			Copy for Public Inspe EXTENDED TO MAY 15, 2023					
<b>-</b>	Q	90	Return of Organization Exempt From	n Income Tax	OMB No. 1545-0047			
Forr	n 🛡	50	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code Do not enter social security numbers on this form as it m					
Depa	rtment	of the Treasury enue Service	<ul> <li>Go to www.irs.gov/Form990 for instructions and the la</li> </ul>		Open to Public Inspection			
				JUN 30, 2022				
Bc	heck if	C Name o	f organization	D Employer identified	cation number			
applicable: EAST CAROLINA UNIVERSITY REAL ESTATE								
	Addre	FOUN	IDATION, INC.					
	Name	pe Doing b	usiness as	56-19290	13			
Initial Number and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number								
	Final returr	, 2200	S. CHARLES BLVD. #1100	(252) 73	<u>7-5369</u> 453,426.			
termin- ated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$								
	Amer		INVILLE, NC 27858	H(a) Is this a group re				
	Appli tion pend	<sup>ca-</sup> <b>F</b> Name a	nd address of principal officer: CHRISTOPHER M. DYBA	for subordinates	? Yes X No			
		SAME	AS C ABOVE	H(b) Are all subordinates in				
			X         501(c)(3)         501(c) (         ) ◀         (insert no.)         4947(a)(1) or		list. See instructions			
			P://WWW.ECU.EDU/GIVE	H(c) Group exemption				
				Year of formation: 1995 N	State of legal domicile: NC			
Pa	art I	Summary						
e	1	Briefly describ	be the organization's mission or most significant activities: THE MISS	MANAGE LEAG	F AND SELL			
Governance					-			
ver	2		If the organization discontinued its operations or disposed of n ting members of the governing body (Part VI, line 1a)		8			
ဗိ	4		dependent voting members of the governing body (Part VI, line 1a)		5			
Š			of individuals employed in calendar year 2021 (Part V, line 2a)	·····	0			
/itie			of volunteers (estimate if necessary)		5			
Activities &			d business revenue from Part VIII, column (C), line 12		0.			
4			business taxable income from Form 990-T, Part I, line 11		0.			
				Prior Year	Current Year			
e	8	Contributions	and grants (Part VIII, line 1h)	0.	0.			
Revenue	9	0	ice revenue (Part VIII, line 2g)	0.	0.			
Sev			come (Part VIII, column (A), lines 3, 4, and 7d)	-1,910.	0.			
_			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	247,232.	192,099.			
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	245,322.	192,099.			
			milar amounts paid (Part IX, column (A), lines 1-3)	0.	0.			
			to or for members (Part IX, column (A), line 4)	0.	0.			
Expenses			r compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.			
nec			undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) ► 0.	0.	•			
Ă			es (Part IX, column (A), lines 11a-11d, 11f-24e)	7,564.	5,433.			
			es (rat 1X, column (A), lines 112 112, 112 4e)	7,564.	5,433.			
	19		expenses. Subtract line 18 from line 12	237,758.	186,666.			
or				Beginning of Current Year	End of Year			
Net Assets or Fund Balances	20	Total assets (	Part X, line 16)	5,790,839.	5,666,590.			
dBa	21	-	s (Part X, line 26)	2,504,549.	2,184,337.			
Fun	22	Net assets or	fund balances. Subtract line 21 from line 20	3,286,290.	3,482,253.			
Pa	art II							
			I declare that I have examined this return, including accompanying schedules and st		/ knowledge and belief, it is			
true,	corre	ct, and complete	. Declaration of preparer (other than officer) is based on all information of which pre	barer has any knowledge.				
		Cianatur	e of officer	Date				
Sig	n	,		Dale				

Here	CHRISTOPHER M. DIBA,	PRESIDENT	
	Type or print name and title		
	Print/Type preparer's name	Preparer's signature	Date Check PTIN
Paid	JOHN M. ROBINSON	JOHN M. ROBINSON	03/17/23 <sup>if</sup> P01281319
Preparer	Firm's name 🕞 BERNARD ROBINSO	N & COMPANY, LLP	Firm's EIN ▶ 56-0571159
Use Only	Firm's address PO BOX 19608		
	GREENSBORO, NC	27419-9608	Phone no. 336 - 294 - 4494
May the I	RS discuss this return with the preparer shown a	bove? See instructions	X Yes No
132001 12-0	19-21 LHA For Paperwork Beduction Act No	tice see the senarate instructions	Form <b>990</b> (2021)

 132001
 12-09-21
 LHA For Paperwork Reduction Act Notice, see the separate instructions.
 Form 990 (2021)

