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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.

Open to Public Inspection

| Carbon of organization Carbon of organizat | <u>A</u> F | or the | 2013 calendar year, or tax year beginning and end | ing | | | |
|--|------------|------------------|--|--|----------------------|---------------------|---------------------------|
| Scale | B c | heck if | C Name of organization | | D Employer ide | entificat | ion number |
| Description | | Addres change | CAROLINAS CREDIT UNION FOUNDATION | | | | |
| Summer Political Programmer Political P | | change | Doing Business As | | 5€ | <u>5-184</u> | 12095 |
| City or town, state or prownee, country, and 2P or foreign postal code RERNERSVILLE, NC 27284 Fearmer and address of principal officer JOHN MCGRAIL SAME AS C ABOVE Fearmer and address of principal officer JOHN MCGRAIL SAME AS C ABOVE Fearmer and address of principal officer JOHN MCGRAIL SAME AS C ABOVE Fearmer and address of principal officer JOHN MCGRAIL SAME AS C ABOVE Fearmer and address of principal officer JOHN MCGRAIL SAME AS C ABOVE Fearmer and address of principal officer JOHN MCGRAIL STATE SAME AS C ABOVE Fearmer and address of principal officer JOHN MCGRAIL STATE SAME AS C ABOVE Fearmer and address of principal officer JOHN AND COMMUNITY GRANTS. SCHOLARSHIPS AND COMMUNITY GRANTS. Check this box ▶ I if the organization discontinued its operations or disposed of more than 25% of its net assets SCHOLARSHIPS AND COMMUNITY GRANTS. Check this box ▶ I if the organization discontinued its operations or disposed of more than 25% of its net assets SCHOLARSHIPS AND COMMUNITY GRANTS. S | | Ireturn | , i | m/suite | | | |
| RERNERSVILLE NC 27284 | 느 | -Jated | 1231 BHIEDDS ROAD | | | <u> 36)</u> | |
| Tax-exempt status X 501(c) X (usert no.) 4947(a)(1) or 527 H(b) / res independent value of 1 accessment status X 501(c) X (usert no.) 4947(a)(1) or 527 H(b) / res independent value of Yes No. 1 accessment status X 501(c) X (usert no.) 4947(a)(1) or 527 H(b) / res independent value of Yes No. 1 accessment status X 501(c) X (usert no.) 4947(a)(1) or 527 H(c) Group exemption number X (usert no.) X (usert no | <u>_</u> | | | | | | |
| SAME AS C ABOVE Tax-exempt status | L. | tion | RERNERSVILLE, NC 2/204 | | 1 | • | |
| Toxecempt status S01(c)(3) 501(c)(1) 4 (nest no.) 4947(a)(1) or 577 11"No." attach a list, see instructions) 10 Websites WWW. CAROLINAS FOUNDATION. ORG / CCUF Yorm of organization: X (coprolation Trust Association Other L Year of timations; 193 Make of legal domosits. No part of the provided of the p | | | | | <u> </u> | | |
| J. Website: ▶ FWW. CAROLINAS FOUNDATION. ORG/CCUF Fig. Group exemption number | ı т | [av.ave | | 527 | 1 ` ′ | | |
| Variety of companion: X Curporation Trust Association Other Variety of formation: 1993 M State of legal domicile: NP | | | | | 1 | | |
| Summary | | | | L Year | | | |
| SCHOLARSHIPS AND COMMUNITY GRANTS. 2 Check this box | | | | | | | <u> </u> |
| B Not unrelated business taxable income from Form B93 ft, line 34 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2p) 10 Investment income (Part VIII, lines 3, 4, and 46) 11 Other revenue (Part VIII, lociumn (A), lines 3, 4, and 46) 12 Total revenue (Part VIII, lociumn (A), lines 3, 4, and 46) 13 Grants and similar amounts paid (Part IX, column (A), lines 1a) 14 Benefits paid to or for members (Part IX, column (A), lines 1a) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (A), lines 1a) 17 Other expenses (Part IX, column (A), line 1e) 18 Total expenses (Part IX, column (A), line 1e) 19 Revenue less expenses (Part IX, column (A), line 1e) 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 16) 22 Net assets or fund balances. Subtract line 18 from line 20 21 Total liabilities (Part X, line 26) 22 Total liabilities (Part X, line 26) 23 Total liabilities (Part X, line 26) 24 Total liabilities (Part X, line 26) 25 Sign Part II Signature Block 10 JOHN MCGRAIL, PRESIDENT/CEO 26 Signature Block 27 JOHN MCGRAIL, PRESIDENT/CEO 28 Signature Block 29 JOHN MCGRAIL, PRESIDENT/CEO 20 JOHN MCGRAIL, PRESIDENT/CEO 21 JOHN MCGRAIL, PRESIDENT/CEO 22 Propager same 24 JOHN MCGRAIL, PRESIDENT/CEO 25 JOHN MCGRAIL, PRESIDENT/CEO 26 JOHN MCGRAIL, PRESIDENT/CEO 26 JOHN MCGRAIL, PRESIDENT/CEO 27 JOHN MCGRAIL, PRESIDENT/CEO 28 JOHN MCGRAIL, PRESIDENT/CEO 29 JOHN MCGRAIL, PRESIDENT/CEO 20 JOHN MCGRAIL, PRESID | ø | 1 | Briefly describe the organization's mission or most significant activities TO PRO | VIDE | EDUCATIO |)NAL | |
| B Not unrelated business taxable income from Form Best, I, Ine 34 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2p) 10 Investment income (Part VIII, lines 3, 4, and 46) 11 Other revenue (Part VIII, lones 3, 4, and 46) 12 Total revenue (Part VIII, lonum (A), lines 3, 6d, 8c, 9c, 10c, and 11e) 13 Grants and similar amounts paid (Part IX, column (A), lines 13) 14 Benefits paid to or for members (Part IX, column (A), lines 13) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (A), lines 1e) 17 Other expenses (Part IX, column (A), lines 1e) 18 Total expenses (Part IX, column (A), lines 11e) 19 Revenue less expenses (Part IX, column (A), line 1e) 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Total assets (Part X, line 26) 23 Total liabilities (Part X, line 26) 24 Total liabilities (Part X, line 26) 25 Sign Here Paid Prim'ry per preparer's name Paid Prim'ry per preparer's name Paid Prim's address Decuration of pregage corper year officery is based on all information of which preparer has any knowledge and belief, it is structure, correct, and complete Decuration of pregage corper year officery is based on all information of which preparer has any knowledge. May the IRS discuss this return with the preparer shown above? (see instructions) | Š | | SCHOLARSHIPS AND COMMUNITY GRANTS. | | | | |
| Book tunrelated business taxable income from Form 98917, Ine 34 175 1,195,291 770,352 1,195,291 770,352 1,195,291 770,352 0. | ž | 2 | Check this box 🕨 🔲 if the organization discontinued its operations or disposed | of more | than 25% of its i | net asset | |
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| Solution | જ | I | · · · · · · · · · · · · · · · · · · · | | | | 1 |
| Solution | ies | 1 | | - | | | |
| B Net unrelated business taxable income from Form 989f, In. in. 34 The University of the Courtent Year Section 1 Section 1 Section 1 Section 2 Section 2 Section 2 Section 2 Section 3 Sec | ₹ | ı | · · · · · · · · · · · · · · · · · · · | | | | |
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| 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses (Part IX, column (A), line 11e) 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 India assets 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 rue, correct, and complete. Declaration of preparer than officer) is based on all information of which preparer has any knowledge. Print/Type preparer's name JOHN MCGRAIL, PRESIDENT/CEO Type or print name and title Print/Type preparer's name JANE R POTTER Firm's address 100 CLUB OAKS COURT, SUITE A WINSTON-SALEM, NC 27104 May the IRS discuss this return with the preparer shown above? (see instructions) 0 . 0 0 . 0 0 . 0 0 . 39,885. 64,485 19,978. 583,404 48,478. 205,731 19,997,289. 2,218,297 320,097. 330,317 19,997,289. 2,218,297 320,097. 330,317 19,997,289. 2,218,297 320,097. 330,317 19,997,289. 2,218,297 320,097. 330,317 19,997,289. 2,218,297 320,097. 330,317 19,997,289. 2,218,297 320,097. 330,317 19,997,289. 2,218,297 320,097. 330,317 19,997,289. 2,218,297 320,097. 330,317 19,997,289. 2,218,297 320,097. 330,317 19,997,289. 2,218,297 320,097. 330,317 19,997,289. 2,218,297 320,097. 330,317 19,997,289. 2,218,297 320,097. 330,317 19,997,289. 2,218,297 320,097. 330,317 19,997,289. 2,218,297 320,097. 330,317 19,997,289. 2,218,297 320,097. 330,317 19,997,289. 2,218,297 320,097. 330,317 19,997,289. 2,218,297 320,097. 330,317 19,997,289. 2,218,297 10,604,485 | | 1 | | | | | C |
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| 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 rue, correct, and complete. Declaration of preparer other than officer) is based on all information of which preparer has any knowledge. Signature of officer | | | | | 1701111 | | 270017500 |
| true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here JOHN MCGRAIL, PRESIDENT/CEO Type or print name and title Print/Type preparer's name JANE R POTTER Pirm's name BUTLER & BURKE, I/L.P. Firm's address 100 CLUB OAKS COURT, SUITE A WINSTON-SALEM, NC 27104 May the IRS discuss this return with the preparer shown above? (see instructions) No. 25, 20/4 Date Date Print/Type preparer has any knowledge. Date Date PTIN Self-employed PO1057495 Firm's EIN Phone no. (336) 768-2310 X Yes No. 27104 | _ | | lities of perjury, I declare that I have examined this return, including accompanying schedules an | d statem | ents, and to the bes | t of my k | nowledge and belief, it i |
| Sign Here JOHN MCGRAIL, PRESIDENT/CEO Type or print name and title Print/Type preparer's name JANE R POTTER Preparer Firm's name BUTLER & BURKE, I/L.P. Firm's address 100 CLUB OAKS COURT, SUITE A WINSTON-SALEM, NC 27104 May the IRS discuss this return with the preparer shown above? (see instructions) | true, | , correc | t, and complete. Declaration of preparer (other than officer) is based on all information of which | preparer | has any knowledge | - | |
| Sign Here JOHN MCGRAIL, PRESIDENT/CEO Type or print name and title Print/Type preparer's name JANE R POTTER Preparer Firm's name BUTLER & BURKE, I/L.P. Firm's address 100 CLUB OAKS COURT, SUITE A WINSTON-SALEM, NC 27104 May the IRS discuss this return with the preparer shown above? (see instructions) | | | - MM d. / Warrail | _ | | 1m | 25,20/4 |
| Type or print name and title Print/Type preparer's name JANE R POTTER Preparer Firm's name BUTLER & BURKE, I/L.P. Firm's address 100 CLUB OAKS COURT, SUITE A WINSTON-SALEM, NC 27104 May the IRS discuss this return with the preparer shown above? (see instructions) Date Check PTIN Check PTIN Self-employed P01057495 Firm's EIN 56-1138530 | Sig | n | Signature of officer | | Date / | • | . , . |
| Print/Type preparer's name JANE R POTTER Preparer Firm's name BUTLER & BURKE, I/L.P. Firm's address 100 CLUB OAKS COURT, SUITE A WINSTON-SALEM, NC 27104 May the IRS discuss this return with the preparer shown above? (see instructions) Paparer's signature Potth Date Date Check PTIN self-employed P01057495 Firm's EIN 56-1138530 Phone no. (336) 768-2310 X Yes No. No. | Her | e e | | | | | |
| Paid JANE R POTTER Firm's name BUTLER & BURKE, I/L.P. Firm's address 100 CLUB OAKS COURT, SUITE A WINSTON-SALEM, NC 27104 May the IRS discuss this return with the preparer shown above? (see instructions) Average | | | | — <u>1</u> F | Data Las | | II DTIN |
| Preparer Firm's name BUTLER & BURKE, I/L.P. Firm's EIN 56-1138530 Use Only Firm's address 100 CLUB OAKS COURT, SUITE A WINSTON-SALEM, NC 27104 Phone no. (336)768-2310 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No. | | | Print/Type preparer's name Praparer's signature | | 6/22/106 1 | | ' } |
| Use Only Firm's address 100 CLUB OAKS COURT, SUITE A WINSTON-SALEM, NC 27104 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No. | | | | | | | |
| WINSTON-SALEM, NC 27104 Phone no. (336) 768-2310 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No | | | | | FIFTH S EI | N S | 70-TT30330 |
| May the IRS discuss this return with the preparer shown above? (see instructions) | USE | omy | | | Phone no | 1/33/ | 5)768-2310 |
| | May | v the II | | | T I II III III | <u>., , , , , (</u> | |
| 332001 10-29-13 LHA For Paperwork Reduction Act Notice, see the separate instructions. | | | | | 110 | <u> </u> | Form 990 (201 |

