

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 private foundations)

▶ 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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014****Open to Public Inspection****A** For the 2014 calendar year, or tax year beginning **07/01/14**, and ending **06/30/15****B** Check if applicable:☐ Address change☐ Name change☐ Initial return☐ Final return/  
terminated☐ Amended return☐ Application pending**C** Name of organization**SECU FAMILY HOUSE AT UNC HOSPITALS**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

**123 OLD MASON FARM ROAD**

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

**CHAPEL HILL****NC 27517****F** Name and address of principal officer:**MATT EWEND****123 OLD MASON FARM ROAD****CHAPEL HILL****NC 27517****D** Employer identification number**91-2108125****E** Telephone number**919-932-8007****G** Gross receipts \$ **2,015,274****H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

**I** Tax-exempt status:☒ 501(c)(3)☐ 501(c) ( )

(insert no.)

☐ 4947(a)(1) or☐ 527**J** Website: ▶**WWW.SECUFAMILYHOUSE.ORG****H(c)** Group exemption number ▶**K** Form of organization:☒ Corporation☐ Trust☐ Association☐ Other ▶**L** Year of formation: **2001****M** State of legal domicile: **NC****Part I Summary****1** Briefly describe the organization's mission or most significant activities:**SECU FAMILY HOUSE AT UNC HOSPITALS PROVIDES AN AFFORDABLE, SAFE, NURTURING HOME AWAY FROM HOME FOR SERIOUSLY ILL PATIENTS, THEIR FAMILY MEMBERS, AND CAREGIVERS FROM THROUGHOUT NORTH CAROLINA AND BEYOND.****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)**3****19****4** Number of independent voting members of the governing body (Part VI, line 1b)**4****19****5** Total number of individuals employed in calendar year 2014 (Part V, line 2a)**5****25****6** Total number of volunteers (estimate if necessary)**6****135****7a** Total unrelated business revenue from Part VIII, column (C), line 12**7a****0****b** Net unrelated business taxable income from Form 990-T, line 34**7b****0****8** Contributions and grants (Part VIII, line 1h)

Prior Year

**275,695**

Current Year

**703,333****9** Program service revenue (Part VIII, line 2g)**220,078****436,994****10** Investment income (Part VIII, column (A), lines 3, 4, and 7d)**42,760****165,651****11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)**-37,296****-755****12** Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)**501,237****1,305,223****13** Grants and similar amounts paid (Part IX, column (A), lines 1-3)**0****0****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)**291,409****597,834****16a** Professional fundraising fees (Part IX, column (A), line 11e)**0****0****b** Total fundraising expenses (Part IX, column (D), line 25) ▶ **109,660****17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)**281,018****645,866****18** Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)**572,427****1,243,700****19** Revenue less expenses. Subtract line 18 from line 12**-71,190****61,523****20** Total assets (Part X, line 16)

Beginning of Current Year

**8,392,953**

End of Year

**8,250,256****21** Total liabilities (Part X, line 26)**39,824****50,811****22** Net assets or fund balances. Subtract line 21 from line 20**8,353,129****8,199,445****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**

Signature of officer

**JANICE MCADAMS****EXECUTIVE DIRECTOR**

Type or print name and title

Date

**2/21/16****Paid Preparer Use Only**

Print/Type preparer's name

**SUSAN GLENDENNING**

Preparer's signature

Date

Check ☐ if

self-employed

PTIN

**P00921817**

Firm's name

**MADDISON & CAISON, LLP**

Firm's EIN ▶

**56-1053187**

Firm's address

**1111 OBERLIN RD**

Phone no.

**919-821-5482**

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form **990** (2014)

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☐

1 Briefly describe the organization's mission:

**SECU FAMILY HOUSE AT UNC HOSPITALS PROVIDES AN AFFORDABLE, SAFE AND NURTURING HOME AWAY FROM HOME FOR SERIOUSLY ILL PATIENTS, THEIR FAMILY MEMBERS, AND CAREGIVERS FROM THROUGHOUT NORTH CAROLINA AND BEYOND.**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ **1,022,724** including grants of \$ ) (Revenue \$ **436,994** )  
**IN 2014-2015, SECU FAMILY HOUSE OPERATED AT 94% OCCUPANCY AND PROVIDED LODGING, FOOD AND OCCASIONAL ENTERTAINMENT TO PATIENTS AND THEIR FAMILY MEMBERS FROM 80 NORTH CAROLINA COUNTIES AND 20 OTHER STATES. THE ORGANIZATION PROVIDED 27,244 GUEST STAYS DURING THE YEAR, WITH THE AVERAGE STAY BEING 6.2 NIGHTS. THE LARGEST CATEGORIES FOR REASONS FOR STAY WERE CANCER TREATMENT OR SURGERY; NON-CANCER RELATED SURGERY; AND SOLID ORGAN TRANSPLANT.**

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses **1,022,724**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>X</b>	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<b>X</b>	
<b>3</b> 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		<b>X</b>
<b>4</b> <b>Section 501(c)(3) organizations.</b> 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		<b>X</b>
<b>5</b> 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		<b>X</b>
<b>6</b> 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		<b>X</b>
<b>7</b> 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		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		<b>X</b>
<b>9</b> 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		<b>X</b>
<b>10</b> 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	<b>X</b>	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<b>X</b>	
<b>b</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		<b>X</b>
<b>c</b> 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		<b>X</b>
<b>d</b> 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	<b>X</b>	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		<b>X</b>
<b>f</b> 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		<b>X</b>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<b>X</b>	
<b>b</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		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
<b>b</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		<b>X</b>
<b>15</b> 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		<b>X</b>
<b>16</b> 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		<b>X</b>
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		<b>X</b>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	<b>X</b>	
<b>19</b> 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		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

**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		<b>X</b>
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		<b>X</b>
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		<b>X</b>
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		<b>X</b>
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		<b>X</b>
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		<b>X</b>
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		<b>X</b>
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 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		<b>X</b>
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 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
c 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		<b>X</b>
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	<b>X</b>	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		<b>X</b>
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		<b>X</b>
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		<b>X</b>
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		<b>X</b>
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1		<b>X</b>
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<b>X</b>
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		
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		<b>X</b>
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		<b>X</b>
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	<b>X</b>	