 SEE
 SCHEDULE
 O
 FOR
 ORGANIZATION
 MISSION
 STATEMENT
 CONTINUATION

	Copy for Public Inspection EAST CAROLINA UNIVERSITY REAL ESTATE	
	990 (2021) FOUNDATION, INC. 56-1929	9013 Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
1	Briefly describe the organization's mission: THE MISSION OF THE EAST CAROLINA UNIVERSITY REAL ESTATE FOUNDAT	TON TS
	TO OWN, MANAGE, LEASE, AND SELL REAL ESTATE PROPERTY EXCLUSIVE	
	CHARITABLE AND EDUCATIONAL PURPOSES FOR THE BENEFIT OF EAST CAR	
	UNIVERSITY AND EAST CAROLINA UNIVERSITY FOUNDATION, INC.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	avaaaaa
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total ex	
	revenue, if any, for each program service reported.	penses, and
4a	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
	THE ECU REAL ESTATE FOUNDATION OWNS, MANAGES, LEASES, AND SELLS	REAL
	ESTATE PROPERTY EXCLUSIVELY FOR CHARITABLE AND EDUCATIONAL PURE	
	THE BENEFIT OF EAST CAROLINA UNIVERSITY AND EAST CAROLINA UNIVERSITY A	RSITY
	FOUNDATION, INC.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	)
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
40		,
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e	Total program service expenses	E 000 /
100		Form <b>990</b> (2021)
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Form 990 (2021)

Copy for Public Inspection EAST CARDEINA UNIVERSITY REAL ESTATE FOUNDATION, INC.

Part IV Checklist of Required Schedules

			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? See instructions	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? 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			
	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,			
	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			
	Schedule D, Part III	8		X
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?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in 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,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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			v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> . See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	04		x
10000	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	900	(2021)
13200	3 12-09-21		000	(ĽUĽI)

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Form 990 (2021)

Copy for Public Inspection EAST CAROLINA UNIVERSITY REAL ESTATE FOUNDATION, INC.

	TIV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	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	33		X
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, line 1	34	Х	37
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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?			v
	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			v
~~	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 on Schedule O for Part VI, lines 11b and 19?		x	
Par	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	Δ	
ı al				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	V	
4 -	Enter the number reported in box 2 of Form 1000. Enter 0 if not enables		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable <b>1a</b>			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable <b>1b</b>	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4.	х	
10000	(gambling) winnings to prize winners?	<b>1</b> c	<u>990</u>	(2004)
132004	<sup>↓</sup> 12-09-21 <b>6</b>	Form	550	(2021)

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Copy for Public Inspection EAST CARDEINA UNIVERSITY REAL ESTATE 
 FOUNDATION, INC.

 Statements Regarding Other IRS Filings and Tax Compliance (continued)

Form 990 (2021) Part V

				Yes	No
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a	. 0			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	a	2b		
~	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.		2.0		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b		
la	At any time during the calendar year, did the organization have an interest in, or a signature or other auth	nority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial acc	ount)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Account				37
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		<u> </u>
ba	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization that wave not tay deductible as charitable contributions?		6.		x
h	any contributions that were not tax deductible as charitable contributions?		6a		
D		•	6b		
,	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).		00		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service	s provided to the pavor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was r				
	to file Form 8282?	-	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year70				
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit cont	ract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form	8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	n file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by				
	sponsoring organization have excess business holdings at any time during the year?		8		
	Sponsoring organizations maintaining donor advised funds.		-		
			9a		<u> </u>
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		-
	Section 501(c)(7) organizations. Enter:	- 1			
	Initiation fees and capital contributions included on Part VIII, line 12				
	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders 11	a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against	a			
~	amounts due or received from them.)	ь			
а	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 104		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
	Section 501(c)(29) qualified nonprofit health insurance issuers.	•			
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	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 13	b			
	Enter the amount of reserves on hand 13	c			
					X
la	Did the organization receive any payments for indoor tanning services during the tax year?		14a		<u> </u>
4a b	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule C</i>	)	14a 14b		
4a b	Did the organization receive any payments for indoor tanning services during the tax year?	)	14b		v
4a b 5	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule C</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunerati excess parachute payment(s) during the year?	) on or			x
4a b 5	Did the organization receive any payments for indoor tanning services during the tax year?	) on or	14b 15		
4a b 5	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule C</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunerati excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment in	) on or	14b		
4a b 5	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule C</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunerative excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment in If "Yes," complete Form 4720, Schedule O.	) on or come?	14b 15		x x
4a b 5 6	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule C</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunerative excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment in If "Yes," complete Form 4720, Schedule O. <b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any	) on or come?	14b 15 16		
4a b 5	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule C</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunerative excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment in If "Yes," complete Form 4720, Schedule O.	) on or come?	14b 15		x

Form 990 (2021)

Copy for Public Inspection EAST CAROLINA UNIVERSITY REAL ESTATE FOUNDATION, INC.

Check if Schedule O contains a response or note to any line in this Part VI

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Х

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 on Schedule O. See instructions.

