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Form **990-PF** Department of the Treasury Internal Revenue Service

Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. Open to Public Inspection

ru	cale	imai year 2014 or lax year beginning		, allu e	nung		
N	ame o	of foundation				A Employer identification	number
	ALE	PHIN FAMILY FOUNDATION					
	\mathbb{C}/\mathbb{C}	ERNEST J. ALPHIN	56-2108036	<u> </u>			
N	ımber	and street (or P O box number if mail is not delivered to street	B Telephone number				
	945	ALPHIN ROAD	910-892-82	258			
C	ty or	town, state or province, country, and ZIP or foreign p	oostal code	· · ·		C If exemption application is p	ending, check here
	OUN	IN, NC 28334				}	
G	Chec	k all that apply: Initial return	Initial return of a f	ormer public c	harity	D 1. Foreign organizations	s, check here 🕨 🔙
		Final return	Amended return				
		X Address change	X Name change			Foreign organizations me check here and attach co	ending the 85% test, proputation
Н	Chec	k type of organization: X Section 501(c)(3) ex	xempt private foundation			E If private foundation sta	tus was terminated
	<u> </u>	ection 4947(a)(1) nonexempt charitable trust	Other taxable private found	ation		under section 507(b)(1)(A), check here 🕨 📖
F :	aır m	narket value of all assets at end of year J Account	ing method: X Cash	Accr	ual	F If the foundation is in a	60-month termination
(from	Part II, col. (c), line 16)	ther (specify)			under section 507(b)(1)	(B), check here
لے	► \$	864,970. (Part I, colu	ımn (d) must be on cash	basis.)			
P	art	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and	(b) Net in		(c) Adjusted net	(d) Disbursements for charitable purposes
		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	inco	ime 	income	(cash basis only)
	1	Contributions, gifts, grants, etc., received	697,877.			N/A	
	2	Check fithe foundation is not required to attach Sch. B				ļ	
	3	Interest on savings and temporary cash investments					
	4	Dividends and interest from securities	4,226.		<u>4,226.</u>		Statement 1
C U.	58	a Gross rents					
\mathfrak{S}	1	Net rental income or (loss)				-	
Ž 9	<u>.</u> 6	Net gain or (loss) from sale of assets not on line 10	8,903.				
SCANNED] 1	Gross sales price for all assets on line 6a 15,533.					
	7	Capital gain net income (from Part IV, line 2)			8,903.	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
- ,,	8	Net short-term capital gain				; r	100
₩ ;	9	Income modifications Gross sales less returns				· · · · · · · · · · · · · · · · · · ·	21 2015
	108	and allowances				, , , , , , , , , , , , , , , , , , , ,	45
.>> ⊙o		D Less Cost of goods sold				<u> </u>	~/ · · · · · · · · · · · · · · · · · · ·
	1	Gross profit or (loss)				· · · · · · · · · · · · · · · · · · ·	
2015	11		711 000	1	2 1 2 0		
<u></u>	12	Total. Add lines 1 through 11	711,006.	<u> </u>	<u>3,129.</u>		0.
	13	Compensation of officers, directors, trustees, etc	0.		0.		0.
	14	Other employee salaries and wages					
و	15	Pension plans, employee benefits					-
9	168	a Legal fees	1 260		0.		0.
200		Accounting fees Stmt 2	1,369.				<u></u>
Ú	i _ (Other professional fees					
	17	Interest				<u> </u>	
ì	18	Taxes Depreciation and depletion					
2	19	Occupancy					
Administration	20	Travel, conferences, and meetings					
3	21	Printing and publications					
Ċ	22	Other expenses Stmt 3	129.		0.		_ 0.
citoria de Caracteria de Carac	23	Total operating and administrative	123.				
2	24	expenses. Add lines 13 through 23	1,498.		0.		0.
ć	25	Contributions, gifts, grants paid	28,700.				28,700.
		Total expenses and disbursements.	20,700.				20,,000
	120	Add lines 24 and 25	30,198.		0.		28,700.
_	27	Subtract line 26 from line 12:	30,120.				
	1	2 Excess of revenue over expenses and disbursements	680,808.				
	1	D Net investment income (if negative, enter -0-)	250,000	1	3,129.		
		Adjusted net income (if negative, enter -0-)			, <u></u>	N/A	
423	501 24-14	LHA For Paperwork Reduction Act Notice, see	instructions.			<u></u>	Form 990-PF (2014)
11.							•