**Part V** Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		1a	1b	1c	2a	2b	3a	3b	4a	4b	5a	5b	5c	6a	6b	7a	7b	7c	7d	7e	7f	7g	7h	8	9a	9b	10a	10b	11a	11b	12a	12b	13a	13b	13c	14a	14b
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	13																																			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0																																		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			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		25																																		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			X																																	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?																																				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O																																				
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)?																																				
b	If "Yes," enter the name of the foreign country: <b>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</b>																																				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?																																				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?																																				
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?																																				
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?			X																																	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			X																																	
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>																																				
a	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?			X																																	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			X																																	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?																																				
d	If "Yes," indicate the number of Forms 8282 filed during the year																																				
e	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?																																				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?																																				
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?																																				
9	<b>Sponsoring organizations maintaining donor advised funds.</b>																																				
a	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?																																				
10	<b>Section 501(c)(7) organizations.</b> Enter:																																				
a	Initiation fees and capital contributions included on Part VIII, line 12																																				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities																																				
11	<b>Section 501(c)(12) organizations.</b> Enter:																																				
a	Gross income from members or shareholders																																				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)																																				
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?																																				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year																																				
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>																																				
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.																																				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans																																				
c	Enter the amount of reserves on hand																																				
14a	Did the organization receive any payments for indoor tanning services during the tax year?																																				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O																																				

**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**

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	19			
b Enter the number of voting members included in line 1a, above, who are independent		19		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6 Did the organization have members or stockholders?		6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?		8a	X	
b Each committee with authority to act on behalf of the governing body?		8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		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?		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
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	X	
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	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
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	
b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
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
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 ► **NC**
- 18 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.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)
- 19 Describe in 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.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ►

**THE ORGANIZATION**  
**CHAPEL HILL**

**123 OLD MASON FARM ROAD**

**NC 27517**

**919-932-8007**

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) <b>MATT EWEND, MD</b>	2.00									
<b>PRESIDENT</b>	0.00	X		X				0	0	0
(2) <b>DAVID YOUNG</b>	1.00									
<b>VICE-PRESIDENT</b>	0.00	X		X				0	0	0
(3) <b>WENDY RUGGIERO</b>	1.00									
<b>TREASURER</b>	0.00	X		X				0	0	0
(4) <b>LINDA BUTLER</b>	1.00									
<b>SECRETARY</b>	0.00	X		X				0	0	0
(5) <b>HOLLY ALDERMAN</b>	1.00									
<b>DIRECTOR</b>	0.00	X						0	0	0
(6) <b>BRUCE BALLENTINE</b>	1.00									
<b>DIRECTOR</b>	0.00	X						0	0	0
(7) <b>IAN BUCHANAN</b>	1.00									
<b>DIRECTOR</b>	0.00	X						0	0	0
(8) <b>NANCY FARMER</b>	1.00									
<b>DIRECTOR</b>	0.00	X						0	0	0
(9) <b>TOM HABER</b>	1.00									
<b>DIRECTOR</b>	0.00	X						0	0	0
(10) <b>WILLY HOOS</b>	1.00									
<b>DIRECTOR</b>	0.00	X						0	0	0
(11) <b>BOB JAMES</b>	1.00									
<b>DIRECTOR</b>	0.00	X						0	0	0

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) LYNN MARCIN	1.00									
DIRECTOR	0.00	X						0	0	0
(13) MAUREEN O'CONNOR	1.00									
DIRECTOR	0.00	X						0	0	0
(14) JAY PATEL	1.00									
DIRECTOR	0.00	X						0	0	0
(15) GORDON PETERSON	1.00									
DIRECTOR	0.00	X						0	0	0
(16) LAURA REEBYE	1.00									
DIRECTOR	0.00	X						0	0	0
(17) PEGGY RICHMOND	1.00									
DIRECTOR	0.00	X						0	0	0
(18) ALEX TOLEDO, MD	1.00									
DIRECTOR	0.00	X						0	0	0
(19) BOB WOODRUFF	1.00									
DIRECTOR	0.00	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A								85,000		3,352
d Total (add lines 1b and 1c)								85,000		3,352

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**



**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) <b>JANICE MCADAMS</b>	<b>40.00</b>									
<b>EXECUTIVE DIRECTOR</b>	<b>0.00</b>			<b>X</b>				<b>85,000</b>	<b>0</b>	<b>3,352</b>
(13)										
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
<b>1b Sub-total</b>								<b>85,000</b>		<b>3,352</b>
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►

- 3** Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
<b>3</b>		
<b>4</b>		
<b>5</b>		

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b> 23,233				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b> 304,923				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 375,177				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$	49,695				
	<b>h</b> Total. Add lines 1a-1f		703,333			
<b>Program Service Revenue</b>	<b>2a</b> GUEST ROOM CONTRIBUTIONS	Busn. Code	436,994	436,994		
	<b>b</b>					
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g</b> Total. Add lines 2a-2f		436,994			
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		87,633		
<b>4</b> Income from investment of tax-exempt bond proceeds						
<b>5</b> Royalties						
<b>6a</b> Gross rents		(i) Real (ii) Personal				
<b>b</b> Less: rental exps.						
<b>c</b> Rental inc. or (loss)						
<b>d</b> Net rental income or (loss)						
<b>7a</b> Gross amount from sales of assets other than inventory		(i) Securities (ii) Other	665,869			
<b>b</b> Less: cost or other basis & sales exps.			581,154	6,697		
<b>c</b> Gain or (loss)			84,715	-6,697		
<b>d</b> Net gain or (loss)			78,018	-6,697		84,715
<b>8a</b> Gross income from fundraising events (not including \$ 304,923 of contributions reported on line 1c). See Part IV, line 18		<b>a</b> 121,445				
<b>b</b> Less: direct expenses		<b>b</b> 122,200				
<b>c</b> Net income or (loss) from fundraising events			-755			-755
<b>9a</b> Gross income from gaming activities. See Part IV, line 19		<b>a</b>				
<b>b</b> Less: direct expenses		<b>b</b>				
<b>c</b> Net income or (loss) from gaming activities						
<b>10a</b> Gross sales of inventory, less returns and allowances		<b>a</b>				
<b>b</b> Less: cost of goods sold	<b>b</b>					
<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>		<b>Busn. Code</b>				
<b>11a</b>						
<b>b</b>						
<b>c</b>						
<b>d</b> All other revenue						
<b>e</b> Total. Add lines 11a-11d						
<b>12</b> Total revenue. See instructions.		1,305,223	430,297	0	171,593	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
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	88,352	39,758	26,506	22,088
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	436,874	371,377	29,433	36,064
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	33,833	27,674	2,911	3,248
9 Other employee benefits				
10 Payroll taxes	38,775	30,469	4,065	4,241
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	24,904	12,452	12,452	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	16,700	8,350	8,350	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	57,580	49,715	7,865	
12 Advertising and promotion	40,251	36,812		3,439
13 Office expenses	49,634	23,582	4,559	21,493
14 Information technology	23,208	10,479	2,037	10,692
15 Royalties				
16 Occupancy	192,988	187,238	3,481	2,269
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 Payments to affiliates				
22 Depreciation, depletion, and amortization	171,634	167,721	1,957	1,956
23 Insurance	24,328	21,645	1,709	974
24 Other expenses. Itemize expenses not covered 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 O.)				
a <b>STAFF &amp; BOARD DEVELOPMENT</b>	17,879	13,883	2,682	1,314
b <b>TELECOMMUNICATIONS</b>	16,245	11,370	3,250	1,625
c <b>GENERAL PROGRAM</b>	4,989	4,989		
d <b>VOLUNTEER PROGRAM</b>	2,737	2,737		
e All other expenses	2,789	2,473	59	257
25 <b>Total functional expenses.</b> Add lines 1 through 24e	1,243,700	1,022,724	111,316	109,660
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash—non-interest bearing	657,298	1	568,750
	2 Savings and temporary cash investments		2	200,432
	3 Pledges and grants receivable, net	12,000	3	
	4 Accounts receivable, net	19,038	4	20,440
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	24,921	9	23,000
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,931,124		
	b Less: accumulated depreciation	10b 1,208,574	10c 4,765,244	4,722,550
	11 Investments—publicly traded securities	1,994,995	11	1,751,768
	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	919,457	15	963,316
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	8,392,953	16	8,250,256	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	39,824	17	50,811
	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	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	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 <b>Total liabilities.</b> Add lines 17 through 25	39,824	26	50,811
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	6,537,724	27	6,485,585
	28 Temporarily restricted net assets	1,540,080	28	1,438,535
	29 Permanently restricted net assets	275,325	29	275,325
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 <b>Total net assets or fund balances</b>	8,353,129	33	8,199,445
34 <b>Total liabilities and net assets/fund balances</b>	8,392,953	34	8,250,256	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>1,305,223</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>1,243,700</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>61,523</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	<b>8,353,129</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	<b>-165,947</b>
<b>6</b>	Donated services and use of facilities	<b>6</b>	<b>-49,260</b>
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	<b>8,199,445</b>

