

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury Internal Revenue Service

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

A For the 2004 calendar year, or tax year beginning 7/1/2004 and ending 6/30/2005

B Check if applicable

- Address change
Name change
Initial return
Final return
Amended return
Application pending

Please use IRS label or postcard type. See specific instructions.

C Name of organization: East Carolina University Alumni Association, Inc.
Number and street (or P.O. box if mail is not delivered to street address): Taylor-Slaughter Alumni Center, 901 E. 6th ST
City or town: Greenville State or country: NC ZIP + 4: 27959
Employer identification number: 23-7148126
Telephone number: (252) 378-9553
Accounting method: Other (X) Accrual

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

- Hand I are not applicable to section 527 organizations
H(a) Is this a group return for affiliates? No (X)
H(b) If 'Yes,' enter number of affiliates
H(c) Are all affiliates included?
H(d) Is this a separate return filed by an organization covered by a group filing? No (X)

G Website

J Organization type (check only one) [X] 501(c) 3

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9a, and 10b to line 12 803,865

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

Table with 21 rows and 4 columns. Rows include: 1 Contributions, 2 Program service revenue, 3 Membership dues, 4 Dividends and interest, 5 Gross rents, 6 Net rental income, 7 Other investment income, 8 Gross amount from sales of assets, 9 Special events and activities, 10 Gross sales of inventory, 11 Other revenue, 12 Total revenue, 13 Program services, 14 Management and general, 15 Fundraising, 16 Payments to affiliates, 17 Total expenses, 18 Excess or (deficit), 19 Net assets at beginning, 20 Other changes, 21 Net assets at end.

- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box  **File.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 990.
- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

**Part II Additional (not automatic) 3-Month Extension of Time—Must File Original and One Copy.**

Type or print	Name of Exempt Organization <b>EAST CAROLINA UNIVERSITY ALUMNI ASSOCIATION, INC.</b>	Employer identification number <b>23-7148125</b>
File by the extended due date for filing the return. See instructions.	Number, street, and room or suite no., if a P.O. box, see instructions. <b>TAYLOR SLAUGHTER ALUMNI CENTER, 901 E. 5TH STREET</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>GREENVILLE, NC 27858</b>	

Check type of return to be filed (file a separate application for each return):

- Form 990
- Form 990-BL
- Form 990-EZ
- Form 990-PF
- Form 990-T (sec. 401(a) or 408(a) trust)
- Form 990-T (trust other than above)
- Form 1041-A
- Form 4720
- Form 5227
- Form 6069
- Form 9970

**STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 990.**

- The books are in the care of **DIANE L. MAHONEY**  
Telephone No. **252-378-9553** FAX No. **252-328-6299**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ This is for the whole group. Check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

1. I request an additional 3-month extension of time until **MAY 15, 2005**.
2. For calendar year \_\_\_\_\_ or other tax year beginning **JULY 1, 2004** and ending **JUNE 30, 2005**.
3. If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
4. State in detail why you need the extension: **ADDITIONAL INFORMATION IS STILL NEEDED TO PREPARE A COMPLETE AND ACCURATE RETURN.**
- 5a. If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ \_\_\_\_\_
- 5b. If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made, the offset any prior year overpayment allowed as a credit and any amount paid previously with Form 990. \$ \_\_\_\_\_
- 5c. Balance Due. Subtract line 5b from line 5a. Include your payment with this form, or if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ \_\_\_\_\_

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief I have prepared and correctly stated all the information required to prepare this form.

Signature: *D. L. Mahoney* Title: Financial Manager Date: 2/18/05

**Notice to Applicant—To Be Completed by the IRS**

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for a return otherwise required to be made on a timely return. Please attach this form to the organization's return. **EXTENSION APPROVED**
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an automatic 3-month extension to file. We are not granting a 10-day grace period.
- We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested. **FEB 28 2005**
- Other: \_\_\_\_\_

Director \_\_\_\_\_ By \_\_\_\_\_ **FIELD DIRECTOR**  
Date \_\_\_\_\_ **SNBY 3/2/05 PROCESSING 03/05/05**

Alternate Mailing Address — Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Name	_____
Type or print	Number and street (include suite, room, or apt. no.) or a P.O. box number _____
	City or town, province or state, and country (including postal or ZIP code) _____

## Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1708

▶ *File a separate application for each return.*

- ▶ If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box  .
- ▶ If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form). Do not complete **Part II** unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I Automatic 3-Month Extension of Time**—Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension—check this box and complete Part I only  .  
 All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8735 to request an extension of time to file Form 1065, 1066, or 1041.