Form	990-PF (2014) C/O ERNEST J. ALPHIN	Beginning of year	56-2108036 End of year		
Pa	rt II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value	
\top	1 Cash - non-interest-bearing			, ,	
	2 Savings and temporary cash investments	16,637.	688,548.	688,548.	
ł	3 Accounts receivable ►				
	Less; allowance for doubtful accounts	100.			
	4 Pledges receivable >				
	Less; allowance for doubtful accounts ►				
	5 Grants receivable 6 Receivables due from officers, directors, trustees, and other				
	6 Receivables due from officers, directors, trustees, and other disqualified persons				
	7 Other notes and loans receivable				
	Less; allowance for doubtful accounts				
22	8 Inventories for sale or use		-		
Assets	9 Prepaid expenses and deferred charges				
1 🏲	0a Investments - U.S. and state government obligations				
	b Investments - corporate stock Stmt 4	130,736.	139,668.	176,422.	
	c Investments - corporate bonds				
1	1 Investments - land, buildings, and equipment basis				
١.	Less accumulated depreciation			······································	
	2 Investments - mortgage loans 3 Investments - other				
	3 Investments - other 4 Land, buildings, and equipment: basis ▶				
'	Less accumulated depreciation				
1	5 Other assets (describe ►				
1	6 Total assets (to be completed by all filers - see the				
	instructions. Also, see page 1, item I)	147,473.	828,216.	864,970.	
1	7 Accounts payable and accrued expenses				
1	8 Grants payable				
	9 Deferred revenue		· · · · · · · · ·		
፳ Ι.	Loans from officers, directors, trustees, and other disqualified persons Montageness and other notes payable.				
	1 Mortgages and other notes payable 2 Other liabilities (describe ►Statement 5)	27.	0.		
-	2 Other habitues (describe)	4			
2	3 Total liabilities (add lines 17 through 22)	27.	0.		
	Foundations that follow SFAS 117, check here				
<u>"</u>	and complete lines 24 through 26 and lines 30 and 31.				
Fund Balances	4 Unrestricted				
<u>la</u> 2	5 Temporarily restricted				
B 2 당	6 Permanently restricted Foundations that do not follow SFAS 117, check here				
ᇤ	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.				
	7 Capital stock, trust principal, or current funds	0.	0.		
ets	8 Paid-in or capital surplus, or land, bldg., and equipment fund	123,208.	123,208.		
Ÿ 2	Retained earnings, accumulated income, endowment, or other funds	24,238.	705,008.		
ا بيد	O Total net assets or fund balances	147,446.	828,216.		
_					
] 3	1 Total liabilities and net assets/fund balances	147,473.	828,216.		
Pa	Analysis of Changes in Net Assets or Fund Bal	ances			
1 To	otal net assets or fund balances at beginning of year - Part II, column (a), line 30				
•	nust agree with end-of-year figure reported on prior year's return)		1	147,446.	
	tter amount from Part I, line 27a		. 2	680,808.	
	her increases not included in line 2 (itemize)		3	828,254.	
	Id lines 1, 2, and 3 ccreases not included in line 2 (itemize) ► 2013 FEDERAL TA	X	. 4	38.	
	otal net assets or fund balances at end of year (line 4 minus line 5) - Part II, colu		. 6	828,216.	
	The state of the s		<u> </u>	Form 990-PF (2014)	