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2a</b>	<b>X</b>
<b>b</b> Were the organization's financial statements audited by an independent accountant? 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2b</b>	<b>X</b>
<b>c</b> 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	<b>2c</b>	<b>X</b>
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	<b>3a</b>	<b>X</b>
<b>b</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 in Schedule O and describe any steps taken to undergo such audits.	<b>3b</b>	

**SCHEDULE A**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014****Open to Public  
Inspection**

Name of the organization

**SECU FAMILY HOUSE AT UNC HOSPITALS**

Employer identification number

**91-2108125****Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 ☐ A community trust described in section 170(b)(1)(A)(vii). (Complete Part II.)
- 9 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations \_\_\_\_\_
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

DAA

Schedule A (Form 990 or 990-EZ) 2014

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 <b>Total.</b> 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 <b>Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
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 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	%
16a <b>33 1/3% support test—2014.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b <b>33 1/3% support test—2013.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test—2014.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test—2013.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	553,432	1,171,776	668,831	275,695	703,333	3,373,067
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	360,677	392,024	418,586	220,078	436,994	1,828,359
3 Gross receipts from activities that are not an unrelated trade or business under section 513	96,654	44,622	105,031	46,445	121,445	414,197
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 <b>Total.</b> Add lines 1 through 5	1,010,763	1,608,422	1,192,448	542,218	1,261,772	5,615,623
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	46,812	70,762	119,404	107,621	72,323	416,922
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b	46,812	70,762	119,404	107,621	72,323	416,922
8 <b>Public support.</b> (Subtract line 7c from line 6.)						5,198,701

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6	1,010,763	1,608,422	1,192,448	542,218	1,261,772	5,615,623
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	36,651	31,539	58,436	15,966	87,633	230,225
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	36,651	31,539	58,436	15,966	87,633	230,225
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	7,360	725	6,476	389		14,950
13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	1,054,774	1,640,686	1,257,360	558,573	1,349,405	5,860,798
14 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	88.70 %
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	88.20 %

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	4 %
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	4 %

- 19a **33 1/3% support tests—2014.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☒
- b **33 1/3% support tests—2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐



**Part IV Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
<b>b</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 <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>c</b> 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 <b>Part VI</b> 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.		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).		
<b>9a</b> 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 <b>Part VI</b> .		
<b>b</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>c</b> Did a disqualified person (as defined in line 9(a)) 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 <b>Part VI</b> .		
<b>10a</b> Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.		
<b>b</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.)		

**Part IV Supporting Organizations (continued)**

- 11 Has the organization accepted a gift or contribution from any of the following persons?
- a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
- b A family member of a person described in (a) above?
- c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

	Yes	No
11a		
11b		
11c		

**Section B. Type I Supporting Organizations**

- 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

	Yes	No
1		
2		

**Section C. Type II Supporting Organizations**

- 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	Yes	No
1		

**Section D. All Type III Supporting Organizations**

- 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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

**Section E. Type III Functionally-Integrated Supporting Organizations**

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
- a ☐ The organization satisfied the Activities Test. Complete line 2 below.
- b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.
- c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

**2 Activities Test. Answer (a) and (b) below.**

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in (a) 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.

	Yes	No
2a		
2b		

**3 Parent of Supported Organizations. Answer (a) and (b) below.**

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- 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.

	Yes	No
3a		
3b		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete 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	<b>Adjusted Net Income</b> (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	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (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 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (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 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

**Part V 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		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	<b>Total annual distributions.</b> Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2014 from Section C, line 6		
10	Line 8 amount divided by Line 9 amount		

  

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013 . . . . .			
f <b>Total of lines 3a through e</b>			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j <b>Remainder.</b> Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c <b>Remainder.</b> Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 <b>Excess distributions carryover to 2015.</b> Add lines 3j and 4c.			
8 <b>Breakdown of line 7:</b>			
a			
b			
c			
d Excess from 2013 . . .			
e Excess from 2014 . . .			

Schedule A (Form 990 or 990-EZ) 2014

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions.)

**PART III, LINE 12 - OTHER INCOME DETAIL**

**OTHER INCOME** \$ **14,950**

**SCHEDULE D  
(Form 990)**Department of the Treasury  
Internal Revenue Service**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**Open to Public  
Inspection

Name of the organization

Employer identification number

**SECU FAMILY HOUSE AT UNC HOSPITALS****91-2108125****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor 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 impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Part II Conservation Easements.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).	
<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements .....	<b>Held at the End of the Tax Year</b>
b Total acreage restricted by conservation easements .....	2a
c Number of conservation easements on a certified historic structure included in (a) .....	2b
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2c
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ .....	2d
4 Number of states where property subject to conservation easement is located ▶ .....	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ .....	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ .....	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenues included in Form 990, Part VIII, line 1 .....	▶ \$ .....
(ii) Assets included in Form 990, Part X .....	▶ \$ .....
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
a Revenue included in Form 990, Part VIII, line 1 .....	▶ \$ .....
b Assets included in Form 990, Part X .....	▶ \$ .....