| | t III Statement of Program Service Accomplishments |
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| 4 | |
| 1 | Briefly describe the organization's mission TO PROVIDE EDUCATIONAL SCHOLARSHIPS, AND TO PROVIDE ASSISTANCE TO |
| | CREDIT UNIONS IN NORTH AND SOUTH CAROLINA, AND SPECIAL PROJECTS. |
| | CREDIT UNIONS IN NORTH AND SOUTH CAROLINA, AND STECIAL TROOLETS: |
| | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on |
| _ | the prior Form 990 or 990-EZ? |
| | If "Yes," describe these new services on Schedule O |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No |
| J | 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 \$ 284,569. including grants of \$ 284,569.) (Revenue \$ 0.) |
| ча | ASSISTANCE TO CREDIT UNIONS AND COMMUNITY BASED CHARITABLE |
| | ORGANIZATIONS - THE VISION AND MISSION OF THE FOUNDATION IS TO ENRICH |
| | THE LIVES OF CHILDREN IN THE CAROLINAS. WE SEEK TO MAKE GRANTS AND |
| | IMPLEMENT PROGRAMMING THAT POSITIVELY AFFECT CHILDRENS' PHYSICAL |
| | WELL-BEING, IMPROVE FINANCIAL EDUCATION, AND SEEK TO STRENGTHEN THE |
| | FAMILY UNIT. |
| | PARTITION ON THE STATE OF THE S |
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| | |
| 41- | (Code) (Expenses \$ 100,000 · including grants of \$ 100,000 ·) (Revenue \$ 0 ·) |
| 4b | (Code) (Expenses \$ |
| | THEIR FAMILIES TO HAVE A LIFE CHANGING EXPERIENCE IN A SAFE AND |
| | MEDICALLY SOUND ENVIRONMENT. OUR FOUNDATION HAS FUNDED BULIDINGS, |
| | TRANSPORTATION AND SPECIAL EVENTS OVER THE PAST FEW YEARS FOR THESE |
| | CHILDREN WITH LIFE THREATENING CONDITIONS. |
| | CHILDREN WITH HIPE THREATENING CONDITIONS. |
| | |
| | |
| | |
| | |
| | |
| | |
| | 752 |
| 4c | (Code) (Expenses \$ |
| | NATIONAL CREDIT UNION FOUNDATION - OUR FOUNDATION PROVIDES FINANCIAL |
| | SUPPORT TO THE NATIONAL CREDIT UNION FOUNDATION'S PROGRAMS WHICH |
| | BENEFIT CREDIT UNIONS AND THEIR MEMBERS, INCLUDING REAL SOLUTIONS, |
| | BIZKIDS, CREDIT UNION DEVELOPMENT EDUCATION, SOCIAL IMPACT MANAGEMENT, |
| | CU AID AND OTHERS. |
| | |
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| | |
| 4d | Other program services (Describe in Schedule O.) |
| | (Expenses \$\frac{\text{including grants of \$}}{\text{(Revenue \$}}\) |
| <u>4e</u> | Total program service expenses ► 385,322. |
| | Form 990 (2013) |

| | | | Yes | No |
|----------|--|----------|------|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| • | If "Yes," complete Schedule A | 1 | х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| 3 | public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| 4 | | | | Х |
| _ | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | _ | | v |
| _ | similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III | 5_ | | _X_ |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | v | |
| _ | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | _6 | X | |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | _ | | 37 |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | _X_ |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | 47 |
| | Schedule D, Part III | 8 | | <u>X</u> |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | _ | | 7.5 |
| | If "Yes," complete Schedule D, Part IV | 9 | | _X_ |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent | | 3.5 | |
| | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | X | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X | | | |
| | as applicable | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | v | |
| | Part VI | 11a | X | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total | 4.41 | | х |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | |
| С | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total | 44. | | х |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | |
| a | 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 | 11d | | х |
| _ | Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Х | |
| _ | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | 116 | - 11 | |
| f | the organization's separate of consolidated infancial statements for the tax year include a loothole that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | х | |
| 100 | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | - 1 11 | 21 | |
| ıza | Schedule D. Parts XI and XII | 12a | х | |
| L | Was the organization included in consolidated, independent audited financial statements for the tax year? | 12.0 | - 25 | |
| D | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| ~ | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | , | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | <u> </u> | - | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | Х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | Х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | X |
| 18 | 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 | 18 | | Х |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| | | Form | 990 | (2013) |