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension; instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile).

<b>Type or print</b>	Name of Exempt Organization <b>East Carolina University Alumni Association, Inc.</b>	Employer identification number <b>23-7148126</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no., if a P.O. box, see instructions. <b>Taylor-Slaughter Alumni Center, 901 E. 5th Street</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>Greenville, NC 27858</b>	

Check type of return to be filed (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6062 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 9970 |

▶ The books are in the care of ▶ **Diana L. Mahoney, CPA (Controller)**

Telephone No. ▶ ( 252 ) 328-9553 FAX No. ▶ ( 252 ) 328-8299

- ▶ If the organization does not have an office or place of business in the United States, check this box  .
- ▶ If this is for a **Group Return**, enter the organization's four-digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a Form 990-T corporation) extension of time until **February 15**, 20**06**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year 20\_\_\_\_ or  
 ▶  tax year beginning **July 1**, 20**04**, and ending **June 30**, 20**05**.

2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

- 3a If this application is for Form 990-BL, 990-PF, 990-Y, 4720, or 6062, enter the tentative tax, less any nonrefundable credits. See instructions. \$ \_\_\_\_\_
- b If this application is for Form 990-PF or 990-Y, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ \_\_\_\_\_
- c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ \_\_\_\_\_

**Caution:** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 3452-EO and Form 8970-EO for payment instructions.



**Part IV Balance Sheets** (See page 25 of the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.		(A)		(B)			
		Beginning of year		End of year			
Assets	45	Cash—non-interest-bearing		45			
	46	Savings and temporary cash investments		46			
	47 a	47a	1,252				
		b	Less: allowance for doubtful accounts	47b	0	47c	1,252
	48 a	48a	0				
		b	Less: allowance for doubtful accounts	48b	0	48c	0
	49	Grants receivable		49			
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50			
	51 a	Other notes and loans receivable (attach schedule)					
		b	Less: allowance for doubtful accounts	51a	0	51b	0
	52	Inventories for sale or use		52			
	53	Prepaid expenses and deferred charges		1,168	53	1,125	
	54	Investments—securities (attach schedule)		0	54	0	
			<input type="checkbox"/> Cost <input type="checkbox"/> FMV				
	55 a	Investments—land, buildings, and equipment basis		55a	0	55b	0
		b	Less: accumulated depreciation (attach schedule)	55c	0	55d	0
	56	Investments—other (attach schedule)		56			
	57 a	Land, buildings, and equipment basis		57a	0	57b	0
	b	Less: accumulated depreciation (attach schedule)	57c	0	57d	0	
58	Other assets (describe <input type="checkbox"/> Statement B )		950,627	58	988,600		
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)		951,795	59	989,343		
Liabilities	60	Accounts payable and accrued expenses		1,231	60	9,072	
	61	Grants payable		61			
	62	Deferred revenue		62			
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	0		
	64 a	Tax-exempt bond liabilities (attach schedule)		64a	0		
		b	Mortgages and other notes payable (attach schedule)	64b	0		
65	Other liabilities (describe <input type="checkbox"/> )		65	0			
66	<b>Total liabilities</b> (add lines 60 through 65)		1,231	66	9,072		
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74						
	67	Unrestricted		451,929	67	436,930	
	68	Temporarily restricted		246,671	68	287,622	
	69	Permanently restricted		251,964	69	264,719	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.						
	70	Capital stock, trust principal, or other funds		70			
	71	Paid-in or capital surplus, or land, building, and equipment fund		71			
	72	Retained earnings, endowment, accumulated income, or other funds		72			
73	<b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 59; column (B) must equal line 66)		950,564	73	980,271		
74	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)		951,795	74	989,343		

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented in its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