Form 990-PF (2014) C/O	HIN FAMILY FOUN ERNEST J. ALPH and Losses for Tax on	IIN	t Income				56-210	8036	Page 3
(a) List and descr	ibe the kind(s) of property sold (rehouse; or common stock, 200	e.g., real estate,	t moonie	(b)	How acquired - Purchase - Donation	(c) Da	te acquired ., day, yr.)	(d) Date (mo., da	sold y, yr.)
1a 200 SHARES QUAL					P	02/	11/98	04/14	/14
b									
<u>C</u>									
<u>d</u>						+			
e (e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale	L	(h) Gain or (loss) (e) plus (f) minus (g)				
a 15,533.	(6,63	0.		<u>`</u> _		<u> </u>	903.
b									
С									
d		<u> </u>							
e Complete only for assets showing	n dain in column (h) and owned h	hy the foundation	on 12/31/69			/I) Caina	(Col. (h) gain	minus	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Ex	cess of col. (I)			còl. (k), bı	it not less that es (from col. (n -0-) or	
a								8,	903.
<u>b</u>									
d									
e									
2 Capital gain net income or (net cap	ortal loss) { If gain, also en	iter in Part I, line -0- in Part I, line	7 7	}	2			8,	903.
3 Net short-term capital gain or (loss if gain, also enter in Part I, line 8, or		and (6):		٦١					
If (loss), enter -0- in Part I, line 8	Joidinii (C).				3		N/A		_
Part V Qualification U	nder Section 4940(e) fo	or Reduced	Tax on Net	lnv	estment l	ncome			
(For optional use by domestic private	foundations subject to the sectio	n 4940(a) tax on	net investment inc	come	.)				
If section 4940(d)(2) applies, leave th	ıs part blank.								
		amazint of anythic	ar in the bose per	~4O				□ voo □	X No
Was the foundation liable for the secti If "Yes," the foundation does not qualif				our				162 L	١٧٥ لــــ
1 Enter the appropriate amount in ea				itries	•				
(a)	(b)			(c)			Dietrib	(d) ution ratio	
Base periód years Calendar year (or tax year beginnin	مصديد كالمديم لممقمين اسلا	distributions	Net value of non	nchár	itable-use assi	ets	(col. (b) divided by col. (c))		c))
2013		41,862.			171,98				<u>3405</u>
2012		10,730.			154,50				9448
2011		13,125.			137,37				5545
2010		9,475. 7,976.			111,47 103,76				6870
2009		1,310.	_		103,70	,,,,		.07	0070
2 Total of line 1, column (d)						2		.57	0268
3 Average distribution ratio for the 5	-vear base period - divide the tota	al on line 2 by 5,	or by the number o	of yea	 ars				
the foundation has been in existen	•	• •	•		••	3		.11	<u>4054</u>
4 Enter the net value of noncharitable	e-use assets for 2014 from Part)	X, line 5		_		4		252,	983.
5 Multiply line 4 by line 3						5		28,	854.
6 Enter 1% of net investment income	e (1% of Part I line 27h)				·	6			131.
	o (. 70 or i artij ililo 27 oj		•		•	7			985.
7 Add lines 5 and 6									
8 Enter qualifying distributions from	•	4L				8_		40,	700.
If line 8 is equal to or greater than See the Part VI instructions.	line 7, check the box in Part VI, li	ne 10, and comp	iete that part using	a 19	o tax rate.				
423521 11-24-14						_	F	orm 990-P	F (2014)

ALPHIN FAMILY FOUNDATION

	n 990-PF (2014) C/O ERNEST J. ALPHIN art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	56- 4948	-21080 - see ins	36 tructi	Page 4 ons)
	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.				
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	1	<u> </u>		263.
	of Part I, line 27b				
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).				
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	<u> </u>		0.
3	Add lines 1 and 2	3	<u> </u>		<u> 263.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	ļ		<u> 263.</u>
6	Credits/Payments:				
а	2014 estimated tax payments and 2013 overpayment credited to 2014 6a 6a	_			
b	Exempt foreign organizations - tax withheld at source 6b	_			
C	Tax paid with application for extension of time to file (Form 8868)				
d	Backup withholding erroneously withheld 6d	1			
	Total credits and payments. Add lines 6a through 6d	7			<u> </u>
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8			
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			263.
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			
	Enter the amount of line 10 to be: Credited to 2015 estimated tax	11	<u> </u>		
	art VII-A Statements Regarding Activities		i	V-	al Na
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interven	e in	<u> </u>	- + -	s No
	any political campaign?			a	X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition		_1	<u> </u>	<u> </u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publish	ed or		1	
	distributed by the foundation in connection with the activities.		١.		3,5
	Did the foundation file Form 1120-POL for this year?		1	<u> </u>	<u> X</u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:				
	(1) On the foundation. ► \$ 0. (2) On foundation managers. ► \$ 0.	_			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				
	managers. ► \$0.		١,		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		-		X
_	If "Yes," attach a detailed description of the activities.				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,	UI	l .	.	v
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		-3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	N	/A 4		+^
	If "Yes," has it filed a tax return on Form 990-T for this year?	14	7.5		X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		 '		+1
	If "Yes," attach the statement required by General Instruction T. Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				
Ь					
	 By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state 	e law		i	
	remain in the governing instrument?	0 1011			x
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part X	,			
′	big the logituation have at least φ3,000 in assets at any time during the year. If Tes, Complete Fart II, con. (9), and Fart X				_
ρo	Enter the states to which the foundation reports or with which it is registered (see instructions)				1
od	NC				
k	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)				
J	of each state as required by General Instruction G? If "No," attach explanation		8	x c	
Q	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for call	endar			1
3	year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV		9		х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		1		
<u>.,,</u>			Form 9		(2014)