Form 990 (2013) CAROLINAS CREDIT UNION FOUNDATION
Part IV Checklist of Required Schedules (continued)

| Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X | | | | Yes | No |
|--|-------------|---|-------------|--------------|-------------|
| government on Part IX, column (A), line 17 if "Yes," complete Schedule I, Parts I and II 2 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? if "Yes," complete Schedule I, Parts I and III 2 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former orficers, directors, rustees, key employees, and highest compensated employees? if "Yes," complete Schedule J 3 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," complete Schedule J Schedule J William (IV Mo.) go to line 258 5 Did the organization in wise any proceeds of tax-exempt bonds beyond a temporary period exception? 6 Did the organization marks an an escrow account other than a refunding escrow at any time during the year? 7 Did the organization acts as an "on behalf of" issuer for bonds outstanding at any time during the year? 8 Section 801(k/3) and 801(k/3) organizations. Did the organization engage in an excess benefit transaction with a dequalified period period during the year? 8 Section 801(k/3) and 801(k/3) organizations. Did the organization engage in an excess benefit transaction with a dequalified period period during the year? 9 Did the organization acts as an "on behalf of" issuer for bonds outstanding at any time during the year? 9 Did the organization and that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction have that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction was not that it engaged in an excess benefit transaction with a disqualified person if it so former officers, director, trustee, key employees, or disqualified persons? If it is it is the organization report any amount on Part X, line 5, 6, or | 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | 100 | 110 |
| 22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (N), line 21 if "Yes," complete Schedule I, Parts I and III. 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 II. If "No, to fine 25a II. If you the organization have a tax-exempt bond is use with an outstanding principal amount of more than \$100,000 as of the list 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 II. If you the organization maintain an escrow account other than a refunding escrow at any time during the year? 24a J. X. 25 Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 25 Section 601(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 25 Section 601(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 26 If the organization export 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, by played to any of the separation's prior Forms 990 or 990-E72 If "Yes," complete Schedule L, Part IV and that the transaction are played and the played of the organization is provide a grant or other assistance to an officer, director, trustee, key employees, substantial contribution or a party to a business transaction with one of the following parties (see Schedule L, Part IV and the organization provide a grant or other assistance to an officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV and the organization receive or ordined organizatio | _ • | | 21 | x | 1 |
| column (A), line 27 ii "Yas," camplete Schedule I, Parts I and III 2 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 and 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 24 through 24d and complete Schedule J. Did the organization inwest any proceeds of tax-exempt bonds beyond a temporary penod exception? Did the organization inwest any proceeds of tax-exempt bonds beyond a temporary penod exception? Did the organization inwest any proceeds of tax-exempt bonds beyond a temporary penod exception? Did the organization inwest any proceeds of tax-exempt bonds beyond a temporary penod exception? Did the organization inwest any proceeds of tax-exempt bonds beyond a temporary penod exception? Did the organization inwest any proceeds of tax-exempt bonds such an any time during the year of the east of the organization of the part of the organization engage in an excess benefit used any time during the year? Section 501(5)(3) and 501(6)(4) organizations. Did the organization engage 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 has not been reported on any of the organization has not been reported on any of the organization has not been reported on any of the organization and that the transaction has not been reported on any of the organization provide agrant or other assistance to an officer, director, trustee, key employees, or disqualified persons? If so, complete Schedule L, Part IV instructions for applicable filing thresholds, conducing and exceptions? A current or former officer, and provide agrant or other assistance to an officer, director, trustee, or key empl | 22 | | | | |
| 23 Dd 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. 24 24 Dd 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 25 Did the organization maintain an escrew account other than a refunding secrow at any time during the year to defease any tax-exempt bonds? 26 Did the organization and as a an 'on behalf of' issuer for bonds outstanding at any time during the year? 27 Did the organization avaire that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 28 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, frustees, key employees, brighest compensated employees, or disqualified persons? If so, complete Schedule L, Part II 28 Dd the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contribution 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 IV 28 Was the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributions or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 Was the organization receive more than \$25,000 in non-cash contributions or key employee? If "Yes," complete Schedule L, Part IV 29 Dd the organization receive more than \$25,000 in non-c | | | 22 | x | |
| and former officers, fructors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J 23 | 23 | | | | |
| Schedule J 23 X 24 | | · · · · · · · · · · · · · · · · · · · | | | |
| 24a Dd 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 kines 24b through 24d and complete Schedule K. If "No", go to line 25e D did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of tax-exempt bonds eyend a temporary period exception? 24d D off the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d D off the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d D off the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d D off the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d D off the organization and solf (c)(4) organizations. Did the organization engage 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 engage 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 is 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-E2? If "Yes," complete Schedule L, Part III 25d Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, director, trustee, or employee benefit, and any of these persons? If "Yes," complete Schedule L, Part III 27d D of the organization report any any exiting selection committee member, or to a 35 | | | 23 | | x |
| 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 Schedule K. go to line 25a Schedule Conservation invest any proceeds of tax exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding secrow at any time during the year's defease any tax exempt bonds? did the organization and tas an 'on behalf of' issuer for bonds outstanding at any time during the year's defease any tax exempt bonds? did by the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year's defease any tax exempt bonds? did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year's defease any tax exempt bonds? did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year's defease any tax exemptions. Did the organization act as an inchest of the organization with a disqualified person during the year's defease any tax exemptions. Did the organization act as an inchest of the organization with a disqualified person in a prior year, and that the transaction have have been reported on any of the organization with or any of the organization in the organization provide a grant or other assistance to an officer, director, trustee, we employee, or disqualified persons? If so, complete Schedule L, Part IV 'organization provide a grant or other assistance to an officer, director, trustee, we propose of a family member of any of these persons? If ''yes, complete Schedule L, Part IV 'organization or former officer, director, trustee, or key employee? If 'Yes, complete Schedule L, Part IV 'organization or evere not seek Schedule L, Part IV 'organization or evere not seek schedule L, Part IV 'organization or evere not seek schedule L, Part IV 'organization or evere not seek schedule L, Part IV 'organization or evere not seek schedule L, Part IV 'organization selection seek sch | 94 a | • | | | |
| Schedule K. If "Not", go to line 25a 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 secrow 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? 28a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I glab 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-E27 If "Yes," complete Schedule L, Part I I glab 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 so, complete Schedule L, Part II glab 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 IV glab A family member of any of these persons? If "Yes," complete Schedule L, Part IV glab A family member of organization and to a current or former officer, director, trustee, or key employee; If "Yes," complete Schedule L, Part IV glab A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV glab A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV glab A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV glab A family membe | | - • • • • • • • • • • • • • • • • • • • | | | |
| b Did the organization mwest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrive account other than a refunding escrive 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? 24d 28a Section 501(x)3 and 501(x)4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 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 have to been reported on any of the organization spror Forms 990 or 990-£27 If "Yes," complete Schedule L, Part I 25b | | | 242 | | x |
| 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? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "iss," complete Schedule L, Part I at the transaction ware 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 II at the transaction report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any outrient or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II and 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 and the organization 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 and the organization receive contributions of fire, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV and the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part I and the organization receive contributions of art, historical treasures, or other ismilar assets? If "Yes," complete Schedule M, Part I and the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.2 and 301.7701.2 and 301. | h | · | | | |
| 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 Section 501c(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | | | 240 | _ | |
| Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(s)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I., Part II at the transaction 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-E2? If "Yes," complete Schedule I., Part II and the transaction 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 so, complete Schedule L, Part II and 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 are the state of any of these persons? If "Yes," complete Schedule L, Part IV and the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV and any organization receive more than \$25,000 in mon-and contributions? If "Yes," complete Schedule L, Part IV and the organization receive more than \$25,000 in mon-and contributions? If "Yes," complete Schedule L, Part IV and the organization receive more than \$25,000 in mon-and contributions? If "Yes," complete Schedule L, Part IV and the organization receive more than \$25,000 in mon-and contributions? If "Yes," complete Schedule R, Part II and Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I II and I | · | | 240 | | |
| Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I is the organization on the 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 is 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 so, complete Schedule L, Part II is 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 II is substance to a notificer, director, trustee, or five proplete Schedule L, Part IV is 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 is a family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV is a family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV is a director, trustee, or diversion or indirect owner? If "Yes," complete Schedule L, Part IV is a director, trustee, or diversion or indirect owner? If "Yes," complete Schedule L, Part IV is a director, trustee, or key employee? If "Yes," complete Schedule M is a director, trustee, or key employee? If "Yes," complete Schedule M is a director, trustee, or key employee? If "Yes," complete Schedule M is a director, trustee, or key employee? If "Yes," complete Schedule M is a director, trustee, or key employe | а | · | | | |
| disqualified person during the year? // "Yes," complete Schedule L, Part I 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-E2? // "Yes," complete Schedule L, Part I 25b | | | <u> 24u</u> | | |
| 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-E27 if "Yes," complete Schedule L, Part I | ZJa | | 252 | | Y |
| that the transaction has not been reported on any of the organization's pnor Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I 2 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 so, complete Schedule L, Part II 2 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 2 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 2 A nentity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 3 Did the organization receive more than 255,000 in non-cash contributions? If "Yes," complete Schedule M 3 Did the organization receive contributions of art, histonical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 3 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 3 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 3 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If "Yes," complete Schedule R, Part V Ine 2 37 Did the | h | | 25a | | |
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| Schedule N, Part II 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Inne 1 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 36 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, Inne 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Inne 2 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 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 20 | | 31 | | |
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| sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35b 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, Iine 2 36c Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Iine 2 36d X 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 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 22 | | 32 | | |
| Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 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 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 33 | | 22 | | v |
| Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 35c Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 If "Yes," complete Schedule R, Part V, line 2 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 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 24 | • | - 33 | | |
| Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 | 34 | | 24 | | v |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 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 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O 38 X | 350 | · | | | |
| within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 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 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O 38 X | | | SSa | | |
| Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O 38 X | U | | 356 | | 1 |
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| and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O 38 X | 27 | | 30 | | |
| Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O 38 X | J1 | · · · · · · · · · · · · · · · · · · · | 27 | | v |
| Note. All Form 990 filers are required to complete Schedule O | 20 | | 3/ | | |
| · · · · · · · · · · · · · · · · · · · | 30 | | 20 | y | |
| | | Actor Anni Com Coo nijera dre reguired to complete Ochedule O | | | (2012) |

13b 13c X

13a

14a

Section 501(c)(29) qualified nonprofit health insurance issuers.

a Is the organization licensed to issue qualified health plans in more than one state?