**Part IV-A** Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	963,948
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments	\$	24,168
(2)	Donated services and use of facilities	\$	378,195
(3)	Recoveries of prior year grants	\$	
(4)	Other (specify):	\$	
	Add amounts on lines (1) through (4)	b	402,363
c	Line a minus line b	c	201,587
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 5b, Form 990	\$	
(2)	Other (specify):	\$	
	Add amounts on lines (1) and (2)	d	0
e	Total revenue per line 12, Form 990 (line c plus line d)	e	201,587

**Part IV-B** Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements	a	634,241
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities	\$	378,195
(2)	Prior year adjustments reported on line 20, Form 990	\$	
(3)	Losses reported on line 20, Form 990	\$	
(4)	Other (specify):	\$	
	Add amounts on lines (1) through (4)	b	378,195
c	Line a minus line b	c	256,046
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990	\$	
(2)	Other (specify):	\$	
	Add amounts on lines (1) and (2)	d	0
e	Total expenses per line 17, Form 990 (line c plus line d)	e	256,046

**Part V** List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see page 27 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Name Statement 7, Sr City ST ZIP	Title Hr/Wk	0	243	3,300
Name Sr City ST ZIP	Title Hr/Wk			
Name Sr City ST ZIP	Title Hr/Wk			
Name Sr City ST ZIP	Title Hr/Wk			
Name Sr City ST ZIP	Title Hr/Wk			
Name Sr City ST ZIP	Title Hr/Wk			
Name Sr City ST ZIP	Title Hr/Wk			
Name Sr City ST ZIP	Title Hr/Wk			
Name Sr City ST ZIP	Title Hr/Wk			
Name Sr City ST ZIP	Title Hr/Wk			
Name Sr City ST ZIP	Title Hr/Wk			

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations of which more than \$10,000 was provided by the related organizations?  Yes  No If "Yes" attach schedule—see page 25 of the instructions. Statement 11

**Part VI Other Information** (See page 28 of the instructions.)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
78b	If "Yes," has it filed a tax return on Form 990-T for this year?	X	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement.		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? If "Yes," enter the name of the organization: <b>Statement 12</b>		X
81a	Enter direct and indirect political expenditures. See line 81 instructions. <b>81a</b>		
81b	Did the organization file Form 1120-POL for this year?		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) <b>82b</b>	X	
			378.195
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		X
84b		N/A	
85a	501(c)(4), (5), or (6) organizations: Were substantially all dues nondeductible by members?	N/A	
85b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	N/A	
85c	Dues, assessments, and similar amounts from members	N/A	
85d	Section 152(e) lobbying and political expenditures	N/A	
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
85h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
86a	501(c)(7) orgs. Enter: a. Initiation fees and capital contributions included on line 12	N/A	
86b	Gross receipts, included on line 12, for public use of club facilities	N/A	
87a	501(c)(12) orgs. Enter: a. Gross income from members or shareholders	N/A	
87b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	N/A	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
89a	501(c)(3) organizations: Enter: Amount of tax imposed on the organization during the year under section 4911 <b>None</b> ; section 4912 <b>None</b> ; section 4955 <b>None</b>		
89b	501(c)(3) and 501(c)(4) orgs.: Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction.		X
	c. Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <b>None</b>		
	d. Enter: Amount of tax on line 89c above, reimbursed by the organization <b>None</b>		
90a	List the states with which a copy of this return is filed <b>None</b>		
90b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions.) <b>90b</b>		
91	The books are in care of <b>Name: William F. Clark</b> Telephone no. <b>(252) 328-9553</b> Located at <b>2200 S. Charles Blvd, Ste. 1166, City: Greenville</b> ST NO <b>ZIP + 4</b> <b>27833-4353</b>		
92	Section 4347(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <b>92</b> <b>N/A</b>		

**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512.511 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a Program activities					64,430
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	21,767	
101 Net income or (loss) from special events			03	8,888	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a Royalties			15	8,277	
b Insurance program	524298	17,165			
c Telecommunications affinity	517000	8,725			
d Retail affinity	453000	4,619			
e					
104 Subtotal (add columns (B), (D), and (E))		30,409		38,933	64,430
105 Total (add line 104, column (B), (D), and (E))					133,772

Note: Line 105 plus line 10, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93a	Program activities enable the ECU Alumni Association, Inc. to work to advance the cause of education and promotes and strengthens East Carolina University by providing programs and services for its graduates, students, former members and friends.