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b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

had not been removed from jeopardy before the first day of the tax year beginning in 2014?

Form 990-PF (2014) C/O ERNEST J. ALPHIN	56-	-2108036 Page 7
Part VIII Information About Officers, Directors, Trustees, Foun Paid Employees, and Contractors (continued)	dation Managers, Highly	
3 Five-highest-paid independent contractors for professional services. If none, en		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities	, ,	<u>▶</u> (
List the foundation's four largest direct charitable activities during the tax year. Include relevant stanumber of organizations and other beneficiaries served, conferences convened, research papers p	itistical information such as the iroduced, etc.	Expenses
1 N/A		
2		
3		
		<u> </u>
4		
		l
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year of the summary of Program-related investments made by the foundation during the tax year of the summary of Program-related investments.	on lines 1 and 2	Amount
1 N/A	or mes 1 and 2.	Allount
2	- 1	
2		ı
All other program-related investments. See instructions.		

Total. Add lines 1 through 3

C/O ERNEST J. ALPHIN

P	Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndations, s	ee instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а		1a	179,442.
b		1b	77,394.
C		1c	0.
d	Total (add lines 1a, b, and c)	1d	256,836.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	256,836.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	3,853.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	252,983.
6	Minimum investment return Enter 5% of line 5	6	12,649.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	12,649.
	Tax on investment income for 2014 from Part VI, line 5		···
b	Income tax for 2014. (This does not include the tax from Part VI.)		
	Add lines 2a and 2b	20	263.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	12,386.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	12,386.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	12,386.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	28,700. 0.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	28,700.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	28,700.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	ualifies for th	ne section

Form **990-PF** (2014)

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

•	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
Distributable amount for 2014 from Part XI, line 7				12,386.
2 Undistributed income, if any, as of the end of 2014			• •	
a Enter amount for 2013 only			0.	
b Total for prior years:		0		
3 Excess distributions carryover, if any, to 2014:		0.		
a From 2009 2,839.				
b From 2010 3,951.				
c From 2011 6,314.				
d From 2012 3,070.				
e From 2013 33,339.				
f Total of lines 3a through e	49,513.	=		
4 Qualifying distributions for 2014 from				
Part XII, line 4: ► \$ 28,700.				
a Applied to 2013, but not more than line 2a			0.	
b Applied to undistributed income of prior				i I
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2014 distributable amount				12,386.
e Remaining amount distributed out of corpus	16,314.			
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:		İ		
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	65,827.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously				
assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2013. Subtract line			_	
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2014. Subtract				
lines 4d and 5 from line 1. This amount must				•
be distributed in 2015				0.
7 Amounts treated as distributions out of	i			
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2009	2 020			
not applied on line 5 or line 7	2,839.			
9 Excess distributions carryover to 2015.	62,988.	İ		
Subtract lines 7 and 8 from line 6a	02,300.			· · · · · · · · · · · · · · · · · · ·
0 Analysis of line 9: a Excess from 2010 3,951.				
b Excess from 2011 6, 314.				
c Excess from 2012 3,070.				
d Excess from 2013 33,339.				
e Excess from 2014. 16,314.				
123581 123581				Form 990-PF (2014)