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition  
 b ☐ Scholarly research  
 c ☐ Preservation for future generations

- d ☐ Loan or exchange programs  
 e ☐ Other .....

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

**Part V Endowment Funds.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,994,995	1,910,597	1,240,916	1,122,765	1,156,878
b Contributions			500,000	527	
c Net investment earnings, gains, and losses	4,479	92,586	181,723	127,127	-25,486
d Grants or scholarships					
e Other expenditures for facilities and programs	150,000				
f Administrative expenses	15,795	8,187	12,042	9,503	8,627
g End of year balance	1,833,679	1,994,995	1,910,597	1,240,916	1,122,765

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ 51.00 %

b Permanent endowment ▶ 15.00 %

c Temporarily restricted endowment ▶ 34.00 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		5,931,124	1,208,574	4,722,550
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,722,550

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►		

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►		

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) CONTRIBUTED USE OF LAND	788,100
(2) BENEFICIAL INTEREST IN ASSETS AT CF	100,768
(3) BUILDING EXPANSION PLANS	74,448
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	963,316

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (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 ☐



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	<b>1,139,276</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	<b>-165,947</b>
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines 2a through 2d	<b>2e</b>	<b>-165,947</b>
<b>3</b>	Subtract line 2e from line 1	<b>3</b>	<b>1,305,223</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines 4a and 4b	<b>4c</b>	
<b>5</b>	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	<b>5</b>	<b>1,305,223</b>

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	<b>1,292,960</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	<b>49,260</b>
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines 2a through 2d	<b>2e</b>	<b>49,260</b>
<b>3</b>	Subtract line 2e from line 1	<b>3</b>	<b>1,243,700</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines 4a and 4b	<b>4c</b>	
<b>5</b>	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	<b>5</b>	<b>1,243,700</b>

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

## Part XIII Supplemental Information (continued)

**SCHEDULE G  
(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**Open to Public  
Inspection

Name of the organization

**SECU FAMILY HOUSE AT UNC HOSPITALS**

Employer identification number

**91-2108125****Part I****Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.**a** ☐ Mail solicitations**e** ☐ Solicitation of non-government grants**b** ☐ Internet and email solicitations**f** ☐ Solicitation of government grants**c** ☐ Phone solicitations**g** ☐ Special fundraising events**d** ☐ In-person solicitations**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		CAROLINA BALL & (event type)	BBQ & GOLF (event type)	NONE (total number)	
Revenue	1 Gross receipts	270,705	152,361		423,066
	2 Less: Contributions	211,155	92,204		303,359
	3 Gross income (line 1 minus line 2)	59,550	60,157		119,707
Direct Expenses	4 Cash prizes				
	5 Noncash prizes		6,500		6,500
	6 Rent/facility costs		19,094		19,094
	7 Food and beverages	22,051	4,682		26,733
	8 Entertainment	10,195	3,105		13,300
	9 Other direct expenses	37,924	16,737		54,661
	10 Direct expense summary. Add lines 4 through 9 in column (d)				120,288
	11 Net income summary. Subtract line 10 from line 3, column (d)				-581

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain:

- 11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity conducted in:
- |                               |     |   |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility         | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► .....

Address ► .....

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ ..... and the amount of gaming revenue retained by the third party ► \$ .....
- c If "Yes," enter name and address of the third party:

Name ► .....

Address ► .....

16 Gaming manager information:

Name ► .....

Gaming manager compensation ► \$ .....

Description of services provided ► .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ .....

**Part IV** **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

**SCHEDULE M  
(Form 990)**Department of the Treasury  
Internal Revenue Service

Name of the organization

**Noncash Contributions**

- Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
 ► Attach to Form 990.  
 ► Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014****Open To Public  
Inspection****SECU FAMILY HOUSE AT UNC HOSPITALS**

Employer identification number

**91-2108125****Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	<b>X</b>		<b>5,970</b>	
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (TRIPS & CLASSES)	<b>X</b>	<b>50</b>	<b>35,755</b>	
26 Other ► (PHOTOGRAPHY)	<b>X</b>	<b>4</b>	<b>4,415</b>	
27 Other ► (LANDSCAPING)	<b>X</b>	<b>2</b>	<b>1,900</b>	
28 Other ► (OTHER)	<b>X</b>	<b>7</b>	<b>1,655</b>	
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement			29	0

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
- b If "Yes," describe in Part II.
- 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		<b>X</b>
31		<b>X</b>
32a		<b>X</b>

**Part II**

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service

Name of the organization

**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.

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

OMB No. 1545-0047

**2014****Open to Public  
Inspection**

Employer identification number

**SECU FAMILY HOUSE AT UNC HOSPITALS****91-2108125**

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS AND APPROVED BY THE

EXECUTIVE COMMITTEE PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES

COMPLIANCE WITH ITS WRITTEN CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE COMPENSATION OF THE EXECUTIVE DIRECTOR IS EVALUATED ANNUALLY BY

THE BOARD OF DIRECTORS AND IS BASED ON PERFORMANCE MEASURES AS WELL AS

COMPARABILITY TO OTHER SIMILAR ORGANIZATIONS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS, GOVERNING DOCUMENTS AND

CONFLICT OF INTEREST POLICY AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST.



Form **4562**Department of the Treasury  
Internal Revenue Service (99)**Depreciation and Amortization**  
(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at [www.irs.gov/form4562](http://www.irs.gov/form4562).