Sec	tion A. Governing Body and Management				1	1
10	Enter the number of voting members of the governing body at the end of the tax year	1a	l	8	Yes	No
Id	If there are material differences in voting rights among members of the governing body at the end of the tax year			Ĭ		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b		5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under th					
	of officers, directors, 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 S	990 wa	as filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	opoint	one or			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockh	olders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		•			
а	The governing body?			8a		<u> </u>
b	Each committee with authority to act on behalf of the governing body?			8b	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					
0	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenu	e Code.)		V	
10-	Did the experimetion have least charters, hyperature, or effiliates?			10	Yes	No X
	Did the organization have local chapters, branches, or affiliates?			10;	1	
b	If "Yes," did the organization have written policies and procedures governing the activities of such cl and branches to ensure their operations are consistent with the organization's exempt purposes?			10		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing bod			11		<u> </u>
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	y Derc			1	
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>			12	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Y				-	
	on Schedule O how this was done			120	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 approva	al by ir	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	3	X
b	Other officers or key employees of the organization			15	<b>&gt;</b>	X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent v	vith a			
	taxable entity during the year?			16;	3	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua		-			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nizatio	n′s	10-		
800	exempt status with respect to such arrangements?			16	D	L
17 18	List the states with which a copy of this Form 990 is required to be filed ► <b>NONE</b> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 00	T (coction $501(c)$ )	3)6 00		lablo
10	for public inspection. Indicate how you made these available. Check all that apply.	10 990	5-1 (Section 501(c))	3)5 01	iy) avai	able
	X       Own website       X       Another's website       X       Upon request       Other (explain	on Sc	hedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict	of interest policy, a	and fin	ancial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's bo HEATHER WIGGINS $-252-737-5369$	oks ar	nd records			
		858				
132006	12-09-21			Fo	m <b>990</b>	(2021)
	8					,)



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#### Form 990 (2021) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

т

 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.

See the instructions for the order in which to list the persons above.

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

(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	ition	than	one	Reportable	Reportable	Estimated
	hours per	box	, unle cer an	ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week			uau	recio	n/uus	lee)	from	from related	other
	(list any	irecto						the	organizations (W-2/1099-MISC/	compensation from the
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al trus		yee	mpen		1099-NEC)	1000 (120)	and related
	below	Individual trustee or director	Institutional trustee	1	Key employee	est co o yee	er	,		organizations
	line)	Indiv	In stit	Officer	Keye	Highest compensated employee	Former			
(1) PHILIP ROGERS	1.00									
DIRECTOR	40.00	Х						0.	331,675.	208,522.
(2) CHRISTOPHER DYBA	1.00									
PRESIDENT	40.00	Х		Х				0.	281,770.	76,489.
(3) STEPHANIE COLEMAN	1.00									
TREASURER	40.00	X		Х				0.	252,150.	67,542.
(4) STEVE R. JONES	1.00									
CHAIR		X		Х				0.	0.	0.
(5) SCOTT DIGGS	1.00									
VICE CHAIR		Х		Х				0.	0.	0.
(6) JULIAN W. RAWL	1.00									
ASSISTANT SECRETARY		Х		Х				0.	0.	0.
(7) BURNEY S. WARREN	1.00									
DIRECTOR		Х						0.	0.	0.
(8) MATTHEW H. SLATE	1.00									
DIRECTOR		Х						0.	0.	0.
		<u> </u>								
132007 12-09-21										Form <b>990</b> (2021)

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Col	<u>oy for</u>	F	<b>u</b>	b	li	C	[]	nspection AL ESTATE					
Form 990 (2021) EAST CAR			VEI	KS.	L.L.	Υŀ	ζE.	AL ESTATE	56-19	29	013	Page	8
Part VII Section A. Officers, Directors, Trus			vees	, an	d Hi	ighe	st C	Compensated Employe				, ugo	-
(A) Name and title	<b>(B)</b> Average hours per week (list any	(do box offi	not c	( Pos heck	C) itior more	-	one h an	(D) Reportable compensation from	<b>(E)</b> Reportable compensation from related		Est am	(F) imated ount of other	
	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/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		frc orga and	ensation om the nization related nizations	
													_
													_
1b Subtotal								0.	865,59	95.	352	2,553	-
c Total from continuation sheets to Part V	I, Section A							0.		0.		0	•
<ul> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but n</li> </ul>							no r	-	865,59 ,000 of reportable		302	2,553	• •
compensation from the organization											·	Yes No	5
<b>3</b> Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s								ghest compensated emp			3	x	
4 For any individual listed on line 1a, is the su and related organizations greater than \$150			omp	ensa	atior	n and	d ot	her compensation from	the organization		4	x	
<ul> <li>5 Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i></li> </ul>	accrue comper	nsat	ion f	from	ı any	/ unr	elat	ted organization or indivi	dual for services		5	X	
Section B. Independent Contractors		e J 1	01 50	ucn	pers	<u>son .</u>					5		-
1 Complete this table for your five highest co the organization. Report compensation for	-	-								pens	ation fr	om	
(A) Name and business		our		<u></u>		0. 11		(B) Description of s		С	(C) ompen		_
STOCKS AND TAYLOR CONSTRU 1825 CAROLINA AVENUE, WI				2 2	27	889		CONSTRUCTION SERVICES			101	.,758	•
													_
2 Total number of independent contractors (i \$100,000 of compensation from the organi	e e	ot li	mite	d to	tho	se lis 1	steo	d above) who received m	ore than				
						-					Form 9	<b>90</b> (2021	1)

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Copy for Public Inspection EAST CAROLINA UNIVERSITY REAL ESTATE FOUNDATION, INC.