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

C/O ERNEST J. ALPHIN

56-2108036 Page 11

Part XV . Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or contribution show any relationship to Foundation Amount any foundation manager status of Name and address (home or business) or substantial contributor recipient a Paid during the year AVERASBORO BATTLEGROUND COMMISSION N/A ÞC For educational 500, services DUNN PUBLIC LIBRARY N/A PC For educational services 100. For educational HARNETT REGIONAL THEATRE N/A ₽C services 1,000. HERITAGE BIBLE COLLEGE N/A PC For scholarships, educational and religious services 3,200. LONG BRANCH CHURCH N/A PC For assistance to various religious 10,100. programs and services See continuation sheet(s) Total ➤ 3a 28,700. b Approved for future payment None Total **▶** 3b

Form 990-PF (2014) C/O ERNEST J. ALPHIN

Part XVI-A	Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.				y section 512, 513, or 514	(e)
•	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code	741100711	code	Aillouit	
a	.				
b			+ +		.
C					
d		•	 		· · · · · · · · · · · · · · · · · · ·
e			 		
g Fees and contracts from government agencies					· .
Membership dues and assessments		· · · · · · · · · · · · · · · · · · ·		-	
3 Interest on savings and temporary cash					
investments					
4 Dividends and interest from securities			14	4,226.	
5 Net rental income or (loss) from real estate:			 	7,220	
a Debt-financed property			1	····	
b Not debt-financed property					
6 Net rental income or (loss) from personal	- 	- · · · ,			
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			18	8,903.	
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory					
1 Other revenue:		·			
a					
b					
c					
d					
e					
2 Subtotal. Add columns (b), (d), and (e)		0	•	13,129.	0.
3 Total. Add line 12, columns (b), (d), and (e)				13	13,129.
See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities	to the Accom	plishment of E	xempt Pu	ırposes	
Line No. Explain below how each activity for which inco	ome is reported in co	olumn (e) of Part XVI-	A contributed	importantly to the accomp	lishment of
the foundation's exempt purposes (other than				•	

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).					

Form 990-PF (2014) C/O ERNEST J. ALPHIN

Part XVI	I. Information Re Exempt Organ		nsfers To	and Transactions	and Relations	ships With Noncha	ritable	9	-
1 Did the	organization directly or indi		of the follows	ng with any other organizat	ion described in sec	tion 501(c) of	T	Yes	No
	e (other than section 501(c						ŀ		
	rs from the reporting found								İ
(1) Cas	sh		·				1a(1)		X
(2) Oth	er assets						1a(2)		X
b Other tra	ansactions:						,		
(1) Sale	es of assets to a noncharita	ıble exempt organiza	ation				1b(1)		<u> </u>
(2) Pur	chases of assets from a no	ncharitable exempt	organization				1b(2)		_X_
	ntal of facilities, equipment,						1b(3)		<u>X</u>
	mbursement arrangements						1b(4)		<u> </u>
· ·	ans or loan guarantees						1b(5)		<u>X</u>
	formance of services or me						1b(6)		$\frac{x}{x}$
_	of facilities, equipment, ma				luova abaurtha fair	market value of the goods, c	1c	nto.	
						n or sharing arrangement, sl		e15,	
column	(d) the value of the goods,	other assets, or sen	vices received.		.				
(a) Line no	(b) Amount involved	(c) Name o	f noncharitable	e exempt organization	(d) Description	n of transfers, transactions, and s	haring arr	angeme	nts
			N/A						
									