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the instructions.)

(A) Name, address and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
SEA	5%		0	0
	5%		0	0
	5%		0	0
	5%		0	0

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If "Yes" to (b), file Form 9870 and Form 4720 (see instructions).

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which preparer has any knowledge.

Signature of officer: William F. Clark Date: 5/13/06

Title of officer and title: Financial manager

Paid Preparer's Use Only

Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check self-employed:

Preparer's EIN or PTIN: XXXXXXXXXXXXXX

Preparer's address and ZIP+4: XXXXXXXXXXXXXX

Fax: XXXXXXXXXXXXXX

Phone no: XXXXXXXXXXXXXX

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

**2004**

Department of the Treasury  
Internal Revenue Service

**MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

Employer identification number

East Carolina University Alumni Association, Inc.

23-7148126

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name: None - all salaries paid by East Carolina University City: _____ ST: _____ Zip: _____ Country: _____	Title: Avg. hr/wk:			
Name: _____ City: _____ ST: _____ Zip: _____ Country: _____	Title: Avg. hr/wk:			
Name: _____ City: _____ ST: _____ Zip: _____ Country: _____	Title: Avg. hr/wk:			
Name: _____ City: _____ ST: _____ Zip: _____ Country: _____	Title: Avg. hr/wk:			
Name: _____ City: _____ ST: _____ Zip: _____ Country: _____	Title: Avg. hr/wk:			
Total number of other employees paid over \$50,000	None			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Name: None Check here if a business: <input type="checkbox"/> City: _____ ST: _____ ZIP: _____ Country: _____		
Name: _____ Check here if a business: <input type="checkbox"/> City: _____ ST: _____ ZIP: _____ Country: _____		
Name: _____ Check here if a business: <input type="checkbox"/> City: _____ ST: _____ ZIP: _____ Country: _____		
Name: _____ Check here if a business: <input type="checkbox"/> City: _____ ST: _____ ZIP: _____ Country: _____		
Name: _____ Check here if a business: <input type="checkbox"/> City: _____ ST: _____ ZIP: _____ Country: _____		
Total number of others receiving over \$50,000 for professional services	None	

Part III Statements About Activities (See page 2 of the instructions.)

Table with 3 columns: Question, Yes, No. Contains questions 1 through 4b regarding lobbying activities, self-dealing, and private inurement.

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

- The organization is not a private foundation because it is: (Please check only ONE applicable box.)
5 A church, convention of churches, or association of churches.
6 A school.
7 A hospital or a cooperative hospital service organization.
8 A Federal, state, or local government or governmental unit.
9 A medical research organization operated in conjunction with a hospital.
10 [X] An organization operated for the benefit of a college or university owned or operated by a governmental unit.
11 a An organization that normally receives a substantial part of its support from a governmental unit or from the general public.
11 b A community trust.
12 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions...
13 An organization that is not controlled by any disqualified persons...

Provide the following information about the supported organizations. (See page 5 of the instructions.)

Table with 2 columns: (a) Name(s) of supported organization(s), (b) Line number from above.