Note. See the instructions for additional information the organization must report on Schedule O

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

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

Page 6 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 | | | \mathbf{x} |
|-----|---|---------|----------|--------------|
| Sec | tion A. Governing Body and Management | | | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 10 | | | |
| - | If there are material differences in voting rights among members of the governing body, or if the governing | 1 | | |
| | body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b 10 | | | |
| 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 | | х |
| 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 | | х |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | _ | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | Х |
| 6 | Did the organization have members or stockholders? | 6 | | X |
| | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | |
| | more members of the governing body? | 7a | | х |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | |
| _ | persons other than the governing body? | 7b | | х |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | · - | - | |
| | | 8a | х | |
| | Each committee with authority to act on behalf of the governing body? | 8b | | х |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | |
| | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | х |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) | | | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | х |
| | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | X | |
| b | | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | |
| | in Schedule O how this was done | 12c | X | |
| 13 | Did the organization have a written whistleblower policy? | 13 | | X |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | | 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? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | X | |
| b | Other officers or key employees of the organization | 15b | | Х |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | |
| | taxable entity during the year? | 16a | | Х |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | |
| | exempt status with respect to such arrangements? | 16b | | |
| Sec | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ►NC, SC | | | |
| 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) | avaılab | ie | |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | |
| | Own website Another's website X 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, are | d fınar | icial | |
| | statements available to the public during the tax year. | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person of | tion 🕨 | - | |
| | MARY GARDNER - 803-781-5400 | | | |
| | 7440 BROAD RIVER ROAD, IRMO, SC 29063 | | | |

| Form 990 (2013) | | | | FOUNDATION | 56-1842095 | Page 7 |
|-----------------|-----------------------------|-------------|-----------|------------------|------------------------------|--------|
| Part VII Cò | mpensation of Officers, Dir | ectors, Tru | ıstees, K | ey Employees, Hi | ghest Compensated Technology | |

' Employees, and Independent Contractors
Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

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

| (A) Name and Title | (B) Average hours per week | (do box, | not c | Pos heck ss pe | ition | | one | (D) Reportable | (E) Reportable compensation from related | (F) Estimated amount of other |
|--------------------------------------|--|--------------------------------|-----------------------|----------------------|--------------|------------------------------|--|--|--|--|
| | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (1) JOHN SLACK | 1.00 | | | | | | | | | |
| SECRETARY/TREASURER | 1 22 | Х | | Х | | <u> </u> | | 0. | 0. | 0. |
| (2) MARK TWISDALE | 1.00 | | | | | | | | | • |
| DIRECTOR | 1 00 | Х | | | | ļ | | 0. | 0. | 0. |
| (3) JUDY THARP | 1.00 | | | | | | | | | • |
| CHAIRPERSON | 1 00 | X | | X | | | | 0. | 0. | 0. |
| (4) BEVERLY GAGNE | 1.00 | | | | | | | | | |
| DIRECTOR | 1 00 | X | | | | | ⊢ | 0. | 0. | 0. |
| (5) MAURICE SMITH | 1.00 | | | | | | | | | |
| DIRECTOR | 1 00 | Х | | | | | | 0. | 0. | 0. |
| (6) MICHELLE BRAGG | 1.00 | ,, | | | | | | | | ^ |
| DIRECTOR | 1 00 | Х | | | _ | - | | 0. | 0. | 0. |
| (7) JENNIFER PARKER | 1.00 | . , | | х | | | | 0. | 0. | ^ |
| VICE CHAIRPERSON | 1.00 | Х | | Δ. | | ├ | | · · · · · · | 0. | 0. |
| (8) BRIAN SPONAUGLE | 1.00 | x | | | | | | 0. | 0. | 0. |
| DIRECTOR | 1.00 | Λ | | | | | | 0. | 0. | <u> </u> |
| (9) MARK CAVERLY | 1.00 | х | | | | | | 0. | 0. | 0. |
| DIRECTOR | 1.00 | Δ | | | | \vdash | | 0. | 0. | |
| (10) CHUCK PURVIS | 1.00 | x | | | | | | 0. | 0. | 0. |
| DIRECTOR MCGPATI | 40.00 | Λ | | - | | \vdash | | - 0. | 0. | <u> </u> |
| (11) JOHN MCGRAIL EXECUTIVE DIRECTOR | 40.00 | | | x | | | | 104,629. | 0. | 20,887. |
| (12) STEVE FOWLER | 1.00 | | | 1 | | | ł. – | 104,025. | • | 20,007. |
| EX-OFFICIO | 2,00 | | | | | | | 0. | 0. | 0. |
| (13) JOHN RADEBAUGH | 1.00 | | | | | <u> </u> | l | | | |
| EX-OFFICIO | | i | | | | | | 0. | 0. | 0. |
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| Part VII Section A. Officers, Directors, Trus | | ploy | ees | | | ghe | st C | | | | | (F) | |
|--|--|--------------------------------|-----------------------|-----------|--------------|------------------------------|----------|---------------------------|----------------------------|------|----------|---------------------|-----|
| (A) | (B) Average | | | (C Pos | | 1 | | (D) | (E) | • • | | | ۵. |
| Name and title | hours per | | not c | heck | more | than is bot | | Reportable compensation | Reportable compensatioi | n | l . | timate nount d | |
| | week | | | | | or/trus | | from | from related | | | other | ٠. |
| | (list any | ector | | | | | | the | organizations | | | pensa | |
| | hours for related | | 99 | | | ated | | organization | (W-2/1099-MIS | C) | | om the | |
| | organizations | Individual trustee or director | institutional trustee | | , a | Highest compensated employee | | (W-2/1099-MISC) | | | | anızatı d relate | |
| | below | lag l | utrons | a | Key employee | est co oyee | <u></u> | | | | | ınızatı | |
| | line) | 툍 | Instri | Officer | Key | 声 | 퉏 | | | | | | |
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| | | 1 | | | | | | | | | | | |
| 1b Sub-total | | | | | L | ! | | 104,629. | | 0. | 2 | 0,8 | 87. |
| c Total from continuation sheets to Part V | /II Section A | | | | | | | 0. | | 0. | | <u> </u> | 0. |
| d Total (add lines 1b and 1c) | , | | | | | | • | 104,629. | | 0. | 2 | 0,8 | |
| 2 Total number of individuals (including but | not limited to th | nose | liste | ed a | bov | e) wl | ho r | | 0,000 of reportable | е | | | |
| compensation from the organization | | | | | | | | | · <u>-</u> | | | | 1 |
| | | | | | | | | | | | | Yes | No |
| 3 Did the organization list any former officer | | | e, ke | ey er | nplo | oyee | , or | highest compensated e | mployee on | | | 1 | |
| line 1a? If "Yes," complete Schedule J for | | | | | | | | | | | 3 | | X |
| 4 For any individual listed on line 1a, is the s | | | | | | | | | the organization | | | | x |
| and related organizations greater than \$15 | | | | | | | | | idual for convoca | | 4 | | |
| 5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," cor | | | | | | | eiai | led organization or indiv | idual for services | | 5 | | х |
| Section B. Independent Contractors | ripiete ocheda | | 01 3 | acri | per | 3011 | | | | | | | |
| Complete this table for your five highest or | ompensated in | dep | ende | ent c | ont | racto | ors t | that received more than | \$100,000 of com | pens | ation f | rom | |
| the organization Report compensation for | | | | | | | | | | | | | |
| (A) | | | | | | | | (B) | | | ((| | |
| Name and busines | s address | N | ON: | E | | | | Description of s | services | (| Compe | nsatio | n |
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| | | | | | | | l | | | | | | |
| 2 Total number of independent contractors | | not l | mite | d to | | _ | stec | d above) who received n | nore than | | | | |
| \$100,000 of compensation from the organ | nzation 🕨 | | | | | 0 | | | | | | | |