···					-				
]							
- -									
			, ,						
									
			,						
0- 1-45-4-		No. offices ofth			unations described				
	undation directly or indirect in 501(c) of the Code (other	-			izations described	Г	Yes	X	l No
	complete the following sch	•	/(3/) UI III 36UI	IIOII JZI ·		_			1 110
U II IGS,	(a) Name of org			(b) Type of organization		(c) Description of relationsh	ip		
	N/A			() 3.		· · · · · · · · · · · · · · · · · · ·			
			-		1				
					l				
	er penalties of perjury, I declare to belief, it is true, correct, And corr					han any kaomindan	the IRS d		
sign						shov	vn below (see instr)?
	gnature of officer or trustee	equi			PRESII	DENT	∐ Yes		No
	Print/Type preparer's na	/	Preparer's si	Date	Date	Check If PTIN			
	Nina A. Bu		Toparer 3 St	_		self- employed			
Paid	C.P.A.	CCS,	Thena	A. Budto, C.P.A	5-12-15	• •	449	607	
Preparer		ar N. Har	ris &	Associates,		Firm's EIN ► 56-14			
Use Only	/								
	Firm's address ▶ P .								
	Dunn NC 28335-0578					Phone no 910-89	12-11	121	

423822 11-24-14

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

► Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.lrs.gov/form990 .

OMB No 1545-0047

2014

Employer identification number

, and the second	ALPHIN FAMILY FOUNDATION	56-2108036						
Organization type (che	C/O ERNEST J. ALPHIN ck one)	30-2108030						
Filers of:	Section:							
Form 990 or 990-EZ	501(c)() (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a private foundation							
	527 political organization							
Form 990-PF	X 501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
Note. Only a section 50 General Rule X For an organization	on is covered by the General Rule or a Special Rule . 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling any one contributor. Complete Parts I and II. See instructions for determining a contributor.	\$5,000 or more (in money or						
For an organiza sections 509(a) any one contrib	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.							
year, total cont	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.							
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year **Description** **Des								
=	on that is not covered by the General Rule and/or the Special Rules does not file Schedule B on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Fo							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
ALPHIN FAMILY FOUNDATION
C/O_ERNEST J. ALPHIN

Employer identification number

56-2108036

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JESSE C. ALPHIN 3489 U.S. 301 SOUTH DUNN, NC 28334	\$ 7,862.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ALLENE W. ALPHIN 3489 U.S. 301 SOUTH DUNN, NC 28334	\$ 7,862.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization
ALPHIN FAMILY FOUNDATION

Employer identification number

ALPHIN FAMILY FOUNDATION C/O ERNEST J. ALPHIN

56-2108036

Part li	Noncash Property	(see instructions)	Use duplicate copies	of Part II if additional space is needed
---------	------------------	--------------------	----------------------	--

'arτ II	Noncash Property (see instructions) Use duplicate copies of F	art if if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_1	100 SHARES QUALCOMM INC.	 	04/14/14
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2 2	100 SHARES QUALCOMM INC.	\$\$	04/14/14
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_			
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	90, 990-EZ, or 990-PF) (20

Name of organization Employer identification number ALPHIN FAMILY FOUNDATION 56-2108036 C/O ERNEST J. ALPHIN Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) Use duplicate copies of Part III if additional space is needed (a) No. from Part i (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) recipient or substantial contributor NORTH CAROLINA COMMUNITY FOUNDATION N/A ÞС For assistance to 1,000. various charities TRANSITIONS LIFECARE (formerly N/A ÞС To support their Hospice of Wake County Foundation) advance care planning comfort care, hospice care, bereavement 1,000. services and outreach PFWB CHURCH, INC. N/A PC For assistance to various religious programs and services 2,000. JOHNSTON COUNTY MIRACLE LEAGUE N/A ЬC For assistance to community services 1,000. THE SALVATION ARMY N/A ₽C For assistance to community services 500. For educational CAMPBELL UNIVERSITY ANNE HOBSON N/A ÞС services 1,000. SCHOLARSHIP ÞС SAMARITAN'S PURSE N/A For assistance to community services 800. For assistance to GROVE PRESBYTERIAN CHURCH ÞС N/A various religious programs and services 3,500. THE MEDICAL FOUNDATION OF NC A\N PC For educational , 2,500. services ÞС For assistance to FELLOWSHIP OF CHRISTIAN ATHLETES N/A various religious programs and community 500. services 13 800. Total from continuation sheets

ALPHIN FAMILY FOUNDATION

C/O ERNEST J. ALPHIN	56-2108036
C/O ERNEST J. ALPHIN Part XV Supplementary Information	
3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution	
Name of Recipient - TRANSITIONS LIFECARE (formerly Hospice	e of Wake County
Foundation)	
To support their advance care planning, comfort care, hos	pice care,
bereavement services and outreach education to community	
	w
	<u> </u>