OMB No. 1545-0172

**2014**Attachment  
Sequence No. **179**

Name(s) shown on return

**SECU FAMILY HOUSE AT UNC HOSPITALS**

Identifying number

**91-2108125**

Business or activity to which this form relates

**INDIRECT DEPRECIATION****Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2013 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12	13	

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	171,643

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)****Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2014	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

**Section B—Assets Placed in Service During 2014 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	

**Section C—Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	171,643
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2014)

DAA

**THERE ARE NO AMOUNTS FOR PAGE 2**

## Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Other Depreciation:</b>									
1	Building	8/20/08	5,340,288			5,340,288	39 MO S/L	798,760	136,931
2	Night Vision Film	8/20/09	3,784			3,784	39 MO S/L	469	97
3	Pre-Design Expansion	4/11/11	4,815			4,815	39 -- Memo	0	0
4	Pre-Design Expansion	10/13/11	29,313			29,313	39 -- Memo	0	0
5	Site Survey Expansion	10/26/11	5,130			5,130	39 -- Memo	0	0
6	Topographic Survey Expansion	11/25/11	3,420			3,420	39 -- Memo	0	0
7	Schematic Design Expansion	12/15/11	9,495			9,495	39 -- Memo	0	0
8	Schematic design phase fee	1/24/12	12,150			12,150	0 -- Memo	0	0
9	Pre-Design Phase for expansion	2/16/12	6,075			6,075	0 -- Memo	0	0
10	Schematic design phase work	3/14/12	4,050			4,050	0 -- Memo	0	0
11	Computer	11/01/02	1,666			1,666	5 MO S/L	1,666	0
12	Dell D610 Intell	5/05/06	3,017			3,017	5 MO S/L	3,017	0
13	Dell Computer	2/05/08	1,525			1,525	5 MO S/L	1,525	0
14	Backup Battery	2/05/08	300			300	5 MO S/L	300	0
	Sold/Scrapped: 1/01/15								
15	Computer Server	2/05/08	2,525			2,525	5 MO S/L	2,525	0
16	3 Dell Workstations, 2 Laptop Ports	3/19/08	2,723			2,723	5 MO S/L	2,723	0
17	HP Laser Jet P1505n	4/11/08	249			249	5 MO S/L	249	0
	Sold/Scrapped: 1/01/15								
18	HP Laser Jet M2727nf	4/11/08	599			599	5 MO S/L	599	0
	Sold/Scrapped: 1/01/15								
19	Printer/Fax-Office Depot	7/03/08	961			961	5 MO S/L	961	0
	Sold/Scrapped: 1/01/15								
20	Laptop-L. Morales	8/04/08	1,857			1,857	5 MO S/L	1,857	0
	Sold/Scrapped: 1/01/15								
21	AED Package-Defibrillators	10/07/08	1,245			1,245	5 MO S/L	1,245	0
22	Cisco IPM Image In Kind	2/22/08	4,992			4,992	5 MO S/L	4,992	0
23	Lenovo ThinkCentre In Kind	3/19/08	1,500			1,500	5 MO S/L	1,500	0
	Sold/Scrapped: 1/01/15								
24	Dell Desktop/Scanner/Games In Kind	6/16/08	2,000			2,000	5 MO S/L	2,000	0
	Sold/Scrapped: 1/01/15								
25	Cisco Phone Systems In Kind	8/22/08	69,522			69,522	5 MO S/L	69,522	0
26	Lenovo Laptop Ideapads In Kind	12/11/08	2,400			2,400	5 MO S/L	2,400	0
	Sold/Scrapped: 1/01/15								
27	Monitor-Acer X203H	9/10/09	122			122	5 MO S/L	118	4
	Sold/Scrapped: 1/01/15								
28	HP DV7 Laptop w/MS Windows 7	12/03/09	1,647			1,647	5 MO S/L	1,510	137
29	HP DV6 Laptop w/MS Windows 7	12/03/09	1,736			1,736	5 MO S/L	1,591	145
30	Printer-Truebridge Capital	12/03/09	1,000			1,000	5 MO S/L	917	83
31	2-HP Laptop Computers	12/03/09	3,384			3,384	5 MO S/L	3,102	282
32	HP Pavillion dv6t Laptop	3/08/10	1,768			1,768	5 MO S/L	1,532	236
33	HP Pavillion dv5t Laptop	9/07/10	1,631			1,631	5 MO S/L	1,250	327
34	2- HP Laptops	1/14/10	3,384			3,384	5 MO S/L	3,046	338
35	Lexmark T654DTN Laser Printer	12/07/10	1,500			1,500	5 MO S/L	1,075	150
	Sold/Scrapped: 1/01/15								
36	Lexmark T654DTN Laser Printer	12/07/10	1,500			1,500	5 MO S/L	1,075	150
	Sold/Scrapped: 1/01/15								
37	Computer-Y. Knutson	1/24/11	1,828			1,828	5 MO S/L	1,249	366
38	Computers (7) Lenovo-Mia Hamm Fdn	3/11/11	5,000			5,000	5 MO S/L	3,333	1,000
39	ASSA Abloy Key Cards (5000)	4/05/11	690			690	5 MO S/L	449	69
	Sold/Scrapped: 1/01/15								
40	Hardware upgrade for remote access	7/06/12	1,292			1,292	5 MO S/L	517	258
41	2008 Computer Software	8/04/08	441			441	3 MO S/L	441	0
	Sold/Scrapped: 1/01/15								
42	E-Tapestry Software/License	8/03/09	2,840			2,840	3 MO S/L	2,840	0
43	Ice Machine	9/23/10	6,973			6,973	7 MO S/L	3,736	996
44	2-Housekeeping Carts-Am. Health	11/10/10	1,200			1,200	7 MO S/L	629	171
45	Card Key Terminal	7/30/10	1,941			1,941	7 MO S/L	1,086	139
	Sold/Scrapped: 1/01/15								
46	4 Laundry Carts	11/18/10	1,050			1,050	7 MO S/L	886	150
47	6-CAT5E Drops, Wiring	7/30/10	1,040			1,040	7 MO S/L	582	148
48	Washer & Dryer	8/19/10	7,830			7,830	7 MO S/L	5,633	1,118
49	Outside lighting supplies, Lowe's	11/21/12	104			104	7 MO S/L	30	7
	Sold/Scrapped: 1/01/15								
50	Laundry Equipment	12/20/10	12,594			12,594	7 MO S/L	8,418	1,799
51	Laundry Equipment	2/01/11	9,130			9,130	7 MO S/L	4,456	1,304
52	Queen Bedroom Suite	1/06/06	13,200			13,200	5 MO S/L	13,200	0
	Sold/Scrapped: 1/01/15								

## Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
53	Carpet cleaner	4/05/12	1,269				1,269	7 MO S/L	363	90
	Sold/Scrapped: 1/01/15									
54	New air conditioning ust for room	9/13/12	1,300				1,300	7 MO S/L	371	186
55	Blinds, JR's office	11/21/12	110				110	7 MO S/L	31	8
	Sold/Scrapped: 1/01/15									
56	Twin Beds	1/06/06	6,112				6,112	5 MO S/L	6,112	0
	Sold/Scrapped: 1/01/15									
57	KB-Home-RDU	12/02/07	8,160				8,160	5 MO S/L	8,160	0
	Sold/Scrapped: 1/01/15									
58	Chairs	12/20/07	1,800				1,800	5 MO S/L	1,800	0
	Sold/Scrapped: 1/01/15									
59	Furniture Corporate	12/10/07	28,127				28,127	5 MO S/L	28,127	0
	Sold/Scrapped: 1/01/15									
60	Furniture In-Kind	1/01/07	9,100				9,100	5 MO S/L	9,100	0
	Sold/Scrapped: 1/01/15									
61	Furniture -The Laughing	6/30/07	135,309				135,309	5 MO S/L	135,309	0
	Sold/Scrapped: 1/01/15									
62	Furniture-University	11/19/07	15,000				15,000	5 MO S/L	15,000	0
	Sold/Scrapped: 1/01/15									
63	Beds & Accessories	10/23/08	7,534				7,534	5 MO S/L	7,534	0
	Sold/Scrapped: 1/01/15									
64	Interior Accessories	6/10/08	28,158				28,158	5 MO S/L	28,158	0
	Sold/Scrapped: 1/01/15									
65	Security	6/25/08	10,477				10,477	5 MO S/L	10,477	0
	Sold/Scrapped: 1/01/15									
66	Home Elegance Furniture	5/07/08	1,816				1,816	5 MO S/L	1,816	0
	Sold/Scrapped: 1/01/15									
67	Refurbished Furniture	5/07/08	8,260				8,260	5 MO S/L	8,260	0
	Sold/Scrapped: 1/01/15									
68	Kid Furniture	1/21/08	375				375	5 MO S/L	375	0
	Sold/Scrapped: 1/01/15									
69	Table Tops-Mason	3/12/08	1,500				1,500	5 MO S/L	1,500	0
70	40 Samsung TXT-2085	3/29/08	8,400				8,400	5 MO S/L	8,400	0
71	Sylvania 27	3/29/08	200				200	5 MO S/L	200	0
	Sold/Scrapped: 1/01/15									
72	Sharp 32	3/29/08	200				200	5 MO S/L	200	0
	Sold/Scrapped: 1/01/15									
73	Home Goods Furniture	5/07/08	805				805	5 MO S/L	805	0
74	Office Max-Morales Office Furn	7/03/08	268				268	5 MO S/L	268	0
	Sold/Scrapped: 1/01/15									
75	ABT Freezer & Fridge	7/23/08	2,900				2,900	5 MO S/L	2,900	0
76	Lowe's-Benches	7/23/08	750				750	5 MO S/L	750	0
77	Fish Tank	5/07/08	1,850				1,850	5 MO S/L	1,850	0
78	Linens	6/10/08	6,292				6,292	5 MO S/L	6,292	0
	Sold/Scrapped: 1/01/15									
79	ADT-Security System In Kind	1/03/08	4,594				4,594	5 MO S/L	4,594	0
80	KB Home Furnishings In Kind	1/17/08	8,160				8,160	5 MO S/L	8,160	0
81	Storr Office Envir In Kind	4/15/08	2,733				2,733	5 MO S/L	2,733	0
82	Decorative Dishes	6/17/08	3,000				3,000	5 MO S/L	3,000	0
83	Pottery Barn-14 Arm Chairs	3/13/09	17,850				17,850	5 MO S/L	17,850	0
84	Cookware	4/01/09	650				650	5 MO S/L	650	0
	Sold/Scrapped: 1/01/15									
85	TV-Lewis Family	12/09/09	1,200				1,200	5 MO S/L	1,100	100
86	5-Directional Signs	12/02/09	2,659				2,659	7 MO S/L	1,741	380
87	Chairs-American Health	4/14/09	2,102				2,102	7 MO S/L	1,576	301
88	7-Framed Photographs	5/06/09	595				595	7 MO S/L	439	43
	Sold/Scrapped: 1/01/15									
89	8-Glass Table Tops	12/17/09	2,615				2,615	7 MO S/L	1,681	374
90	48-Vinyl Dinig Chairs	5/06/09	2,262				2,262	7 MO S/L	1,669	323
91	Hotel Fun for Kids	5/14/09	685				685	7 MO S/L	506	98
92	2-Stowaway Beds&Mattresses	10/29/09	835				835	7 MO S/L	557	59
	Sold/Scrapped: 1/01/15									
93	Sound System	11/18/10	800				800	7 MO S/L	410	114
94	8 Baker's Racks	9/10/10	1,200				1,200	7 MO S/L	863	172
95	Paintings & Pottery	12/15/10	24,000				24,000	20 MO S/L	4,300	1,200
96	Piano	2/09/11	4,000				4,000	7 MO S/L	1,952	572
97	Linens	3/08/11	2,736				2,736	5 MO S/L	1,824	274
	Sold/Scrapped: 1/01/15									
98	Sheets	4/19/11	5,052				5,052	5 MO S/L	3,199	506
	Sold/Scrapped: 1/01/15									
99	Shower Replacement	8/23/11	2,140				2,140	7 MO S/L	866	306