Form 990 (2021)

56-1929013 Page **9** 

Ра	rt \	/111	Check if Schedule O contains a response	or noto to any lin	o in this Part VIII			
					(A) Total revenue	<b>(B)</b> Related or exempt	(C)	(D) Revenue excluded from tax under sections 512 - 514
nts its	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b					
ts, (		с	Fundraising events 1c					
Gifi		d	Related organizations 1d					
ns, Sim			Government grants (contributions) 1e					
utio er \$		f	All other contributions, gifts, grants, and					
Oth			similar amounts not included above 1f					
hd		-	Noncash contributions included in lines 1a-1f					
aO		n	Total. Add lines 1a-1f	Business Code				
Ð	2	а		Business Code				
vic	2	a b						
Ser		č						
am		d						
Program Service Revenue		е						
P.		f	All other program service revenue					
		g	Total. Add lines 2a-2f					
	3		Investment income (including dividends, intere					
			other similar amounts)					
	4		Income from investment of tax-exempt bond p					
	5		Royalties	(ii) Personal				
	6	а	Gross rents 6a 453,426.	(.,				
	-		Less: rental expenses 6b 261, 327.					
			Rental income or (loss) 6c 192,099.					
		d	Net rental income or (loss)	►	192,099.			192,099.
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory <b>7a</b>					
Ð		b	Less: cost or other basis					
Revenue		_	and sales expenses					
Seve			Gain or (loss)	►				
erF	8		Gross income from fundraising events (not					
Oth	Ŭ	u	including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18 8a					
		b	Less: direct expenses 8b					
				►				
	9	а	Gross income from gaming activities. See					
		<b>I</b> -	Part IV, line 19 9a					
			Less: direct expenses 9b					
	10		Net income or (loss) from gaming activities Gross sales of inventory, less returns	▶				
	10	a	and allowances 10a					
		b	Less: cost of goods sold 10b					
			Net income or (loss) from sales of inventory					
s			<b>,</b> , , , , , , , , , , , , , , , , , ,	Business Code				
Miscellaneous Revenue	11	а						
enu		b						
Scel		С					ļ	<b> </b>
Mi			All other revenue					
	40		Total Add lines 11a-11d		192,099.	0.	0.	192,099.
13200	12		Total revenue. See instructions					Form <b>990</b> (2021)
13200	5 12	09	21		11			

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	EAST CAROUTI	NA UNIVERSITY	Y REAL ESTAT	IUII E	
Form	990 (2021) FOUNDATION,				929013 Page <b>10</b>
	t IX Statement of Functional Expension				·
Secti	on 501(c)(3) and 501(c)(4) organizations must com	olete all columns. All oth	er organizations must c	omplete column (A).	
	Check if Schedule O contains a respon	se or note to any line in	this Part IX	(2)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
-	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
<u> </u>	trustees, and key employees				
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10 11	Payroll taxes Fees for services (nonemployees):				
	Management				
b	Legal				
с	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17 18	Travel Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,633.		3,633.	
23 24	Insurance Other expenses. Itemize expenses not covered	5,055.		5,055.	
24	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	TAX RETURN PREP	1,800.		1,800.	
b					
с С					
d e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	5,433.	0.	5,433.	0.
26	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)				Eorm <b>990</b> (2021)

132010 12-09-21

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Form 990 (2021)

Form 990 (2021)

Part X Balance Sheet

33

5,790,839.

5,666,590.

Form 990 (2021)

Part	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X $\dots$			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	255,000.	1	250,000
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	661,327
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ŝ	7	Notes and loans receivable, net		7	
Assels	8	Inventories for sale or use		8	
τ	9	Prepaid expenses and deferred charges	3,680.	9	6,539
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D10a4,390,860Less: accumulated depreciation10b899,392			
	b			10c	3,491,474
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	1,257,250 5,666,590
_	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	5,666,590
	17	Accounts payable and accrued expenses		17	0,222
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%		00	
	00	controlled entity or family member of any of these persons		22 23	1,425,992
	23	Secured mortgages and notes payable to unrelated third parties			1,423,992
	24 25	Unsecured notes and loans payable to unrelated third parties		24	
	25	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Sobodulo D		25	752,123
	26	<b>—</b>		26	2,184,337
	20	Total liabilities. Add lines 17 through 25         Organizations that follow FASB ASC 958, check here ► X		20	272027007
ŝ		and complete lines 27, 28, 32, and 33.			
	27	Net assets without donor restrictions	2,159,589.	27	2,346,255
	28	Net assets with donor restrictions		28	2,346,255 1,135,998
2	20	Organizations that do not follow FASB ASC 958, check here			, - ,
2		and complete lines 29 through 33.			
5	29	Capital stock or trust principal, or current funds		29	
Ser	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
A	31	Retained earnings, endowment, accumulated income, or other funds		31	
2	32	Total net assets or fund balances		32	3,482,253
-		······································	5 700 830		5 666 590

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FOUNDATION, INC.

Total liabilities and net assets/fund balances

132011 12-09-21

33

13

Copy for Public Inspection EAST CARDEINA UNIVERSITY REAL ESTATE FOUNDATION, INC.