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 23.)	122,527	262,965	199,259	184,432	759,183
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	199,780	234,342	208,341	109,552	749,955
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1976	86,256	-57,313	-54,273	64,020	37,690
19 Net income from unrelated business activities not included in line 18	10,991	10,734	7,599	4,711	43,034
20 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					0
23 Total of lines 15 through 22	428,554	441,028	350,925	361,715	1,580,222
24 Line 23 minus line 17	227,774	206,386	152,584	253,163	839,907
25 Enter 1% of line 23	4,286	4,410	3,509	3,617	15,812
26 Organizations described on lines 10 or 11: a. Enter 2% of amount in column (e), line 24					10,799
b. Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					
c. Total support for section 509(a)(1) test. Enter line 24, column (e)					839,907
d. Add: Amounts from column (e) for lines 18 37,690 19 43,034					80,724
22 0 26b 0					759,183
e. Public support (line 26c minus line 26d total)					90,393
f. Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
27 Organizations described on line 12: a. For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:	(2003) N/A (2002) (2001) (2000)				
b. For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (include in the list organizations described in lines 5 through 11, as well as individuals). Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:	(2003) N/A (2002) (2001) (2000)				
c. Add: Amounts from column (e) for lines: 15 0 16 0					
17 0 22 0 21 0					
d. Add: Line 27a total 0 and line 27b total 0					
e. Public support (line 27c total minus line 27d total)					0
f. Total support for section 509(a)(2) test. Enter amount from line 23, column (e)					1,580,222
g. Public support percentage (line 27e (numerator) divided by line 27f (denominator))					0.00%
h. Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					0.00%

Part V Private School Questionnaire (See page 7 of the instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?  If "Yes," please describe. If "No," please explain. (If you need more space, attach a separate statement.)		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions?		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended?  If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50, 1975-2 C.B. 537, covering racial nondiscrimination? If "No," attach an explanation.		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)  
 (To be completed ONLY by an eligible organization that filed Form 5768)

N/A

Check  a if the organization belongs to an affiliated group. Check  b if you checked "a" and limited election provisions apply.

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

	(a) Affiliated group total	(b) To be completed for Affiliated Organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	0
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	0
41 Lobbying nontaxable amount. Enter the amount from the following table—		
if the amount on line 40 is—		
Not over \$500,000	20% of the amount on line 40	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
Over \$17,000,000	\$1,000,000	
42 Grassroots nontaxable amount (enter 25% of line 41)	42	0
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	0
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	0

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount					0
46 Lobbying ceiling amount (150% of line 45(a))					0
47 Total lobbying expenditures					0
48 Grassroots nontaxable amount					0
49 Grassroots ceiling amount (150% of line 48(a))					0
50 Grassroots lobbying expenditures					0

**Part VI-B Lobbying Activity by Non-electing Public Charities**

(For reporting only by organizations that did not complete Part VI-A. (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation and expenses reported on lines e through h.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h.)			0

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.



**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Supplementary Information for  
Line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

**2004**

Name of organization East Carolina University Alumni Association, Inc. Employer identification number 23-7148126

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General rule and a Special rule—see instructions.)

**General Rule—**

For organizations filing Form 990, 990-EZ, or 990-PF that received during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules—**

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 53 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(v) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (3), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or requests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to 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 of \$5,000 or more during the year.)

**Caution:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization: East Carolina University Alumni Association, Inc. Employer identification number: 23-7148-26

**Part I Contributors** (See Specific Instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	<input type="checkbox"/> Check if above is a business Foreign State or Province Foreign Country	\$ 120,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part I if there is a noncash contribution.)
—	<input type="checkbox"/> Check if above is a business Foreign State or Province Foreign Country	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	<input type="checkbox"/> Check if above is a business Foreign State or Province Foreign Country	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	<input type="checkbox"/> Check if above is a business Foreign State or Province Foreign Country	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	<input type="checkbox"/> Check if above is a business Foreign State or Province Foreign Country	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	<input type="checkbox"/> Check if above is a business Foreign State or Province Foreign Country	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

East Carolina University Alumni Association, Inc.

23-7148126

FORM 990, PART I - LINE 8 (c) - GAIN OR LOSS FROM THE SALE OF ASSETS OTHER THAN INVENTORY

Securities:

Proceeds from sale of securities	560,546
Less: Cost	<u>538,779</u>
Gain from sale of securities	<u><u>21,767</u></u>

Statement 1

FORM 990, PART I - LINE 9 - SPECIAL EVENTS AND ACTIVITIES

Special Event Name \_\_\_\_\_

Alumni Golf Tournament (for scholarships)

Gross receipts	12,388
Less contributions	.
Gross revenue	<u>12,358</u>
Less direct expenses	<u>3,499</u>
Net income or (loss)	<u><u>8,859</u></u>

East Carolina University Alumni Association, Inc.