## Federal Asset Report

FYE: 6/30/2015

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Depr	PerConv Meth	Prior	Current
100	LED TV & Mount	4/27/11	1,353				1,353	5 MO S/L	857	271
101	Coat Rack - BB&Beyond	12/20/12	56				56	7 MO S/L	16	4
	Sold/Scrapped: 1/01/15									
102	Desk for Computer	1/24/11	690				690	7 MO S/L	337	98
103	Wall Cabinets-Upstairs Office	1/24/11	1,008				1,008	7 MO S/L	492	72
	Sold/Scrapped: 1/01/15									
104	Home Depot - patio set, rocking chairs, offi	5/04/12	1,144				1,144	7 MO S/L	327	163
105	hbgregg -6 frig., 6 freezers	7/12/12	3,464				3,464	7 MO S/L	990	495
106	Furniture	11/05/12	2,477				2,477	7 MO S/L	708	353
107	Gazebo	12/14/10	9,027				9,027	15 MO S/L	2,156	602
108	Erosion/Drainage Control	10/05/10	4,712				4,712	15 MO S/L	1,178	314
109	Automatic Door-Wiring	11/24/10	414				414	15 MO S/L	99	14
	Sold/Scrapped: 1/01/15									
110	Laundry Room Improvements	12/20/10	34,571				34,571	15 MO S/L	9,219	2,305
111	Laundry	1/06/11	8,265				8,265	15 MO S/L	1,928	551
112	Upstairs Office	1/28/11	1,370				1,370	15 MO S/L	312	91
113	Dining Room, Door, Auto Operator	3/01/11	4,400				4,400	15 MO S/L	978	293
114	Gazebo	3/08/11	1,270				1,270	15 MO S/L	282	85
115	Storage Shed	4/14/11	5,875				5,875	15 MO S/L	1,273	392
116	Corridor Improvements	4/21/11	942				942	15 MO S/L	199	63
117	Irrigation	5/10/11	16,235				16,235	15 MO S/L	3,427	1,083
118	Suite Remodel	5/12/11	5,216				5,216	15 MO S/L	1,101	348
119	Linen Storage Room	5/17/11	624				624	15 MO S/L	128	42
120	Water Supply Improvements	6/04/11	1,273				1,273	15 MO S/L	262	84
121	Gazebo Signage	11/03/11	1,620				1,620	15 MO S/L	288	108
122	Drainage Improvements	6/01/11	27,175				27,175	15 MO S/L	5,586	1,812
123	Sleeper Sofa - Queen	2/13/13	1,008				1,008	7 MO S/L	204	144
124	Sleeper Sofa - Queen	2/13/13	1,008				1,008	7 MO S/L	204	144
125	Sleeper Sofa - Queen	3/16/13	1,009				1,009	7 MO S/L	192	144
126	Sleeper Sofa - Queen	12/15/11	907				907	7 MO S/L	567	130
127	Sleeper Sofa - Twin	8/31/12	642				642	7 MO S/L	305	92
128	Recliner - 1	8/16/12	569				569	7 MO S/L	156	0
	Sold/Scrapped: 7/01/14									
129	Recliner - 2	8/16/13	569				569	7 MO S/L	74	0
	Sold/Scrapped: 7/01/14									
130	Recliner - 3	8/16/12	569				569	7 MO S/L	270	0
	Sold/Scrapped: 7/01/14									
131	Chloramine treatment system	10/31/13	45,950				45,950	39 MO S/L	785	1,179
132	Card terminal	2/11/13	2,960				2,960	7 MO S/L	599	423
133	Hotel Furniture	4/02/13	15,000				15,000	7 MO S/L	2,679	2,142
134	Blu-ray Player	1/31/14	1,181				1,181	5 MO S/L	98	237
135	Kirsten Office	8/01/14	2,075				2,075	39 MO S/L	0	49
136	Storage Room	11/01/14	7,821				7,821	39 MO S/L	0	134
138	HP Server & Installation	5/28/15	8,724				8,724	5 MO S/L	0	145
139	Sprinkler System	10/01/14	3,924				3,924	7 MO S/L	0	420
140	Fire Alarm Panel	8/20/14	3,152				3,152	7 MO S/L	0	375
141	Sprinkler System Air Compressor	3/12/15	3,370				3,370	7 MO S/L	0	160
142	AC Motor	6/18/15	4,434				4,434	7 MO S/L	0	0
143	Carpet	2/23/15	93,730				93,730	7 MO S/L	0	4,463
144	Closet Additions	12/01/14	7,165				7,165	39 MO S/L	0	107
145	Heat Pump and Control Board	12/01/14	1,242				1,242	7 MO S/L	0	104
<b>Total Other Depreciation</b>			<u>6,316,556</u>				<u>6,316,556</u>		<u>1,341,115</u>	<u>171,746</u>
<b>Total ACRS and Other Depreciation</b>			<u>6,316,556</u>				<u>6,316,556</u>		<u>1,341,115</u>	<u>171,746</u>
<b>Grand Totals</b>			6,316,556				6,316,556		1,341,115	171,746
<b>Less: Dispositions and Transfers</b>			310,984				310,984		302,698	1,589
<b>Less: Start-up/Org Expense</b>			0				0		0	0
<b>Net Grand Totals</b>			<u>6,005,572</u>				<u>6,005,572</u>		<u>1,038,417</u>	<u>170,157</u>

02/28/2016 9:22 AM

## Depreciation Adjustment Report

Page 1

## All Business Activities

AMT  
Adjustments/  
Preferences

**There are no assets that meet the criteria of this report**

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Other Depreciation:</b>					
1	Building	8/20/08	5,340,288	136,930	0
2	Night Vision Film	8/20/09	3,784	97	0
3	Pre-Design Expansion	4/11/11	4,815	0	0
4	Pre-Design Expansion	10/13/11	29,313	0	0
5	Site Survey Expansion	10/26/11	5,130	0	0
6	Topographic Survey Expansion	11/25/11	3,420	0	0
7	Schematic Design Expansion	12/15/11	9,495	0	0
8	Schematic design phase fee	1/24/12	12,150	0	0
9	Pre-Design Phase for expansion	2/16/12	6,075	0	0
10	Schematic design phase work	3/14/12	4,050	0	0
11	Computer	11/01/02	1,666	0	0
12	Dell D610 Intell	5/05/06	3,017	0	0
13	Dell Computer	2/05/08	1,525	0	0
15	Computer Server	2/05/08	2,525	0	0
16	3 Dell Workstations, 2 Laptop Ports	3/19/08	2,723	0	0
21	AED Package-Defibrilators	10/07/08	1,245	0	0
22	Cisco IPM Image In Kind	2/22/08	4,992	0	0
25	Cisco Phone Systems In Kind	8/22/08	69,522	0	0
28	HP DV7 Laptop w/MS Windows 7	12/03/09	1,647	0	0
29	HP DV6 Laptop w/MS Windows 7	12/03/09	1,736	0	0
30	Printer-Truebridge Capital	12/03/09	1,000	0	0
31	2-HP Laptop Computers	12/03/09	3,384	0	0
32	HP Pavillion dv6t Laptop	3/08/10	1,768	0	0
33	HP Pavillion dv5t Laptop	9/07/10	1,631	54	0
34	2- HP Laptops	1/14/10	3,384	0	0
37	Computer-Y. Knutson	1/24/11	1,828	213	0
38	Computers (7) Lenovo-Mia Hamm Fdn	3/11/11	5,000	667	0
40	Hardware upgrade for remote access	7/06/12	1,292	259	0
42	E-Tapestry Software/License	8/03/09	2,840	0	0
43	Ice Machine	9/23/10	6,973	996	0
44	2-Housekeeping Carts-Am. Health	11/10/10	1,200	171	0
46	4 Laundry Carts	11/18/10	1,050	14	0
47	6-CAT5E Drops, Wiring	7/30/10	1,040	149	0
48	Washer & Dryer	8/19/10	7,830	1,079	0
50	Laundry Equipment	12/20/10	12,594	1,799	0
51	Laundry Equipment	2/01/11	9,130	1,305	0
54	New air conditioning ust for room	9/13/12	1,300	186	0
69	Table Tops-Mason	3/12/08	1,500	0	0
70	40 Samsung TXT-2085	3/29/08	8,400	0	0
73	Home Goods Furniture	5/07/08	805	0	0
75	ABT Freczer & Fridge	7/23/08	2,900	0	0
76	Lowes-Benches	7/23/08	750	0	0
77	Fish Tank	5/07/08	1,850	0	0
79	ADT-Security System In Kind	1/03/08	4,594	0	0
80	KB Home Furnishings In Kind	1/17/08	8,160	0	0
81	Storr Office Envir In Kind	4/15/08	2,733	0	0
82	Decorative Dishes	6/17/08	3,000	0	0
83	Pottery Barn-14 Arm Chairs	3/13/09	17,850	0	0
85	TV-Lewis Family	12/09/09	1,200	0	0
86	5-Directional Signs	12/02/09	2,659	380	0
87	Chairs-American Health	4/14/09	2,102	225	0
89	8-Glass Table Tops	12/17/09	2,615	373	0
90	48-Vinyl Dinig Chairs	5/06/09	2,262	270	0
91	Hotel Fun for Kids	5/14/09	685	81	0
93	Sound System	11/18/10	800	114	0
94	8 Baker's Racks	9/10/10	1,200	165	0
95	Paintings & Pottery	12/15/10	24,000	1,200	0
96	Piano	2/09/11	4,000	571	0
99	Shower Replacement	8/23/11	2,140	306	0
100	LED TV & Mount	4/27/11	1,353	225	0
102	Desk for Computer	1/24/11	690	99	0
104	Home Depot - patio set, rocking chairs, offic	5/04/12	1,144	164	0
105	hhgregg -6 frig., 6 freezers	7/12/12	3,464	494	0
106	Furniture	11/05/12	2,477	354	0
107	Gazebo	12/14/10	9,027	602	0
108	Erosion/Drainage Control	10/05/10	4,712	314	0
110	Laundry Room Improvements	12/20/10	34,571	2,304	0