56-1929013 Page 12

Form	990 (2021) FOUNDATION, INC.	56-19	29013	Pag	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				Χ
			1.0.0	~ ~	~ ~
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>99</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2			33.
3	Revenue less expenses. Subtract line 2 from line 1	3			66.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,286	5,2	90.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		<u> </u>	07
9	Other changes in net assets or fund balances (explain on Schedule O)	9	2	9,4	97.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		2 101	- -	БЭ
De	column (B))	10	3,482	4,4	53.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No
1					
•	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul				x
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>л</u>
	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:				
<b>h</b>			2b	х	
D	Were the organization's financial statements audited by an independent accountant?		20	Δ	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis				
-		o oudit			
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the		2c	х	
	review, or compilation of its financial statements and selection of an independent accountant?		20	22	
25	If the organization changed either its oversight process or selection process during the tax year, explain on Scl				
Ja	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	•			x
Ŀ	Act and OMB Circular A-133?		3a		
α	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits?		Зb		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			000	(2021)

Form **990** (2021)

132012 12-09-21

		Copy for	or Public	Ins	pect	ion		
SCHEDULE A	.							OMB No. 1545-0047
(Form 990)			rity Status an ization is a section 50					2021
			47(a)(1) nonexempt cha			0 4 300101		
Department of the Treasury Internal Revenue Service			Attach to Form 990 or F //Form990 for instructi			nformation		Open to Public Inspection
Name of the organizati		-	UNIVERSITY R				Employer	identification number
Ū		DATION, IN						6-1929013
Part I Reason	for Public (	Charity Status.	All organizations must o	omplete t	nis part.) S	ee instructio	ns.	
The organization is not a	a private found	lation because it is: (	For lines 1 through 12, o	check only	one box.)			
1 A church, co	nvention of ch	urches, or associatio	on of churches describe	d in <b>sectio</b>	on 170(b)(*	1)(A)(i).		
2 A school des	cribed in <b>sect</b> i	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990).)				
	•		anization described in <b>s</b> e					
	-	ation operated in co	njunction with a hospita	l describe	d in <b>sectio</b>	n 170(b)(1)(A	<b>.)(iii).</b> Enter	the hospital's name,
city, and stat	-	ar the banefit of a co			tod by o a	overemental	unit dooorik	and in
•	•	Complete Part II.)	llege or university owned	u or opera	ted by a g	overnmental	unit descrit	bed in
			nental unit described in	section 1	70(h)(1)(A)	(v)		
	· -	-	ntial part of its support f				the general	public described in
		omplete Part II.)		5			5	,
			(1)(A)(vi). (Complete Par	t II.)				
9 🗌 An agricultur	al research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	unction with a	land-grant	college
or university	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state c	of the colleg	je or
university:								
			than 33 1/3% of its sup					
			t to certain exceptions;					
			(less section 511 tax) fr	om busine	sses acqu	lired by the o	rganization	after June 30, 1975.
		mplete Part III.)	ively to test for public or	faty Caa	nantian E(	O(a)(4)		
	•	-	ively to test for public satisfies the bonefit of the	•			arry out the	purposes of one or
•	•	-	ively for the benefit of, to ed in <b>section 509(a)(1)</b> o				•	
		-	of supporting organization					
	0		upervised, or controlled		•			/ aivina
		-	gularly appoint or elect a	• •				
organizatio	n. You must c	complete Part IV, Se	ections A and B.					
b 🗌 Type II. A s	supporting org	anization supervised	l or controlled in connec	tion with it	s support	ed organizati	on(s), by ha	aving
control or r	nanagement o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or man	age the sup	ported
	n(s). <b>You mus</b>	t complete Part IV,	Sections A and C.					
	-		g organization operated				ally integrat	ed with,
			s). You must complete I					
			orting organization oper					
	-		zation generally must sa	•		-	id an attent	iveness
			nplete Part IV, Sections					
			written determination fro nally integrated support			атурет, туре	еп, туре п	
								2
		n about the supporte						· []
(i) Name of supp	-	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed ng document?	(v) Amount o	f monetary	(vi) Amount of other
organizatior	١		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)
EAST CAROLIN								
UNIVERSITY		56-6000403	6	X			0.	0.
EAST CAROLIN			_				•	
UNIVERSITY F	OUNDATI	56-6093187	5	X			0.	0.
								<u> </u>
Total							0.	0.

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EAST CAROLIN	IA UNIVERS	SITY REAL	ESTATE
FOUNDATION,	INC.		

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

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

Schedule A (Form 990) 2021

See	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
Se	ction B. Total Support		i	i		1	i
	endar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10						
12	•		,				
13	First 5 years. If the Form 990 is for the						
Sec	organization, check this box and stop ction C. Computation of Publ						
	Public support percentage for 2021 (		-	column (f))		14	%
	Public support percentage from 2020					15	%
	<b>33 1/3% support test - 2021.</b> If the o						
100	stop here. The organization qualifies	•					
r	<b>33 1/3% support test - 2020.</b> If the o						
~	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-		·····	
b	0 10% -facts-and-circumstances tes	-					
~	more, and if the organization meets the						
	organization meets the facts-and-circ						
18	Private foundation. If the organization						ns ►
							(Form 990) 2021

Schedule A (Form 990) 2021 FOUN

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

(Complete only if you checked the box on line 10 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.)