23-7148126

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES

Description	Amount
Net Unrealized gains on investments	24,166
Total	<u>24,166</u>

FORM 990, PART II - GRANTS AND ALLOCATIONS

Type of Financial Aid	Number of Individuals	Purpose of Grant or Contribution	Amount
Scholarships	0	Scholarship	3,442
		Total Contributions Paid	<u>3,442</u>

FORM 990, PART II - OTHER EXPENSES

General and Administrative Expenses	Total	Program Services	Management & General	Fundraising
Architect and Consultant Fees	3,530	1,500	1,700	
Insurance	2,445		2,445	
Communication	21,149	21,149		
Taxes	4,054		4,054	
Senior Programs	-			
Alumni Awards	10,194	10,194		
Advertising & Promotions	23,494	2,862	20,632	
Rental of Equipment	4,442	4,442		
Alumni Trailgating	1,887	1,887		
Ambassadors	310	310		
Student Programs	6,597	6,597		
Chapter Development Expense	41,918	41,918		
Special Events	3,481	3,481		
Advancement Fee 4%	104	104		
Membership Dues	4,056	4,056		
Telemarketing Fee 25%	75	75		
Other Current Services	3,276	2,810	465	
Other Support	6,109	6,109		
Operating and Misc. Expense	232		232	
	-			
Total	<u>139,332</u>	<u>109,794</u>	<u>29,538</u>	<u>-</u>

**FORM 990, PART IV - OTHER ASSETS**

Description	Beginning Book Value	Ending Book Value
Due from East Carolina University Foundation, Inc. (includes affinity agreements, marketing, East Magazine claims on cash)	946,978	986,966
Totals	<u>946,978</u>	<u>986,966</u>

## East Carolina University Alumni Association, Inc.

FORM 990, PART V - LIST OF OFFICERS, TRUSTEES, AND KEY EMPLOYEES

Name and Address	Title and Time Devoted to Position	Compensation by ECU Alumni Association	Contributions to Employee Benefit Plans	Expense Account and Other Allowances
Steven C. Ballard 901 E. 5th Street Greenville NC 27858	Director < 1 hr/wk	None	None	None
Sabrina Bengel 901 E. 5th Street Greenville, NC 27858	Treasurer 2 hrs/wk	None	None	None
Virgil Clark 901 E. 5th Street Greenville, NC 27858	Director < 1 hr/wk	None	None	None
Paul Clifford 901 E. 5th Street Greenville, NC 27858	Executive Vice President 2 hrs/wk	None	243	3,384
Rick Conway 901 E. 5th Street Greenville, NC 27858	Director < 1 hr/wk	None	None	None
Jennifer Congleton 901 L. 5th Street Greenville, NC 27858	Director < 1 hr/wk	None	None	None
Tarrick Cox 901 E. 5th Street Greenville NC 27858	Director < 1 hr/wk	None	None	None

FORM 990, PART V - LIST OF OFFICERS, TRUSTEES, AND KEY EMPLOYEES

<u>Name and Address</u>	<u>Title and Time Devoted to Position</u>	<u>Compensation by ECU Alumni Association</u>	<u>Contributions to Employee Benefit Plans</u>	<u>Expense Account and Other Allowances</u>
Garry Dudley 901 E. 5th Street Greenville, NC 27858	Director ≤ 1 hr/wk	None	None	None
Dave Englerf 901 E. 5th Street Greenville, NC 27858	Director ≤ 1 hr/wk	None	None	None
Bonnie Galloway 901 E. 5th Street Greenville, NC 27858	Director ≤ 1 hr/wk	None	None	None
Layton Getsinger 901 E. 5th Street Greenville, NC 27858	President 2 hrs/wk	None	None	None
Charles Hawkins 901 E. 5th Street Greenville, NC 27858	Exec. Treasurer ≤ 1 hr/wk	None	None	None
Wayne Holloman 901 E. 5th Street Greenville, NC 27858	Director ≤ 1 hr/wk	None	None	None
John Hudson 901 E. 5th Street Greenville, NC 27858	Director ≤ 1 hr/wk	None	None	None

Statement B

East Carolina University Alumni Association, Inc.

