretary	0.00	X		X				0	0	0
(5) Jennifer Sanders										
	0.00									
Rodeo Secretary	0.00	X		X				0	0	0
(6) April Williams										
	0.00							_	_	_
Treasurer	0.00	X		X				0	0	0
(7) Amanda Melton										
<u>.</u>	0.00	l								
Board Member	0.00	X						0	0	0
(8) Josh Allred	0.00									
Parad Manhan	0.00	3,						_	•	_
Board Member	0.00	X					_	0	0	0
(9) Jason Brumley	0.00									
Board Mombon	0.00	x						o	0	0
Board Member (10) Tommy Brock	0.00	^					_	0	0	0
(10) TORRING BLOCK	0.00									
Board Member	0.00	x						0	0	0
(11) Joseph Brown	0.00								<u> </u>	
(,CODOPII DIOWII	0.00									
Board Member	0.00	x						0	0	0
										Form <b>QQ0</b> (2022)

3003 03/04/2024 11.33 AW									
Form 990 (2023) NORTH	I CAROLINA	HIGH	SCHOOL	&	JR	HIG	81-	-0893	729

Part V	Section A. Officers	s, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	and Highest Compensated	Employees (continued)			
	(A) Name and title	(B) Average hours per week (list any	bo off	x, unle ficer a	Pos check ess pe	rson i directo	than o	an	( <b>D</b> ) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2/	com fr	(F) ted amount f other pensation om the	t
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	ær	Key employee	Highest compensated employee	ner	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)		zation and organizatior	ns
(12) (12) Board	Amanda Morris	0.00	x						0	0			0
(13)													
(14)													
(15)													
(16)													
(17)													
(18)													
(19)	ototal												
	al from continuation she												
d Tot	al (add lines 1b and 1c)												
	al number of individuals (in ortable compensation from	-		d to <b>0</b>	thos	e lis	ted a	bove	e) who received more than	\$100,000 of			
100	ortable compensation nom	the organization	<u>'                                    </u>									Yes	No
	the organization list any for ployee on line 1a? If "Yes,"								ee, or highest compensated	d		3	х
4 For	any individual listed on lin anization and related organ	e 1a, is the sum nizations greater	of rethar	eport	able 50,00	con 00? <i>I</i>	npens f "Ye	satio s," c	on and other compensation complete Schedule J for su	ch			x
<b>5</b> Did	any person listed on line	1a receive or acc	crue	com	pens	ation	n fror	n ar	ny unrelated organization or	· individual			3,5
	Services rendered to the o		/es, <sup>~</sup>	com	piete	Sci	nedui	e J	for such person			<u> </u>	X
			ensa	ated	inder	pend	ent c	ontr	ractors that received more	than \$100,000 of			
con			ompe	ensat	ion f	or th	e ca	lend	lar year ending with or with		ear.	(C)	
-	Name and	(A) I business address							Descript	(B) ion of services		(C) Compensa	tion
	al number of independent								se listed above) who	0			

Form 990 (2023) NORTH CAROLINA HIGH SCHOOL & JR HIG 81-0893729 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) (A) (B) Related or exempt (D) Revenue excluded Unrelated Total revenue function revenue from tax under husiness revenue sections 512-514 Gifts, Grants ilar Amounts 1a Federated campaigns ..... 1a **b** Membership dues ..... 9,667 1b c Fundraising events ..... 1c **d** Related organizations ..... 1d e Government grants (contributions) **f** All other contributions, gifts, grants, 167,419 and similar amounts not included above ...... 1f Noncash contributions included in 1<u>g</u> lines 1a-1f ..... 177,086 h Total. Add lines 1a-1f. Business Code 711300 179,219 179,219 Rodeo Income Program Service Revenue f All other program service revenue ..... 179,219 g Total. Add lines 2a-2f. 3 Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties ..... (i) Real (ii) Personal 6a Gross rents 6a **b** Less: rental expenses 6b c Rental inc. or (loss) d Net rental income or (loss) 7a Gross amount from (i) Securities (ii) Other sales of assets 7a other than inventory Other Revenue **b** Less: cost or other basis and sales exps. 7с c Gain or (loss) d Net gain or (loss) ..... **8a** Gross income from fundraising events (not including \$ ..... of contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses ..... c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 ...... **b** Less: direct expenses ..... 9b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances ..... 10a **b** Less: cost of goods sold ...... 10b c Net income or (loss) from sales of inventory Business Code d All other revenue

356,305

179,219

0

0

Total. Add lines 11a-11d ...