	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e	) 2021	(f) Total	
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include 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								
	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								
0	Add lines 7a and 7b								
	Public support. (Subtract line 7c from line 6.)								
e	ction B. Total Support								
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	6	) 2021	(f) Total	
	Amounts from line 6	(4) 2011	(6) 2010	(0) 2010	(4) 2020	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	12021	(i) rotai	
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources								
b	Unrelated business taxable income								
	(less section 511 taxes) from businesses acquired after June 30, 1975								
c	Add lines 10a and 10b								
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on								
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
3	Total support. (Add lines 9, 10c, 11, and 12.)								
4	First 5 years. If the Form 990 is for th	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(	3) organizati	on,	
	check this box and stop here							<b>&gt;</b> L	
Sec	ction C. Computation of Publ	ic Support Pe	ercentage						
15	Public support percentage for 2021 (I	ine 8, column (f), o	divided by line 13,	column (f))		15			%
16	Public support percentage from 2020	Schedule A, Parl	III, line 15			16			%
Sec	ction D. Computation of Invest	stment Incom	e Percentage						
17	Investment income percentage for 20	<b>21</b> (line 10c. colu	mn (f), divided by I	ine 13. column (f))		17			%
						18			%
	<b>33 1/3% support tests - 2021.</b> If the						6 and line 1	7 is not	
	more than 33 1/3%, check this box a						o, and into i	► C	
b	<b>33 1/3% support tests - 2020.</b> If the line 18 is not more than 33 1/3%, che	organization did I	not check a box o	n line 14 or line 19	a, and line 16 is m	ore thai	-		
20	Private foundation. If the organizatio	<u>n did n</u> ot check a	box on line 14, 19	<u>a, or 1</u> 9b, check t	his box and see in	structio	ns		
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				17				· ··/-	
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#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

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#### Section A. All Supporting Organizations

1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

FOUNDATION, INC.

- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990) 2021

Yes

х

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

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9a

9b

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10a

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No

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Pa	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		Х
b	A family member of a person described on line 11a above?	11b		Х
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		Х
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Х	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		37	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	Х	
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		v	
<u></u>	supported organizations played in this regard.	3	Х	
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	•		
a	X The organization satisfied the Activities Test. <i>Complete</i> line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below.</i>		,	
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	0-	Х	
	that these activities constituted substantially all of its activities.	2a	~	
a	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization involvement.	0h	х	
2	these activities but for the organization's involvement.	2b	~	
3	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI</b>	20		
h	trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI</b> .	3a		

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard*.
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3b Schedule A (Form 990) 2021

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* **Part VI**). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting or	anization (see

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

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_	dule A (Form 990) 2021     FOUNDATION, 1.       t V     Type III Non-Functionally Integrated 509		anizations	5	6-1929013 Page 7
		(a)(s) supporting Orga	anizations (continu	ied)	Ourse and Maran
	ion D - Distributions			4	Current Year
1	Amounts paid to supported organizations to accomplish exe			1	
2	Amounts paid to perform activity that directly furthers exemp	or purposes of supported		2	
3	organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purpose	as of supported organization		2	
4	Amounts paid to acquire exempt-use assets	15	4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI		5	
6	Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive	9	-	
-	(provide details in <b>Part VI</b> ). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Sect	ion E - Distribution Allocations (see instructions)	Underdistribution Pre-2021	าร	Distributable Amount for 2021	
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
	From 2017				
C	From 2018				
d	From 2019				
-	From 2020				
-	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
-	Applied to underdistributions of prior years				
-	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater				
6	than zero, <i>explain in</i> <b>Part VI.</b> See instructions. Remaining underdistributions for 2021. Subtract lines 3h				
0	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
'	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
-	Excess from 2018				
-	Excess from 2019				
-	Excess from 2020				
-	Excess from 2021				
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Schedule A (Form 990) 2021

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Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART IV, SECTION A, LINE 2:

EAST CAROLINA UNIVERSITY, A SUPPORTED ORGANIZATION, IS A COMPONENT UNIT

OF THE STATE OF NORTH CAROLINA AND OPERATES AS A PUBLIC EDUCATIONAL

INSTITUTION OF THE MULTI-CAMPUS UNIVERSITY OF NORTH CAROLINA SYSTEM.

PART IV, SECTION D, LINE 3:

EAST CAROLINA UNIVERSITY FOUNDATION, INC. BOARD MEMBERS WITH REAL

ESTATE EXPERTISE ARE APPOINTED TO SERVE ON THE BOARD OF THE EAST

CAROLINA REAL ESTATE FOUNDATION, INC. THIS INCLUDES MULTIPLE BOARD

MEMBERS OF EAST CAROLINA UNIVERSITY FOUNDATION, INC. THAT SERVE IN AN

EX-OFFICIO CAPACITY BASED ON THEIR POSITION WITH EAST CAROLINA

UNIVERSITY.

PART IV, SECTION E, LINE 2A:

THE MISSION OF THE EAST CAROLINA UNIVERSITY REAL ESTATE FOUNDATION,

INC. IS TO OWN, MANAGE, LEASE, AND SELL REAL ESTATE PROPERTY

EXCLUSIVELY FOR THE CHARITABLE AND EDUCATIONAL PURPOSES FOR THE BENEFIT

OF EAST CAROLINA UNIVERSITY (A GOVERNMENTAL ENTITY) AND EAST CAROLINA

UNIVERSITY FOUNDATION, INC.