| Pai | t VII | II Statement of Rever | nue | | | | | |
|--|---------------|--|------------------|--------------------|----------------------|--|---|--|
| | • | Check if Schedule O cont | tains a response | or note to any lin | e in this Part VIII | | | |
| | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |
| nts | 1 a | Federated campaigns | 1a | | | | | |
| [5 s] | b | Membership dues | 1b | | | | | |
| Am, | c | Fundraising events | 1c | | | | | |
| 필 | d | Related organizations | 1d | | | | | |
| S, E | е | Government grants (contribut | tions) 1e | | | | | |
| ti S | f | All other contributions, gifts, gran | nts, and | | | | | |
| 真 | | sımılar amounts not ıncluded abo | ove 1f | 770,352. | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | g | Noncash contributions included in lines | s 1a-1f \$ | <u> 886</u> . | | | | |
| <u>a 0</u> | h | Total. Add lines 1a-1f | | , | 770,352. | | | |
| | | | | Business Code | | | | |
| Program Service Revenue | 2 a | | | | | | | |
| e S | b | | | - | | | | |
| E SI | С | | | I I | | | ** | |
| Re | d | | | - | | | | |
| Š. | e | | | | | | | <u> </u> |
| _ | T | All other program service reverse Total. Add lines 2a-2f | enue . | | | | | |
| $\overline{}$ | <u>9</u> 3 | Investment income (including | dividends inter | | | | | |
| | 3 | other similar amounts) | dividends, inter | ost, and ► | 5,783. | | | 5,783. |
| | 4 | Income from investment of ta | x-exempt bond i | oroceeds | | | | |
| | 5 | Royalties | | • | | | | |
| | _ | • | (ı) Real | (II) Personal | | | | |
| | 6 a | Gross rents | | | | | | |
| | b | Less rental expenses | | | | | | |
| | С | : Rental income or (loss) | | | | | | |
| | d | Net rental income or (loss) | | . | | | | |
| | 7 a | Gross amount from sales of | (i) Securities | (II) Other | | | | |
| | | assets other than inventory | | 13,000. | | | | |
| | b | Less: cost or other basis | | | | | | |
| | | and sales expenses | | 0. | | | | |
| | | Gain or (loss) | | 13,000. | 12 000 | | | 12 000 |
| | | Net gain or (loss) | | P | 13,000. | | | 13,000. |
| ne | 8 a | Gross income from fundraisin | | | | | | |
| Ve | | including \$ | | | | | | |
| Re | | contributions reported on line | | | | | | |
| Other Revenue | L | Part IV, line 18 Less: direct expenses | a b | | | | | |
| δ | | Net income or (loss) from fund | _ | | | | | |
| | | Gross income from gaming a | | | | | | |
| | | Part IV, line 19 | a | . | | | | |
| | ь | Less direct expenses | t | | | | | |
| | c | Net income or (loss) from gan | ning activities | • | | | | |
| | | a Gross sales of inventory, less | _ | | | | | |
| | | and allowances | a | 1 | | | | |
| | b | Less: cost of goods sold | t |) | | | | |
| | | Net income or (loss) from sale | es of inventory | . | | | | |
| | | Miscellaneous Reveni | ue | Business Code | | | | |
| | 11 a | · | | | | | | <u> </u> |
| | b |) | | | | ļ | | <u> </u> |
| | c | | | | · · - | ļ | | |
| | | All other revenue | | | | | | 1 |
| | _ | Total. Add lines 11a-11d | | | 700 105 | | | 10 500 |
| | 12 | Total revenue. See instructions. | | ▶ . | 789,135. | 0. | 0 | 18,783. |

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 (B) Program service expenses (C) Management and general expenses (D) Fundraisino (A) Total expenses Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to governments and 142,519 142,519. organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in 242,050 242,050. the United States See Part IV, line 22 Grants and other assistance to governments, 3 organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 125,516. 125,516. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 8,834 8,834 Payroll taxes 10 Fees for services (non-employees) a Management Legal 9,300 9,300. c Accounting d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 9,486. 9,486. column (A) amount, list line 11g expenses on Sch O.) 3,760. 3,760. Advertising and promotion 12 4,401 4,401. Office expenses 13 14 Information technology 15 Royalties 16 Occupancy 12,812. 12,812. Travel 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 4,491 4,491 Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates 21 9,750 9,750 Depreciation, depletion, and amortization 22 2,218 2,218. 23 Other expenses. Itemize expenses not covered 24 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.) 5,802. 5,802 MISCELLANEOUS 1,712 1.712. COMMITTEE/BOARD EXPENSE 753. c NATIONAL SUPPORT 753 d All other expenses 198,082 Total functional expenses. Add lines 1 through 24e 583,404. 385,322. 0. 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here If following SOP 98-2 (ASC 958-720)

Form 990 (2013)
Part X Balance Sheet

| Par | τX | Balance Sheet | | | | |
|-----------------------------|-----|--|----------------------------------|---|----------|--------------------|
| | | Check if Schedule O contains a response or not | e to any line in this Part X | | | |
| | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | 1,905,933. | 1 | 1,125,276. |
| | 2 | Savings and temporary cash investments | | | 2 | 992,000. |
| | 3 | Pledges and grants receivable, net | | 44,796. | 3 | 15,000. |
| | 4 | Accounts receivable, net | [| 328. | 4 | 732. |
| | 5 | Loans and other receivables from current and fo | ormer officers, directors, | | | |
| | | trustees, key employees, and highest compens | | | | |
| | | Part II of Schedule L | | | 5 | |
| | 6 | Loans and other receivables from other disquali | fied persons (as defined under | | | |
| | | section 4958(f)(1)), persons described in section | 4958(c)(3)(B), and contributing | | | |
| | | employers and sponsoring organizations of sec | | | | |
| S | | employees' beneficiary organizations (see instr) | | | 6 | |
| Assets | 7 | Notes and loans receivable, net | | | 7 | |
| As | 8 | Inventories for sale or use | | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | | 9 | |
| | 10a | Land, buildings, and equipment cost or other | 1 1 | | | |
| | | basis Complete Part VI of Schedule D | 10a 43,749. | | | |
| | b | Less: accumulated depreciation | 10b 9,750. | 0. | 10c | 33,999. |
| | 11 | Investments - publicly traded securities | | | 11 | |
| | 12 | Investments - other securities See Part IV, line | 11 | 46,232. | 12 | 51,290. |
| | 13 | Investments - program-related See Part IV, line | 11 | | 13 | |
| | 14 | Intangible assets | | • | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equ | al line 34) | 1,997,289. | 16 | 2,218,297. |
| | 17 | Accounts payable and accrued expenses | 12,354. | 17 | 21,706. | |
| | 18 | Grants payable | 300,000. | 18 | 300,000. | |
| | 19 | Deferred revenue | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | 20 | |
| | 21 | Escrow or custodial account liability Complete | Part IV of Schedule D | | 21 | |
| S | 22 | Loans and other payables to current and forme | r officers, directors, trustees, | | | |
| ij | | key employees, highest compensated employee | es, and disqualified persons. | | | |
| Liabilities | | Complete Part II of Schedule L | | | 22 | |
| = | 23 | Secured mortgages and notes payable to unrel | ated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelate | d third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, pa | yables to related third | | | |
| | | parties, and other liabilities not included on lines | s 17-24) Complete Part X of | | | |
| | | Schedule D | | <u>7,743.</u> | | 8,611. |
| | 26 | Total liabilities. Add lines 17 through 25 | | 320,097. | 26 | 330,317. |
| | | Organizations that follow SFAS 117 (ASC 958 | B), check here ▶ X and | | | |
| S | | complete lines 27 through 29, and lines 33 ar | nd 34. | | | |
| ĕ | 27 | Unrestricted net assets | _ | 344,538. | 27 | 444,573. |
| ala | 28 | Temporarily restricted net assets | | 594,597. | 28 | 663,175. |
| Ā | 29 | Permanently restricted net assets | } | 738,057. | 29 | 780,232. |
| Ę | | Organizations that do not follow SFAS 117 (A | ASC 958), check here ▶ | | | - |
| <u></u> | | and complete lines 30 through 34. | | | | |
| ets | 30 | Capital stock or trust principal, or current funds | | | 30 | |
| ASS | 31 | Paid-in or capital surplus, or land, building, or e | quipment fund | | 31 | |
| Net Assets or Fund Balances | 32 | Retained earnings, endowment, accumulated in | ncome, or other funds | | 32 | |
| Z | 33 | Total net assets or fund balances | | 1,677,192. | 33 | 1,887,980. |
| | 34 | Total liabilities and net assets/fund balances | | 1,997,289. | 34 | 2,218,297. |

| | 1 990 (2013) CAROLINAS CREDIT UNION FOUNDATION | <u> 56-18</u> | 42095 | Pag | ge 12 |
|-----|--|---------------|-------|------------|----------------|
| Pai | rt XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | | <u>35.</u> |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | 04. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 20 | 5,7 | 31. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 1,67 | <u>7,1</u> | <u>92.</u> |
| 5 | Net unrealized gains (losses) on investments | 5 | ļ | 5,0 | <u>57.</u> |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments . | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9_ | | | 0. |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, | | | | |
| | column (B)) | 10 | 1,88 | <u>7,9</u> | 80. |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | <u> X </u> |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990 Cash X Accrual Other | | - | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | 0 | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | d on a | | | |
| | separate basis, consolidated basis, or both | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | X | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat | te basis, | | | |
| | consolidated basis, or both | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | ie audit, | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | X | <u> </u> |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sch | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si | ngle Audıt | | | |
| | Act and OMB Circular A-133? | | 3a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ | ııred audıt | | | |
| | or guides, explain why in Schedule O and describe any stens taken to undergo such audits | | 3h | | 1 |

