

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

2012**Open to Public
Inspection**

A For the 2012 calendar year, or tax year beginning <u>7/1/2012</u> , and ending <u>6/30/2013</u>																							
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization <u>Yadkin Valley Economic Development District, Inc.</u></td> <td>D Employer identification number <u>56-0851147</u></td> </tr> <tr> <td colspan="2">Doing Business As</td> <td rowspan="3">E Telephone number <u>(336) 367-7251</u></td> </tr> <tr> <td colspan="2">Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>533 North Carolina Ave. Hwy 601</u></td> </tr> <tr> <td colspan="2">City, town or post office, state, and ZIP code <u>Boonville NC 27011</u></td> </tr> <tr> <td colspan="3">F Name and address of principal officer: <u>Kathy Payne 533 North Carolina Ave. Hwy 601, Boonville, NC 27011</u></td> </tr> <tr> <td colspan="2">I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</td> <td> H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ </td> </tr> <tr> <td colspan="2">J Website: ▶ <u>www.yveddi.com</u></td> <td></td> </tr> <tr> <td colspan="2">K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</td> <td>L Year of formation: <u>1972</u> M State of legal domicile: <u>NC</u></td> </tr> </table>	C Name of organization <u>Yadkin Valley Economic Development District, Inc.</u>		D Employer identification number <u>56-0851147</u>	Doing Business As		E Telephone number <u>(336) 367-7251</u>	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>533 North Carolina Ave. Hwy 601</u>		City, town or post office, state, and ZIP code <u>Boonville NC 27011</u>		F Name and address of principal officer: <u>Kathy Payne 533 North Carolina Ave. Hwy 601, Boonville, NC 27011</u>			I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶	J Website: ▶ <u>www.yveddi.com</u>			K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: <u>1972</u> M State of legal domicile: <u>NC</u>
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Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>The mission of YVEDD, Inc. is to provide quality programs and services to alleviate the causes and conditions of poverty and to enhance the quality of life for low income elderly citizens.</u>
	2	Check this box <input type="checkbox"/> 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) <u>3</u> 24
	4	Number of independent voting members of the governing body (Part VI, line 1b) <u>4</u> 24
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a) <u>5</u> 295
	6	Total number of volunteers (estimate if necessary) <u>6</u>
	Revenue	7a
7b		Net unrelated business taxable income from Form 990-T, line 34 <u>7b</u> 0
8		Contributions and grants (Part VIII, line 1h) <u>8</u> 6,730,490
9		Program service revenue (Part VIII, line 2g) <u>9</u> 5,121,753
Expenses	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) <u>10</u> 638
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <u>11</u> 0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) <u>12</u> 11,852,881
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3) <u>13</u> 0
	14	Benefits paid to or for members (Part IX, column (A), line 4) <u>14</u> 0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) <u>15</u> 6,296,162
	16a	Professional fundraising fees (Part IX, column (A), line 11e) <u>16a</u> 0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>0</u>
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) <u>17</u> 5,016,104
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) <u>18</u> 11,312,266
19	Revenue less expenses. Subtract line 18 from line 12 <u>19</u> 540,615	
Net Assets or Fund Balances	20	Total assets (Part X, line 16) <u>20</u> 5,541,581
	21	Total liabilities (Part X, line 26) <u>21</u> 995,674
	22	Net assets or fund balances. Subtract line 21 from line 20 <u>22</u> 4,545,907

Part II 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.

Sign Here	<u>Kathy Payne</u> Signature of officer	<u>3-21-14</u> Date	
	Kathy Payne Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name James Darden	Preparer's signature <u>James Darden</u>	Date 3/18/2014
	Firm's name ▶ Preston and Sims, P.A.	Firm's EIN ▶ 56-2147906	Check <input type="checkbox"/> if self-employed
	Firm's address ▶ 3410 Healy Drive, Suite 201-K, Winston-Salem, NC 27103	Phone no. 336-794-0662	PTIN P01244750

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2012)

HTA