Form 990-PF Di	vidends	and Inter	est	from Secu	rities	Statement	1
	ross			(a) Revenue Per Books	(b) Net Inve	_	
DEUTSCHE BANK ALEX. BROWN, LLC	4,226.		0.	4,226	. 4,2	226.	
To Part I, line 4	4,226.		0. — =	4,226	4,2	226.	
Form 990-PF		Accounti	ng F	ees		Statement	2
Description		(a) Expenses Per Books		(b) Invest- t Income	(c) Adjuste Net Inco		
Professional Fees		1,369.		0.			0.
To Form 990-PF, Pg 1, 1:	n 16b	1,369.		0.			0.
Form 990-PF		Other E	xpen	ses		Statement	3
Description		(a) Expenses Per Books		(b) Invest- t Income	(c) Adjuste Net Inco		
Investment Fee Foreign Tax		14. 115.	-	0.			0.
To Form 990-PF, Pg 1, 1:	n 23 =	129.		0.			0.
Form 990-PF		Corporat	e St	ock		Statement	4
Description				Во	ok Value	Fair Marke Value	et
75 SHARES FIRST CITIZENS 200 SHARES GENERAL ELECTRIC CO 41 SHARES DUKE ENERGY 500 SHARES ABB LTD SPONSORED ADR 20 SHARES CITIGROUP INC COM NEW 200 SHARES NUVEEN EQUITY PREM INCOME FD CO					8,738. 6,200. 2,895. 8,300. 9,947.	5,0 3,4 10,5)54. 125.

ALPHIN FAMILY FOUNDATION C/O	ERNEST J. A		56-2108036		
200 SHARES QUALCOMM INC STOCK 250 SHARES UNILEVER PLC SPON AI 300 SHARES QUALCOMM INC STOCK 200 SHARES QUALCOMM INC STOCK 200 SHARES QUALCOMM INC STOCK 100 SHARES ROYAL BANK OF CANADA 150 SHARES ROYAL BANK OF CANADA 150 SHARES QUALCOMM INC STOCK 150 SHARES QUALCOMM INC STOCK 25 SHARES ROYAL BANK OF CANADA 25 SHARES ROYAL BANK OF CANADA 25 SHARES ROYAL BANK OF CANADA 100 SHARES QUALCOMM INC STOCK 100 SHARES QUALCOMM INC STOCK Total to Form 990-PF, Part II,	8,468. 6,574. 10,671. 12,142. 12,142. 5,443. 8,165. 8,952. 8,952. 1,451. 1,451. 7,862. 7,862.	14,866. 10,120. 22,299. 14,866. 14,866. 6,907. 10,361. 11,150. 11,150. 1,727. 1,727. 7,433. 7,433. 7,433.			
Form 990-PF	Other Liabilities		Statement 5		
Description		BOY Amount	EOY Amount		
LOAN PAYABLE - JESSE C. ALPHIN		27.	0.		
Total to Form 990-PF, Part II, line 22		27.	0.		

Form 990-PF 1			of Officers, Foundation Ma		Stat	ement 6
Name and Address			Title and Avrg Hrs/W	-	Employee Ben Plan Contrib	
JESSE C. ALPHIN 3489 US 301 SOUTH DUNN, NC 28334			DIRECTOR 0.00	0	. 0.	0.
ALLENE W. ALPHIN 3489 US 301 SOUTH DUNN, NC 28334			DIRECTOR 0.00	0	. 0.	0.
ERNEST J. ALPHIN 945 ALPHIN ROAD DUNN, NC 28334			PRESIDENT 1.00	0	. 0.	0.
KAY ALPHIN JOHNSON 3491 US 301 SOUTH DUNN, NC 28334			SECRETARY AN	D TREASURER 0	. 0.	0.
J. CLIFTON ALPHIN, 4085 US 301 SOUTH DUNN, NC 28334	JR.		DIRECTOR 1.00	0	. 0.	0.
Totals included on	990-PF,	Page 6,	Part VIII	0	0.	0.