**FORM 990, PART V - LIST OF OFFICERS, TRUSTEES, AND KEY EMPLOYEES**

Name and Address	Title and Time Devoted to Position	Compensation by ECU Alumni Association	Contributions to Employee Benefit Plans	Expense Account and Other Allowances
Joseph C. Jenkins, Jr. 901 E. 5th Street Greenville, NC 27858	Vice President 2 hrs/wk	None	None	None
Ernest Logemann 901 E. 5th Street Greenville, NC 27858	Director < 1 hr/wk	None	None	None
Steve Morrisette 901 E. 5th Street Greenville, NC 27858	Director < 1 hr/wk	None	None	None
Brenda Myrick 901 E. 5th Street Greenville, NC 27858	Secretary 2 hrs/wk	None	None	None
Reid Parrott 901 E. 5th Street Greenville, NC 27858	Director < 1 hr/wk	None	None	None
Yvonne Pearce 901 E. 5th Street Greenville, NC 27858	Director < 1 hr/wk	None	None	None
Bobby Rippey 901 E. 5th Street Greenville, NC 27858	Director < 1 hr/wk	None	None	None

East Carolina University Alumni Association, Inc.

23-714B126

FORM 990, PART V - LIST OF OFFICERS, TRUSTEES, AND KEY EMPLOYEES

Name and Address	Title and Time Devoted to Position	Compensation by ECU Alumni Association	Contributions to Employee Benefit Plans	Expense Account and Other Allowances
Kevin Seitz 901 E. 5th Street Greenville, NC 27858	Exec Treasurer < 1 hr/wk	None	None	None
Marilyn Sheerer 901 E. 5th Street Greenville, NC 27858	Director < 1 hr/wk	None	None	None
William E. Shelton 901 E. 5th Street Greenville, NC 27858	Director < 1 hr/wk	None	None	None
Ed Smith 901 E. 5th Street Greenville, NC 27858	Director < 1 hr/wk	None	None	None
Harry Stubbs 901 E. 5th Street Greenville, NC 27858	Director < 1 hr/wk	None	None	None
Margaret Ward 901 E. 5th Street Greenville, NC 27858	Director < 1 hr/wk	None	None	None

Statement 10

**FORM 990, PART V, LINE 75 - COMPENSATION PROVIDED BY RELATED ORGANIZATION**

<u>Name and Address</u>	<u>Compensation</u>	<u>Contributions to Employee Benefit Plans</u>	<u>Expense Acct and Other Allowances</u>
East Carolina University 56-6000403			
Steven C. Ballard 2200 South Charles Blvd, Suite 1100 Greenville, NC 27858	215,000	38,242	12,192
East Carolina University 56-6000403			
Charles M. Hawkins 2200 South Charles Blvd, Suite 1100 Greenville, NC 27858	148,216	26,538	None
East Carolina University 56-6000403			
Kevin R. Seitz 2200 South Charles Blvd, Suite 1100 Greenville, NC 27858	88,333	11,849	850
East Carolina University 56-6000403			
Marilyn A. Sheerer 2200 South Charles Blvd, Suite 1100 Greenville, NC 27858	149,357	27,053	419
East Carolina University 56-6000403			
William E. Shelton 2200 South Charles Blvd, Suite 1100 Greenville, NC 27858	154,600	27,055	10,360

East Carolina University Alumni Association, Inc.

23-7148126

FORM 990, PART VI, LINE 80b

Related Entities:

	Exempt	Nonexempt
East Carolina University Foundation, Inc.	X	
East Carolina University Educational Foundation, Inc.	X	
East Carolina University Alumni Association, Inc.	X	
East Carolina University Real Estate Foundation, Inc.	X	
The Medical Foundation of East Carolina University, Inc.	X	
The Brody Foundation, Inc.	X	
ECF Development Corporation		X
Park West Investors, LLC		X

SCHEDULE A, PART III - EXPLANATION FOR LINE 3

Disbursements made to individuals and organizations were qualified to such payments based on the following:

- Individuals - Scholarships paid to individuals who were enrolled at East Carolina University, Greenville, NC
- Organizations - Grants and allocations paid to various academic departments of East Carolina University for furthering their educational programs