Total revenue. See instructions .

Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must con			olete column (A).	
	Check if Schedule O contains a respon	<del></del>			
	not include amounts reported on lines 6b, 7b, Db, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
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,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	, 3				
	(A) amount, list line 11g expenses on Schedule O.)				
12	• • • • • • • • • • • • • • • • • • • •				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21					
22	Depreciation, depletion, and amortization				
23	Insurance Other expenses. Itemize expenses not covered				
24	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Rodeo Expense	315,863	315,863		
b	Travel Money	43,610	43,610		
c	Scholorship Expense	18,668	18,668		_
d			,		
	All other expenses				
25		378,141	378,141	0	0
26	Joint costs. Complete this line only if the	-	-		
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)				

P	art >	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash—non-interest-bearing		1	53,773
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	7 950	4	3,382
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
ţ		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
Assets	7	Notes and loans receivable, net		7	
ä	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	83,191	16	57 <b>,</b> 155
	17	Accounts payable and accrued expenses	47,810	17	43,610
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Ś	22	Loans and other payables to any current or former officer, director,			
ij		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
$\Box$	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	47,810	26	43,610
		Organizations that follow FASB ASC 958, check here X			
Ses		and complete lines 27, 28, 32, and 33.			
au	27	Net assets without donor restrictions	35,381	27	13,545
Ba	28	Net assets with donor restrictions		28	
Fund Balances		Organizations that do not follow FASB ASC 958, check here			
ī		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets.	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or	32	Total net assets or fund balances	25 201	32	13,545
_	33	Total liabilities and net assets/fund balances		33	57 <b>,</b> 155

Form **990** (2023)

_	art XI Reconciliation of Net Assets				gc 12
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	35	56,3	305
2	Total expenses (must equal Part IX, column (A), line 25)	2	37	78,1	L41
3	Revenue less expenses. Subtract line 2 from line 1	3	-2	21,8	336
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		35,3	381
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		L3,	<u> 545</u>
Pa	art XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			<sub>.</sub>	Щ.
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2023)

#### SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

## **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.

Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

20047

Open to Public Inspection

NORTH CAROLINA HIGH SCHOOL & JR HIG

81-0893729

Employer identification number

The	orga	nization is not	a private foundation because	e it is: (For lines 1 through 12, c	check only	one box	(.)								
1	$\bigcap$			ociation of churches described i											
2	П	A school des	cribed in section 170(b)(1)(	A)(ii). (Attach Schedule E (Form	n 990).)										
3	П			ce organization described in sec		(b)(1)(A)	(iii).								
4	П	•	·	I in conjunction with a hospital of			• •	nospital's name.							
-	ш	city, and stat	-					, , , , , , , , , , , , , , , , , , , ,							
5		• .		of a college or university owned	or operate	ed by a c	novernmental unit described in								
•	ш	-	(b)(1)(A)(iv). (Complete Part	=	o. opo.a.	, a s	,010,111,10,110,110,110,110,110,110,110								
6				overnmental unit described in s	ection 17	70(b)(1)( <i>A</i>	A)(v).								
7	Н		•	substantial part of its support fro				•							
•		-	section 170(b)(1)(A)(vi). (C		iii a gove	mmoma	dilit of from the general public	,							
8	Ш	A community	trust described in <b>section</b>	170(b)(1)(A)(vi). (Complete Part	II.)										
9		•	•	cribed in <b>section 170(b)(1)(A)(i</b>				ge							
		or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or													
	₹	university:  X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross													
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														
		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													
			•	0, 1975. See <b>section 509(a)(2).</b>	•		•								
11		An organizati	on organized and operated	exclusively to test for public safe	ety. See s	ection 5	09(a)(4).								
12	П	An organizati	on organized and operated of	exclusively for the benefit of, to p	perform th	e functio	ns of, or to carry out the purpo	ses of							
		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 <b>section 509(a)(1)</b> or <b>section 509(a)(2)</b> . See <b>section 509(a)(3)</b> . Check													
		the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.													
	а			erated, supervised, or controlled	•			ng							
		the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the													
		$\neg$	•	omplete Part IV, Sections A ar											
	b		.,	pervised or controlled in connecting organization vosted in the s											
			ion(s). You must complete	ting organization vested in the s	same pers	ons mai	control of manage the support	eu							
	С	_ `	•	supporting organization operated	I in conne	ction with	n, and functionally integrated w	rith,							
				structions). You must complete											
	d		•	I. A supporting organization ope				1 7							
			• •	e organization generally must sa	-		•	ess							
		_ `	,	nust complete Part IV, Section											
	е			eived a written determination fro n-functionally integrated support			ватурет, турет, турет								
	f		mber of supported organizati												
	g			ne supported organization(s).											
(i)	Nam	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of							
	org	ganization		(described on lines 1-10	1	ur governing	support (see	other support (see							
				above (see instructions))	docur		instructions)	instructions)							
<i>(</i> ,,)					Yes	No									
(A)															
/D\															
(B)															
(C)															
(C)															
(D)															
(E)															
Tota	l														