Asset	Description	Date In Service	Cost	Tax	AMT
111	Laundry	1/06/11	8,265	551	0
112	Upstairs Office	1/28/11	1,370	92	0
113	Dining Room. Door, Auto Operator	3/01/11	4,400	293	0
114	Gazebo	3/08/11	1,270	85	0
115	Storage Shed	4/14/11	5,875	391	0
116	Corridor Improvements	4/21/11	942	63	0
117	Irrigation	5/10/11	16,235	1,082	0
118	Suite Remodel	5/12/11	5,216	348	0
119	Linen Storage Room	5/17/11	624	42	0
120	Water Supply Improvements	6/04/11	1,273	85	0
121	Gazebo Signage	11/03/11	1,620	108	0
122	Drainage Improvements	6/01/11	27,175	1,811	0
123	Sleeper Sofa - Queen	2/13/13	1,008	144	0
124	Sleeper Sofa - Queen	2/13/13	1,008	144	0
125	Sleeper Sofa - Queen	3/16/13	1,009	144	0
126	Sleeper Sofa - Queen	12/15/11	907	129	0
127	Sleeper Sofa - Twin	8/31/12	642	92	0
131	Chloramine treatment system	10/31/13	45,950	1,178	0
132	Card terminal	2/11/13	2,960	423	0
133	Hotel Furniture	4/02/13	15,000	2,143	0
134	Blu-ray Player	1/31/14	1,181	236	0
135	Kirsten Office	8/01/14	2,075	53	0
136	Storage Room	11/01/14	7,821	200	0
138	HP Server & Installation	5/28/15	8,724	1,745	0
139	Sprinkler System	10/01/14	3,924	561	0
140	Fire Alarm Panel	8/20/14	3,152	450	0
141	Sprinkler System Air Compressor	3/12/15	3,370	482	0
142	AC Motor	6/18/15	4,434	633	0
143	Carpet	2/23/15	93,730	13,390	0
144	Closet Additions	12/01/14	7,165	184	0
145	Heat Pump and Control Board	12/01/14	1,242	177	0
<b>Total Other Depreciation</b>			<u>6,005,572</u>	<u>179,619</u>	<u>0</u>
<b>Total ACRS and Other Depreciation</b>			<u>6,005,572</u>	<u>179,619</u>	<u>0</u>
<b>Grand Totals</b>			<u>6,005,572</u>	<u>179,619</u>	<u>0</u>

**Federal Statements**

FYE: 6/30/2015

**Taxable Interest on Investments**

<u>Description</u>		<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST INCOME		\$ 251		14			
TOTAL		<u>\$ 251</u>					

**Taxable Dividends from Securities**

<u>Description</u>		<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
DIVIDEND INCOME		\$ 87,382		14			
TOTAL		<u>\$ 87,382</u>					



**Federal Statements****Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)**

Description	Total Expenses	Program Service	Management & General	Fund Raising
FEASIBILITY AND RESEARCH	\$ 41,850	\$ 41,850	\$	\$
OTHER CONTRACTORS	15,730	7,865	7,865	
TOTAL	\$ 57,580	\$ 49,715	\$ 7,865	\$ 0

**Form 990, Part IX, Line 24e - All Other Expenses**

Description	Total Expenses	Program Service	Management & General	Fund Raising
DUES & SUBSCRIPTIONS	\$ 1,852	\$ 1,852	\$	\$
BAD DEBT EXPENSE	562	562		257
LICENSES AND FEES	375	59	59	
TOTAL	\$ 2,789	\$ 2,473	\$ 59	\$ 257

**Federal Statements****Schedule A, Part III, Line 1(e)**

Description	Amount
SECC	
CONTRIBUTIONS	\$ 23,233
CAROLINA BALL & AUCTION	375,177
CASH CONTRIBUTION	
	176,010
	21,705
	5,970
	3,915
	1,900
	1,655
BBQ & GOLF	
CASH CONTRIBUTION	77,654
	14,050
	500
FARM TO TABLE-OTHER EVENTS	
CASH CONTRIBUTION	1,564
TOTAL	\$ 703,333

**Schedule A, Part III, Line 7a - Support from Disqualified Persons**

Donor Name	2010	2011	2012	2013	2014
BOARD & ED					
FOUNDATIONS & IND	\$ 46,812	\$ 45,762	\$ 49,404	\$ 25,807	\$ 72,323
		25,000	70,000	81,814	
TOTAL	\$ 46,812	\$ 70,762	\$ 119,404	\$ 107,621	\$ 72,323

**Federal Statements**

**Schedule A, Part III, Line 11**

Description	Amount
CAROLINA BALL & AUCTION	
BBQ & GOLF	\$ -10,620
FARM TO TABLE-OTHER EVENTS	10,039
LESS: DEDUCTIONS	-174
TOTAL	-1,000
	\$ -1,755

**CAROLINA BALL & AUCTION****Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
POSTAGE, PRINTING, ETC	\$ 2,779
NON-CASH AUCTION ITEMS	35,145
TOTAL	<u>\$ 37,924</u>

**BBQ & GOLF****Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
POSTAGE, PRINTING, SIGNS	\$ 2,187
NON-CASH AUCTION ITEMS	14,550
TOTAL	\$ <u>16,737</u>