Form **990** (2013)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number CAROLINAS CREDIT UNION FOUNDATION 56-1842095

| Part I | Resent | for Public Cha | rity Status (All organiz | ations mile | et complet | A this nort |) See inst | ructions | | <u> </u> | | |
|----------|------------------------------|---------------------------------------|--|---------------|--------------------|-------------------------|--------------|--------------------|--|--|---------|-----------|
| | .l | | | | | | | iluctions. | | | | |
| | | - - | n because it is. (For lines 1 | _ | | | | | | | | |
| 1 ⊣ | • | | es, or association of churc | | ribea in se | ction 1/U | (D)(T)(A)(I) |). | | | | |
| 2 | | | 170(b)(1)(A)(ii). (Attach Sc | | | | | | | | | |
| 3 | • | • | pital service organization o | | | | | | = . | | | |
| 4 📖 | A medical res | search organization | n operated in conjunction | with a hos | pital desci | abed in se | ction 170 | (b)(1)(A)(ii | ii). Enter | the hospita | rs nan | ne, |
| | city, and stat | | | | | | | | | | | |
| 5 📖 | _ | - | e benefit of a college or ur | niversity ov | wned or op | erated by | a governi | mental uni | t describ | oed in | | |
| _ | | (b)(1)(A)(iv). (Comp | • | | | | | | | | | |
| 6 🖳 | A federal, sta | ite, or local governr | ment or governmental unit | described | ın sectio | n 170(b)(1 | I)(A)(v). | | | | | |
| 7 X | An organizati | on that normally re | eceives a substantial part | of its supp | ort from a | governme | ntal unit c | or from the | general | public desc | ribed | ın |
| | section 170(| b)(1)(A)(vi). (Comp | lete Part II) | | | | | | | | | |
| 8 🖳 | A community | trust described in | section 170(b)(1)(A)(vi). | (Complete | Part II.) | | | | | | | |
| 9 📖 | An organizati | on that normally re | eceives (1) more than 33 1 | 1/3% of its | support fi | rom contri | butions, m | nembershi | p fees, a | ınd gross re | ceipts | from |
| | activities rela | ted to its exempt for | unctions - subject to certa | ıın exceptı | ons, and (2 | 2) no more | than 33 1 | /3% of its | support | t from gross | ınves | tment |
| | income and u | unrelated business | taxable income (less sect | ion 511 ta | x) from bu | sinesses a | cquired b | y the orga | ınızatıon | after June 3 | 30, 19 | 75 |
| | See section | 509(a)(2). (Comple | te Part III) | | | | | | | | | |
| 10 🔲 | An organizati | on organized and | operated exclusively to te | st for publi | c safety S | See <mark>sectio</mark> | n 509(a)(4 | 1). | | | | |
| 11 🔲 | An organizati | on organized and | operated exclusively for th | ne benefit d | of, to perfo | orm the fur | nctions of, | or to carr | y out the | purposes o | of one | or |
| | more publicly | supported organi | zations described in section | on 509(a)(1 | 1) or section | on 509(a)(2 |) See sec | ction 509(| a)(3). Ch | eck the box | that | |
| | describes the | e type of supporting | g organization and comple | ete lines 1 | 1e through | 11h | | | | | | |
| | a Type I | ı ь 🗀 [.] | Type II c 🔙 Ty | ype III - Fui | nctionally i | integrated | c | ј 🔙 Тур | e III - No | n-functional | ly inte | grated |
| е 🗀 | By checking | this box, I certify th | nat the organization is not | controlled | directly o | r ındırectly | by one o | r more dis | qualified | persons oti | ner tha | an |
| | foundation m | nanagers and other | than one or more publicly | , supporte | d organiza | itions des | cribed in s | ection 509 | 9(a)(1) or | section 509 | 3(a)(2) | |
| f | | | ritten determination from t | | | | | | | | | |
| | supporting o | rganization, check | this box | | | | • | | | | | |
| g | | • | organization accepted ar | ny gift or co | ontribution | from any | of the follo | owing per | sons? | | | |
| J | | | ndirectly controls, either al | | | | | | | <i>I</i> . | Yes | No |
| | • • • | | supported organization? | J | | • | | () | . , | 11g(i) | | |
| | • | • • | on described in (i) above? | | • | | | • | | 11g(ii) | | |
| | • • • • | • | a person described in (i) of | | e? | | | | | 11g(in) | | |
| h | · • | · · · · · · · · · · · · · · · · · · · | on about the supported or | | | | | • | | | | |
| •• | Trovido alo r | ono vinig ii no mano | m about the cappointed on | gaa | (-) | | | | | | | |
| (I) Nove | f | (::) FIN | (III) Tune of example to p | (iv) Is the c | rganization | (v) Did voi | i notify the | (vi) Is | the | (v::) Amoun | t of me | notoni |
| ٠, | e of supported janization | (ii) EIN | (iii) Type of organization (described on lines 1-9 | in col. (i) h | • | , , , | • | lorganizáti | on in col. | (vii) Amoun | port | illetal y |
| OI | jamzanon | | above or IRC section | governing | document? | (i) of you | support? | (i) organiz U.S | .? |] | port | |
| | | | (see instructions)) | Yes | No | Yes | No | Yes | No | 1 | | |
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Schedule A (Form 990 or 990-EZ) 2013 CAROLINAS CREDIT UNION FOUNDATION 5

fails to qualify under the tests listed below, please complete Part III)

56-1842095 Page 2

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

Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") 585,188 776,873. 419,527. 1,078,291 770,352 3,630,231. 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 776,873. 419,527 585,188. 770,352 1,078,291 3,630,231. 4 Total. Add lines 1 through 3 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) 1,223,368. 6 Public support. Subtract line 5 from line 4 2,406,863. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total 419,527 585,188 776,873 770,352 7 Amounts from line 4 1,078,291 3,630,231. Gross income from interest. dividends, payments received on securities loans, rents, royalties 19,866 6,207 4,977 5,174 5,783 42,007. and income from similar sources 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 111,183 111,183. assets (Explain in Part IV) 11 Total support. Add lines 7 through 10 3.783.421. Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 63.62 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 14 50.04 15 Public support percentage from 2012 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and $\triangleright X$ stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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 | now, ploace com | p.o.o., a.,, | | | | |
|--|---------------------|--|------------------------|--|----------------------|------------|
| Calendar year (or fiscal year beginning in) | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 1 Gifts, grants, contributions, and | | | | | | |
| membership fees received (Do not | | | | | | |
| ınclude any "unusual grants ") | | | | | | |
| 2 Gross receipts from admissions, | | | | | | |
| merchandise sold or services per- | | | | | | |
| formed, or facilities furnished in | | | | | | |
| any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that | | | | | | |
| are not an unrelated trade or bus- | | | | | | |
| iness under section 513 | | | | | | |
| 4 Tax revenues levied for the organ- | | | | | | |
| ization's benefit and either paid to | | | | | : | |
| or expended on its behalf | | | | | | |
| 5 The value of services or facilities | | | | | | |
| furnished by a governmental unit to | | | | | | |
| the organization without charge | | | | | | |
| • | | | | | † | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and | | | | | | |
| 3 received from disqualified persons b Amounts included on lines 2 and 3 received | | | | | | |
| from other than disqualified persons that | | | | | | |
| exceed the greater of \$5,000 or 1% of the | | | | | | |
| amount on line 13 for the year | | - | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support (Subtract line 7c from line 6) | | | | 1 | 1 | |
| Section B. Total Support | | T | | 1 1 2010 | | |
| Calendar year (or fiscal year beginning in) | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 9 Amounts from line 6 | | | <u> </u> | | - | |
| 10a Gross income from interest, dividends, payments received on | | | | | | |
| securities loans, rents, royalties | | | | · · | | |
| and income from similar sources | | | | ļ | | |
| b Unrelated business taxable income | | | | | | |
| (less section 511 taxes) from businesses | | | | | | |
| acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business | | | • | | | |
| activities not included in line 10b, whether or not the business is | | | | | | |
| regularly carried on | | | | | | |
| 12 Other income Do not include gain | | | | | | |
| or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12) | | - | | _ | | |
| 14 First five years. If the Form 990 is for | the organization | 's first, second, thi | rd, fourth, or fifth t | tax year as a secti | on 501(c)(3) organiz | ation, |
| check this box and stop here | | | | | | ▶ □ |
| Section C. Computation of Publ | ic Support Pe | ercentage | | | | |
| 15 Public support percentage for 2013 (I | ine 8, column (f) o | divided by line 13, | column (f)) | | 15 | % |
| 16 Public support percentage from 2012 | Schedule A, Par | t III, line 15 | | | 16 | % |
| Section D. Computation of Inves | stment Incom | ne Percentage | <u> </u> | | | |
| 17 Investment income percentage for 20 | 13 (line 10c, colu | ımn (f) dıvıded by lı | ne 13, column (f)) | | 17 | % |
| 18 Investment income percentage from 2 | | | | | 18 | % |
| 19a 33 1/3% support tests - 2013. If the | | | on line 14, and lin | ie 15 is more than | 33 1/3%, and line 1 | 17 is not |
| more than 33 1/3%, check this box a | = | | | | | ▶□ |
| b 33 1/3% support tests - 2012. If the | | | | | | and |
| line 18 is not more than 33 1/3%, che | = | | | | | . — |
| 20 Private foundation. If the organizatio | | - | | | | ▶□ |

| Schedule A | (Form 990 or 990-EZ) 2013 CAROLINAS CREDI | T UNION I | FOUNDATION_ | 56-1842095 Page 4 |
|-------------|--|-------------------|---|-----------------------------|
| Part IV | (Form 990 or 990 EZ) 2013 CAROLINAS CREDI Supplemental Information. Provide the explanation | ons required by F | Part II. line 10. Part II. line 17a or | 17b, and Part III, line 12. |
| | Also complete this part for any additional information (Sec | | , | , , , , |
| | Those complete and part for any additional information (co. | o indiractione): | | |
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SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