Schedule A (Fo	rm 990) 2023	NORTH	CAROLINA	HIGH	SCHOOL	& J	R HIG	81-0	893729	P	Pag
Part II	Support Schedule	for Organi	zations Desc	ribed in	Sections 1	170(b)	(1)(A)(iv)	and 17	0(b)(1)(A)(vi	)	
	(Complete only if yo	u checked	the box on line	e 5, 7, or	8 of Part I	or if th	e organiz	ation fai	led to qualify	under	
	Part III. If the organ	ization fails	to qualify und	er the tes	sts listed be	low, p	lease con	nplete P	art III.)		
Section A	Dublic Cuppert										

Sec	tion A. Public Support							
Caler	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	<b>(e)</b> 202	23	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
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)							
6	Public support. Subtract line 5 from line 4							
	tion B. Total Support				_			
Caler	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	<b>(e)</b> 202	23	(f) Total
7	Amounts from line 4						$\longrightarrow$	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, 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.)							
11	<b>Total support.</b> Add lines 7 through 10							
12	Gross receipts from related activities, etc.	(see instructions)	•		•		12	
13	First 5 years. If the Form 990 is for the or	,				:)(3)		
	organization, check this box and stop her	e						
Sec	tion C. Computation of Public Su							
14	Public support percentage for 2023 (line 6	, column (f) divide	d by line 11, colun	nn (f))			14	%
15	Public support percentage from 2022 Sche	edule A, Part II, lin	ie 14				15	%
16a	33 1/3% support test — 2023. If the orga	nization did not ch	eck the box on lin	e 13, and line 14 i	s 33 1/3% or more	, check this		
	box and stop here. The organization qual	ifies as a publicly	supported organiz	ation				
b	33 1/3% support test — 2022. If the orga	nization did not ch	eck a box on line					
	this box and <b>stop here.</b> The organization	qualifies as a pub	licly supported org	anization				
17a	10%-facts-and-circumstances test — 20	123. If the organiza	ation did not check	a box on line 13,	16a, or 16b, and li	ne 14 is		
	10% or more, and if the organization mee	ts the facts-and-cir	rcumstances test,	check this box and	d <b>stop here.</b> Expla	in in		
	Part VI how the organization meets the fa	cts-and-circumstar	nces test. The org	anization qualifies	as a publicly supp	orted		
	organization							
b	10%-facts-and-circumstances test — 20	122. If the organiza	ation did not check	a box on line 13,	16a, 16b, or 17a, a	and line		
	15 is 10% or more, and if the organization	meets the facts-a	and-circumstances	test, check this bo	ox and stop here.	Explain		
	in Part VI how the organization meets the	facts-and-circums	tances test. The c	rganization qualifie	es as a publicly su	pported		
	organization							
18	Private foundation. If the organization did							
	instructions							