PART IV, SECTION E, LINE 2B:

THE MISSION OF THE EAST CAROLINA UNIVERSITY REAL ESTATE FOUNDATION,

INC. IS TO OWN, MANAGE, LEASE, AND SELL REAL ESTATE PROPERTY

EXCLUSIVELY FOR THE CHARITABLE AND EDUCATIONAL PURPOSES FOR THE BENEFIT

OF EAST CAROLINA UNIVERSITY (A GOVERNMENTAL ENTITY) AND EAST CAROLINA

UNIVERSITY FOUNDATION, INC. EAST CAROLINA UNIVERSITY REAL ESTATE

FOUNDATION, INC. ALLOWS FOR GREATER FLEXIBILITY IN REAL ESTATE 132028 01-04-22 22 Schedule A (Form 990) 2021 22

132028 01-04-22					23		Sche	dule A	(Form 990) 2021
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Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

#### TRANSACTIONS THAN EAST CAROLINA UNIVERSITY WOULD OTHERWISE BE ALLOWED

#### BY STATE STATUTE, WHILE SIMULTANEOUSLY NOT SUBJECTING THE EAST CAROLINA

#### UNIVERSITY FOUNDATION, INC. TO THE POTENTIAL DIFFICULTIES TYPICALLY

ASSOCIATED WITH PROPERTY TRANSACTIONS.

### Schedule A (Form 990) 2021 FOU

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#### Copy for Public Inspection EAST CAROLINA UNIVERSITY REAL ESTATE FOUNDATION, INC.

(Form	HEDULE 990) nent of the Trea Revenue Service	Isury	Complete if the org Part IV, line 6, 7, 8, 9, 10 Go to www.irs.gov/Form9	al Financial Statement anization answered "Yes" on Form 990 9, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12 Attach to Form 990. 90 for instructions and the latest inform	OMB No. 1545-00 2021 Open to Publ Inspection	
Name	of the org	anization		ERSITY REAL ESTATE	Emp	bloyer identification num
Part		nonizatio	FOUNDATION, INC.	ed Funds or Other Similar Fund		56-1929013
Fail			iswered "Yes" on Form 990, Part IV, lir		S OF ACCOU	IIIIS. Complete if the
	0.90			(a) Donor advised funds	(b) Fun	ds and other accounts
1 .	Total numb	per at end o	f year			
			ntributions to (during year)			
			ants from (during year)			
			d of year			
				writing that the assets held in donor advi	ised funds	
1	are the orga	anization's	property, subject to the organization's	exclusive legal control?		Yes
6	Did the org	anization in	form all grantees, donors, and donor a	advisors in writing that grant funds can be	e used only	
1	for charitab	ole purpose	s and not for the benefit of the donor o	or donor advisor, or for any other purpose	e conferring	
		ble private l				
Part			•	ganization answered "Yes" on Form 990,	Part IV, line 7.	
1			ation easements held by the organizat	· · · · · · · · · · · · · · · · · · ·		
			land for public use (for example, recrea	, L		important land area
			tural habitat	Preservation o	f a certified his	storic structure
			open space			
			ough 2d if the organization held a quali	ified conservation contribution in the form	1 of a conserva	ation easement on the la Held at the End of the Tax
	day of the t	•			0-	
		•				
				ructure included in (a) after 7/25/06, and not on a historic struc		
				eleased, extinguished, or terminated by th		during the tax
	year ►	Conscivatio		icased, extinguished, or terrinitated by tr	ie organization	
		states whe	re property subject to conservation ea	sement is located		
				riodic monitoring, inspection, handling of	f	
				it holds?		Yes
				, handling of violations, and enforcing cor		
1	▶					
7	Amount of	expenses ir	ncurred in monitoring, inspecting, han	dling of violations, and enforcing conserv	ation easemer	nts during the year
	▶\$					
8	Does each	conservatio	on easement reported on line 2(d) abo	ve satisfy the requirements of section 17	0(h)(4)(B)(i)	
			-	ion easements in its revenue and expens		
				note to the organization's financial staten	nents that des	cribes the
Part			ting for conservation easements.	of Art, Historical Treasures, or C	Othor Simil	ar Accoto
Fail		-	organization answered "Yes" on Forn			ai Assels.
10		•	•		and balance of	
	· ·		· ·	58, not to report in its revenue statement blic exhibition, education, or research in f		
				inclustry and the second statements that describes these ite		μαριίο
				58, to report in its revenue statement and		t works of
	· ·		· ·	c exhibition, education, or research in fur		
			amounts relating to these items:			,
	•	•	0			\$
						\$
				easures, or other similar assets for financi		
	-		required to be reported under FASB A			
				-	> :	\$