CAROLINAS CREDIT UNION FOUNDATION

Employer identification number

56-1842095 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 18 Total number at end of year 394,714. Aggregate contributions to (during year) 2 240,415. Aggregate grants from (during year) 1,385,486. Aggregate value at end of year 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? X No Yes 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? Part II | Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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. Held at the End of the Tax Year Total number of conservation easements 2a 2b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) R and section 170(h)(4)(B)(II)? 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 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 Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

| | | AS CREDIT | | | | | <u>56-18</u> | | | ige 2 |
|------|---|------------------------|------------------------|-----------------|-------------|----------|----------------|-------------------|---------|--------------|
| Par | t III Organizations Maintaining C | ollections of A | rt, Historical Tr | easures, o | r Other | Simil | <u>ar Asse</u> | ts (contin | ued) | |
| 3 | Using the organization's acquisition, accessing the companies (check all that apply). | on, and other record | ls, check any of the | following that | are a sigi | nıfıcant | use of its | collection | ıtem: | S |
| а | Public exhibition | d | Loan or exc | hange prograi | ms | | | | | |
| b | Scholarly research | e | | nango progra | | | | | | |
| c | Preservation for future generations | · · | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and explai | n how they further t | he organizatio | n's exem | nt purp | ose in Par | t XIII | | |
| 5 | During the year, did the organization solicit o | , | - | - | | | | | | |
| · | to be sold to raise funds rather than to be ma | | | | | | | Yes | | No |
| Par | t IV Escrow and Custodial Arran | | | | Yes" to Fo | orm 990 |). Part IV. I | | | |
| | reported an amount on Form 990, Par | | ŭ | | | | | • | | |
| | Is the organization an agent, trustee, custod | an or other intermed | liary for contribution | ns or other ass | ets not in | ncluded | | | | |
| | on Form 990, Part X? | | , | | | | | Yes | | No |
| ь | If "Yes," explain the arrangement in Part XIII | and complete the fo | llowing table | | | | | | | |
| _ | , | , | J | | | | | Amount | : | |
| С | Beginning balance | | | | | 1c | | | | |
| d | Additions during the year | | | | | 1d | | | | |
| e | Distributions during the year | | | | | 1e | | | | |
| f | Ending balance | | | | | 1f | | | | |
| 2a | Did the organization include an amount on Fe | orm 990, Part X, line | 21? | | | | | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIII | Check here if the ex | planation has been | provided in P | art XIII | | | | | |
| Par | t V Endowment Funds. Complete r | f the organization an | swered "Yes" to Fo | rm 990, Part I | V, line 10. | • | | | | |
| | | (a) Current year | (b) Prior year | (c) Two years | back (c |) Three | years back | (e) Four | years | back |
| 1a | Beginning of year balance | 797,618. | 792,400. | 798 | 706. | { | 303,618. | | 798. | 224. |
| b | Contributions | 219,637. | 212,709. | 1 | 391. | 1 | L43,458. | | 153 | 205. |
| С | Net investment earnings, gains, and losses | 8.145. | 7.884. | . 7 | 918. | | 8,088. | | 14 | 996. |
| d | Grants or scholarships | 209.290. | 215,375, | 212 | 615. | 1 | L56,458. | | 162 | 807. |
| е | Other expenditures for facilities | · | · | | | | | | | |
| | and programs | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | |
| g | End of year balance | 816,110. | 797,618. | . 792 | ,400. | | 798,706. | | 803, | 618. |
| 2 | Provide the estimated percentage of the curr | rent year end baland | e (line 1g, column (a | a)) held as | | | | | | |
| а | Board designated or quasi-endowment | .00 | _% | | | | | | | |
| b | Permanent endowment ► 95.60 | % | | | | | | | | |
| С | Temporarily restricted endowment ▶ | 4.40 % | | | | | | | | |
| | The percentages in lines 2a, 2b, and 2c shou | uld equal 100% | | | | | | | | |
| За | Are there endowment funds not in the posse | ession of the organiz | ation that are held a | and administer | ed for the | organı | zatıon | г | | |
| | by | | | | | | | | Yes | No |
| | (i) unrelated organizations | | | | | | | 3a(i) | | _X_ |
| | (ii) related organizations | | | | | | | 3a(ii) | | X |
| b | If "Yes" to 3a(II), are the related organizations | s listed as required o | on Schedule R? | | | | | 3b | | |
| 4 | Describe in Part XIII the intended uses of the | | wment funds | | | | | | | |
| Par | t VI Land, Buildings, and Equipm | | | | | | | | | |
| | Complete if the organization answere | | | | Part X, Iır | ne 10 | - | | | |
| | Description of property | (a) Cost or o | 1 , | t or other | | cumulat | | (d) Bool | k value | € |
| | | basis (investr | nent) basis | (other) | depr | eciation | 1 | | | |
| | Land | | | | - | | | | | |
| | Buildings | | | | | | | | | |
| | Leasehold improvements | | | 10 510 | | | _ | | | |
| | Equipment | - | | 3,749. | | 9,7 | 50. | 3 | 3,9 | <u>99.</u> |
| | Other | 15 200 5 | | 10(1) | | | | 2 . | 3.9 | 00 |
| Lota | L Add lines 1a through 1e (Column (d) must e | auai Form 990. Part | x. column (B), line 1 | LU(C) } | | | ▶ 1 | .5. | 3 . Y' | 77. |

| Part VIII Investments - Other Securities. | o Form 000 Dod 11/ | line 11h See Form 000 l | Port V. lino 12 |
|--|----------------------|-----------------------------|--|
| Complete if the organization answered "Yes" to (a) Description of security or category (including name of security) | b) Book value | | ਕੁਸ਼ x, line 12 aluation Cost or end-of-year market value |
| (1) Financial derivatives | (2) = 0 = 1 = 0 | (0) | |
| (2) Closely-held equity interests | | | |
| (3) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | - | | |
| (G) | | | |
| (H) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | | |
| Part VIII Investments - Program Related. | | <u> </u> | |
| Complete if the organization answered "Yes" to | o Form 990. Part IV. | . line 11c See Form 990, F | Part X, line 13 |
| (a) Description of investment | (b) Book value | | aluation Cost or end-of-year market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | | |
| Part IX Other Assets. | | | |
| Complete if the organization answered "Yes" to | o Form 990, Part IV, | , line 11d. See Form 990, l | Part X, line 15 |
| (a) D | escription | | (b) Book value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line | 15) | · | > |
| Part X Other Liabilities. | | | |
| Complete if the organization answered "Yes" to | o Form 990, Part IV | | 990, Part X, line 25. |
| 1. (a) Description of liability | | (b) Book value | |
| (1) Federal income taxes | | | |
| (2) ACCRUED VACATION/SALARIES | | 8,611. | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line | 25) | 8,611. | |