Schedule A (Form 990) 2023

## 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.)

Sec	etion A. Public Support	quality under the	e tests listed b	elow, please co	mpiete Part II.	<u>)                                    </u>	
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees	(4, 2010	(0, _0_0	(0, =0=)	(-,	(0) =0=0	(7 : 5 : 5 : 5
-	received. (Do not include any "unusual grants.")	78,627	90,179	156,300	152,866	177,086	655,058
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	188,856	288,389	331,625	280,732	179,219	1,268,821
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	267,483	378,568	487,925	433,598	356,305	1,923,879
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	<b>Public support.</b> (Subtract line 7c from line 6.)						1 000 000
Sec	tion B. Total Support						1,923,879
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	267,483	378,568	487,925	433,598	356,305	1,923,879
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
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,					T	
	and 12.)	267,483	378,568	487,925	433,598	356,305	1,923,879
14	First 5 years. If the Form 990 is for the o						
Sac	organization, check this box and stop her ction C. Computation of Public So						<u>L</u>
15	Public support percentage for 2023 (line 8			n (f))		15	100.00 %
16	Public support percentage from 2022 Sche	edule A. Part III. line	- 15	'' ('))		16	100.00 %
	ction D. Computation of Investme						100100 /0
17	Investment income percentage for 2023 (I			, column (f))		17	%
18	Investment income percentage from 2022		P 47			1 40	%
19a	<b>33 1/3% support tests — 2023.</b> If the org	anization did not ch					
b	17 is not more than 33 1/3%, check this be 33 1/3% support tests — 2022. If the org		-				X
	line 18 is not more than 33 1/3%, check the	is box and <b>stop he</b>	re. The organization	on qualifies as a pu	ublicly supported of	organization	<u> </u>
20	Private foundation. If the organization did	d not check a box o	n line 14, 19a, or	19b, check this box	and see instruction	ons	

Schedule A (Form 990) 2023

### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	7		
	8		
	3		
	9a		
	9b		
	JD		
	9с		
	10a		
	. 54		
Sche	10b dule A	(Form 9	990) 2023

NORTH CAROLINA HIGH SCHOOL & JR HIG 81-0893729 Schedule A (Form 990) 2023 Page 5 Part IV **Supporting Organizations** (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a 11b **b** A family member of a person described on line 11a above? c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the X supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, X supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed 1 the supported organization(s). Section 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 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 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.

С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruc	ctions	١.	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990) 2023

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	aniza	tions	<u> </u>
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on No	v. 20,	1970 (explain in Part VI).	See
instructions. All other Type III non-functionally integrated supporting organizations mus	t comp	olete Sections A through E	
Section 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		
Section 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>b</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		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally integrated	Type I	Il supporting organization	•

Schedule A (Form 990) 2023

(see instructions).

Schedule A (Form 990) 2023 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 3 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required—provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. Distributable amount for 2022 from Section C, line 6 9 10 Line 8 amount divided by line 9 amount 10 (i) (ii) (iii) Section E - Distribution Allocations (see instructions) **Excess Distributions** Underdistributions Distributable Pre-2023 Amount for 2023 Distributable amount for 2023 from Section C, line 6 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required-explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2023 **a** From 2018 **b** From 2019 **c** From 2020 .... **d** From 2021 **e** From 2022 f Total of lines 3a through 3e **g** Applied to underdistributions of prior years h Applied to 2023 distributable amount i Carryover from 2018 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2023 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2023 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2024. Add lines 3j and 4c. Breakdown of line 7: a Excess from 2019 **b** Excess from 2020 .... c Excess from 2021 d Excess from 2022

Schedule A (Form 990) 2023

e Excess from 2023

05003 09/04/2024 11:55 AM NORTH CAROLINA HIGH SCHOOL & JR HIG 81-0893729 Schedule A (Form 990) 2023 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