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

| | dule D (Form 990) 2013 CAROLINAS CREDIT UNION FOL | | | | 1842095 Page 4 |
|-----------|---|----------------|---------------|---------------|---------------------|
| Pai | t XI Reconciliation of Revenue per Audited Financial Statem | | Revenue per R | eturr | 1. |
| | Complete if the organization answered "Yes" to Form 990, Part IV, line 12a | • | | | 000 100 |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 800,192. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | 1 - 1 | E 0E7 | | |
| а | Net unrealized gains on investments | 2a | 5,057. | | |
| b | Donated services and use of facilities | 2b | 6,000. | | |
| С | Recoveries of prior year grants . | 2c | | | |
| d | Other (Describe in Part XIII) | 2d | | | 11 057 |
| е | Add lines 2a through 2d | | | 2e | 11,057. 789,135. |
| 3 | Subtract line 2e from line 1 | | | 3 | 109,133. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | امدا | | ŀ | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII) | _4b | | | 0 |
| С | Add lines 4a and 4b | | | 4c | 789,135. |
| <u>5</u> | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Taxii Reconciliation of Expenses per Audited Financial Statem | nente With | Evnenses ner | Botu | |
| Pa | | | Expenses per | netu | 1111. |
| | Complete if the organization answered "Yes" to Form 990, Part IV, line 12a | · | | | 589,404. |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 303,404. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | 1 0-1 | 6,000. | | |
| a | Donated services and use of facilities | 2a | 0,000. | | |
| b | Prior year adjustments | 2b | | } | |
| С | Other losses | 2c | | 1 | |
| d | Other (Describe in Part XIII) | 2d | | | 6 000 |
| е | Add lines 2a through 2d | | | 2e | 6,000. 583,404. |
| 3 | Subtract line 2e from line 1 | | | 3 | 303,404. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1 | 1 1 | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | | • |
| С | Add lines 4a and 4b | | | 4c | 0. |
| 5 | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) | | | 5 | 583,404. |
| | rt XIII Supplemental Information. | | | | |
| | de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any ad | | | 4, Part | X, line 2, Part XI, |
| | | | | | |
| | | | | | |
| PA: | RT V, LINE 4: | | | | |
| EV. | PLANATION: ENDOWMENT FUNDS ARE USED TO PRO | אידטב בו | DIICATTONAT | . Δ ΝΤ | D FINANCIAL |
| <u>CA</u> | PHANATION: ENDOWMENT FUNDS ARE USED TO TRO | 74111 | DOCKITOWNI | 1111 | D I III/III(IIII |
| NE: | ED SCHOLARSHIPS. | | | | |
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| | | | | | |
| PA: | RT X, LINE 2: | | | | |
| | | | | | |
| EX | PLANATION: THE FOUNDATION'S PRIMARY TAX PO | OSITION | S RELATE T | <u>'O I</u> | TS STATUS |
| AS | A NOT-FOR-PROFIT ENTITY EXEMPT FROM INCO | ME TAXE | S AND CLAS | SIF | ICATION OF |
| AC | TIVITIES RELATED TO ITS EXEMPT PURPOSE. I | r is Th | E OPINION | OF | MANAGEMENT |
| - | | | | | |
| | HT THE FOUNDATION HAS NO UNCERTAIN TAX PO | | | | |
| <u>TO</u> | CHANGE UPON EXAMINATION. | _ . | | | |
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| Schedule D | (Form 990) 2013 | CAROLINAS Information (continued) | CREDIT | UNION | FOUNDATION | 56-1842095 Page 5 |
|--------------|-----------------|-----------------------------------|--------|-------|------------|-------------------|
| Part XIII | Supplemental I | nformation (continued) | | | | |
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SCHEDULE (Form 990) Name of the organization

Department of the Treasury

Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Open to Public OMB No 1545-0047 2013

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

Employer identification number 56-1842095

Inspection

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X Yes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection CAROLINAS CREDIT UNION FOUNDATION General Information on Grants and Assistance Part

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States criteria used to award the grants or assistance? Part II

SUMMER CAMP FOR CHILDREN VITH LIFE THREATENING CO-SPONSORS A WEEK OF (h) Purpose of grant or assistance HILIPPINE HURRICANE INANCIAL LITERACY THE FOUNDATION RLIEF (g) Description of non-cash assistance (f) Method of valuation (book, EMV, appraisal, other) o, Ö o (e) Amount of assistance non-cash recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of cash grant 000 16,000 100 000 ω. (c) IRC section if applicable 501(C)(3) 501(c)(3) 501(C)(3) 56-2215292 23-7115503 39-6093210 (p) EIN 1 (a) Name and address of organization UNIONS, INC. - 5710 MINERAL POINT NC COUNCIL ON ECONOMIC EDUCATION WORLDWIDE FOUNDATION FOR CREDIT ROAD - MADISON, WI 53705 or government RANDLEMAN, NC 27317 3825 BARRETT DRIVE RALEIGH, NC 27610 VICTORY JUNCTION 4500 ADAMS WAY

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table Q

SEE PART IV FOR COLUMN (H) DESCRIPTIONS LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2013)

BOY SCOUTS OF AMERICA

SSISTANCE

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5 000

501(C)(3)

56-0529984

HOMELESS AND NEEDY

INISTRIES

Ö

5,000

501(C)(3)

58-1422700

URBAN MINISTRIES OF WAKE COUNTY

1390 CAPITAL BLVD RALEIGH NC 27603 OCCONEECHEE COUNCIL BOY SCOUTS OF

AMERICA - 3231 ATLANTIC AVENUE

RALEIGH, NC 27604

332101 10-29-13

(f) Description of non-cash assistance, (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed. Q Part IV | Supplemental Information, Provide the information required in Part I, line 2, Part III, column (b), and any other additional information EXPLANATION: RECIPIENTS ARE REQUIRED TO COMPLETE A GRANT AGREEMENT AND A (H) PURPOSE OF GRANT OR ASSISTANCE: THE FOUNDATION CO-SPONSORS A WEEK SEVERE DISABILITIES WHO WOULDN'T HAVE THE CHANCE TO GO TO CAMP OTHERWISE. (d) Amount of non-cash assistance o SUMMER CAMP FOR CHILDREN WITH LIFE THREATENING CONDITIONS OR NAME OF ORGANIZATION OR GOVERNMENT: VICTORY JUNCTION 242,050 (c) Amount of cash grant 183 (b) Number of recipients FOLLOW UP GRANT COMPLETION REPORT COLUMN (H): (a) Type of grant or assistance LINE 1, PART I, LINE 2: SCHOLARSHIPS PART II, PartIII

Schedule I (Form 990) (2013)

332102 10-29-13

Page 2

56-1842095

CAROLINAS CREDIT UNION FOUNDATION

Schedule I (Form 990) (2013)

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990 or 990-EZ.

Open to Public

OMB No 1545-0047

Name of the organization

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

Inspection **Employer identification number**

| CAROLINAS CREDIT UNION FOUNDATION 56-1842095 |
|---|
| FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: |
| NATIONAL CREDIT UNION FOUNDATION - OUR FOUNDATION PROVIDES FINANCIAL |
| SUPPORT TO THE NATIONAL CREDIT UNION FOUNDATION'S PROGRAMS WHICH |
| BENEFIT CREDIT UNIONS AND THEIR MEMBERS, INCLUDING REAL SOLUTIONS, |
| BIZKIDS, CREDIT UNION DEVELOPMENT EDUCATION, SOCIAL IMPACT MANAGEMENT, |
| CU AID AND OTHERS. |
| |
| FORM 990, PART VI, SECTION A, LINE 8B: |
| EXPLANATION: THERE ARE NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE |
| BOARD OF DIRECTORS. |
| |
| FORM 990, PART VI, SECTION B, LINE 11: |
| EXPLANATION: FORM 990 AND YEAR END FINANCIAL STATEMENTS ARE PROVIDED TO THE |
| BOARD OF DIRECTORS AT THE BOARD MEETING IMMEDIATELY FOLLOWING THEIR |
| COMPLETION. THEY ARE NOTED AS RECEIVED BY THE BOARD. |
| |
| FORM 990, PART VI, SECTION B, LINE 12C: |
| EXPLANATION: BOARD MEMBERS ARE ASKED TO VOLUNTEER ANY CONFLICTS OF INTEREST |
| AT THE BEGINNING OF EVERY BOARD MEETING. POTENTIAL CONFLICTS OF INTEREST |
| ARE IDENTIFIED, ADDRESSED AND DOCUMENTED IN THE MEETING MINUTES. |
| |
| FORM 990, PART VI, SECTION B, LINE 15A: |
| EXPLANATION: A SALARY SURVEY WAS COMPLETED BY AN OUTSIDE CONSULTING FIRM IN |
| ORDER TO SUBSTANTIATE THE CEO COMPENSATION PACKAGE. |
| |

| Schedule O (Form 990 or 990·EZ) (2013) | Page 2 |
|--|---|
| Name of the organization CAROLINAS CREDIT UNION FOUNDATION | Employer identification number 56-1842095 |
| EXPLANATION: CCUF'S AUDITED FINANCIAL STATEMENTS ARE AVAI | LABLE FOR PUBLIC |
| VIEWING ON THE FOUNDATION'S WEBSITE. GOVERNING DOCUMENTS | AND CONFLICT OF |
| INTEREST POLICIES ARE NOT POSTED ON THE WEBSITE BUT ARE A | VAILABLE UPON |
| REQUEST. | |
| | |
| FORM 990, PART XII, LINE 2C: | |
| EXPLANATION: THE OVERSIGHT/SELECTION PROCESS HAS NOT CHAN | GED FROM THE |
| PRIOR YEAR. | |
| | |
| | |
| FORM 990, PART IX, LINES 24B AND 24D | |
| EXPLANATION: CAROLINAS CREDIT UNION FOUNDATION DOES NOT I | SSUE W-2 |
| FORMS. THE PRESIDENT IS PAID BY THE NORTH CAROLINA CREDIT | UNION |
| LEAGUE (NCCUL). THE FOUNDATION REMIBURSES NCCUL FOR ALL PA | YROLL RELATED |
| EXPENSES. | |
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Schedule O (Form 990 or 990-EZ) (2013)

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