DAA Schedule A (Form 990) 2023

## SCHEDULE O (Form 990)

## 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection

Employer identification number

NORTH CAROLINA HIGH SCHOOL & JR HIG 81-0893729	
Form 990, Part VI, Line 11b - Organization's Process to Review Form	990
No review was or will be conducted.	
Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanat	cion
No documents available to the public	
·	

Form **990** 

Two Year Comparison Report

2022 & 2023 06/01/23 05/31/24 For calendar year 2023, or tax year beginning ending

Taxpayer Identification Number Name

N	NORTH CAROLINA HIGH SCHOOL & JR H	IG		81-	0893729
			2022	2023	Differences
	1. Contributions, gifts, grants	1.	141,790	167,41	25,629
	2. Membership dues and assessments	2.	11,076	9,66	7 -1,409
	3. Government contributions and grants	3.			
n e	4. Program service revenue	4.	280,732	179,21	-101,513
⊑	5. Investment income	5.			
<b>&gt;</b>	6. Proceeds from tax exempt bonds	6.			
R e	7. Net gain or (loss) from sale of assets other than inventory	7.			
	8. Net income or (loss) from fundraising events	8.			
	9. Net income or (loss) from gaming				
	10. Net gain or (loss) on sales of inventory	10.			
	11. Other revenue	11.			
	12. Total revenue. Add lines 1 through 11	12.	433,598	356,30	-77,293
	13. Grants and similar amounts paid	13.	15,709		-15,709
	14. Benefits paid to or for members	14.			
S	<b>15.</b> Compensation of officers, directors, trustees, etc.	15.			
s	16. Salaries, other compensation, and employee benefits	16.			
e n	17. Professional fundraising fees	17.			
	18. Other professional fees	18.			
ш	19. Occupancy, rent, utilities, and maintenance	19.			
	20. Depreciation and Depletion	20.			
	21. Other expenses	21.	446,736	378,14	
	22. Total expenses. Add lines 13 through 21	22.	462,445	378,14	
	23. Excess or (Deficit). Subtract line 22 from line 12	23.	-28,847	-21,83	
	24. Total exempt revenue	24.	433,598	356,30	5 -77,293
	25. Total unrelated revenue	25.			
ö	<b>26.</b> Total excludable revenue	26.	280,732	179,21	
mat	27. Total assets	27.	83,191	57 <b>,</b> 15	
Information	28. Total liabilities	28.	47,810	43,61	
=	29. Retained earnings	29.	35,381	13,54	5 <b>-21,836</b>
the	<b>30.</b> Number of voting members of governing body	30.	12	12	
	31. Number of independent voting members of governing body	31.	12	12	
	32. Number of employees	32.	0	0	
	33. Number of volunteers	33.			

Form 990 Tax Return History 2023

Name Employer Identification Num

NORTH CAROLINA HIGH SCHOOL & JR HIG

Employer Identification Number 81–0893729

	2019	2020	2021	2022	2023	2024
Contributions, gifts, grants				141,790	167,419	
Membership dues				11,076	9,667	
Program service revenue				280,732	179,219	
Capital gain or loss						
Investment income						
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue						
Total revenue				433,598	356,305	
Grants and similar amounts paid				15,709		
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation						
Professional fees						
Occupancy costs						
Depreciation and depletion						
Other expenses				446,736	378,141	
Total expenses				462,445	378,141	
Excess or (Deficit)				-28,847	-21,836	
				422 500	256 205	
Total exempt revenue				433,598	356,305	
Total unrelated revenue				290 732	170 210	
Total excludable revenue				280,732	179,219	
Total Assets				83,191	57,155	
Total Liabilities				47,810	43,610	
Net Fund Balances				35,381	13,545	

05003 NORTH CAROLINA HIGH SCHOOL & JR HIG 9/4/2024 11:55 AM **Federal Statements** 81-0893729 FYE: 5/31/2024 Schedule A, Part III, Line 1(e) Description Amount Membership Dues and Assessments 9,667 Fundraising 158,598 Scholarship Fundraising 5,439 Sales Tax Refund 3,382 Total 177,086 Schedule A, Part III, Line 2(e) Description Amount 179,219 Rodeo Income Rodeo Income Total 179,219