	EAST	y for Pu ROLINA UNI		c Ins	specti	ON				
Sche		ION, INC.	V LICO L				I	56-19	29013	Page 2
	t III Organizations Maintaining C		rt. Hist	orical Tr	easures. o	r Other				
	Using the organization's acquisition, access								,	
	collection items (check all that apply):	,		2	Ũ		•			
а	Public exhibition	d		oan or exc	hange progra	m				
b	Scholarly research	е		Other						
с	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explai	n how the	ey further t	he organizatio	on's exem	ipt purpo	se in Par	t XIII.	
5	During the year, did the organization solicit of	or receive donations of	of art, his	torical trea	sures, or othe	er similar a	assets		-	
Des	to be sold to raise funds rather than to be m								Yes	NoNo
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered "	Yes" on F	<sup>-</sup> orm 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Pa									
Ia	Is the organization an agent, trustee, custod								Yes	No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII							······ L	lites	
b		and complete the lo	nowing ta	abie.					Amount	
с	Beginning balance						1c			
	Additions during the year									
	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on F								Yes	No
	If "Yes," explain the arrangement in Part XIII									
Par	<b>t V</b> Endowment Funds. Complete									<u> </u>
		(a) Current year	<b>(b)</b> Pr	ior year	(c) Two years	s back (c	<b>i)</b> Three y	ears back	(e) Four	years back
	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
e	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance									
-	Provide the estimated percentage of the cur		e (line 1c	a. column (a	a)) held as:	I				
	Board designated or quasi-endowment	, ,	%	, (	"					
b	Permanent endowment	%	_							
с	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.								
3a	Are there endowment funds not in the posse	ession of the organiza	ation that	t are held a	nd administe	red for the	e organiz	ation	_	
	by:									Yes No
	(i) Unrelated organizations									
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza								3b	
Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipn		wment f	unas.						
1 41	Complete if the organization answere		) Part IV	line 11a S	See Form 990	Part X li	ne 10			
	Description of property	(a) Cost or o	· · · · ·		or other		cumulate	d	(d) Book	value
	becomption of property	basis (investr			(other)	• •	eciation	ŭ	( <b>u</b> ) Book	value
<b>1</b> a	Land		,						1,511	,498.
	Buildings			2,87	9,368.	8	99,39	92.	1,979	976.
	Leasehold improvements									
	Equipment									
e	Other									
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colum	n (B), line 1	0c.)				3,491	.,474.

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Copy 1	ior	Pu	blic ]	Insp	ection
EAST CAROL	INA	UNIV	ERSITY	REAL	ESTATE
FOUNDATION	, IN	IC.			

56-1929013 Page 3

Part VII	Investments -	<ul> <li>Other Securities.</li> </ul>
Schedule D	(Form 990) 2021	FOUNDATIO

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

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

#### Part VIII Investments - Program Related.

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

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

#### Part IX Other Assets.

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

(a) Description	(b) Book value
(1) ASSETS HELD IN CHARITABLE REMAINDER TRUSTS	51,863.
(2) PROPERTY HELD SUBJECT TO LIFE ESTATES	1,205,387.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	▶ 1,257,250.
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line	25.
1 (a) Description of liability	(b) Book value

1.	(a) Description of nability	(b) BOOK value							
(1)	Federal income taxes								
(2)	DUE TO AFFILIATES	645,991.							
(3)	LIABILITIES UNDER CRT	-47,217.							
(4)	LIFE ESTATE USE INTEREST	153,349.							
(5)									
(6)									
(7)									
(8)									
(9)		752,123.							
Total.	Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)								

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2021

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	Copy for Public Inspection EAST CAROLINA UNIVERSITY REAL ESTATE									
Sche	dule D (Form 990) 2021 FOUNDATION, INC.	II KEAL ESIAII	56-1929013	Page						
Par	t XI Reconciliation of Revenue per Audited Financial St	tatements With Reve	enue per Return.							
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.								
1	Total revenue, gains, and other support per audited financial statements									
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:									
а	Net unrealized gains (losses) on investments	2a								
b	Donated services and use of facilities	2b								
с	Recoveries of prior year grants									
d	Other (Describe in Part XIII.)									
е	Add lines 2a through 2d		2e							
3	Subtract line <b>2e</b> from line <b>1</b>									
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:									
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a								
b	Other (Describe in Part XIII.)	4b								
с	Add lines <b>4a</b> and <b>4b</b>	4c								
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1.	2.)								
Pa	t XII Reconciliation of Expenses per Audited Financial S	Statements With Exp	enses per Return.							
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.								

1	Total expenses and losses per audited financial statements	1						
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:							
а	Donated services and use of facilities	2a						
b	Prior year adjustments	2b						
	Other losses	2c						
d	Other (Describe in Part XIII.)							
е	Add lines 2a through 2d	2e						
3	Subtract line 2e from line 1	3						
4	Amounts included on Form 990, Part IX, line 25, but not on line 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						
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5						
Part XIII Supplemental Information.								

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

#### PART X, LINE 2:

THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3)							
OF THE INTERNAL REVENUE CODE, EXCEPT ON NET INCOME DERIVED FROM UNRELATED							
BUSINESS ACTIVITIES. AT JUNE 30, 2022 AND 2021, THE FOUNDATION HAS NOT							
RECORDED ANY TAX LIABILITIES. THE FOUNDATION BELIEVES THAT IT HAS							
APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT							
HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE CONSOLIDATED							
FINANCIAL STATEMENTS.							

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		<b>Copy for Public Inspection</b>							
90	HEDULE J	Compensation Information	1	OMB No.	1545-00	47			
	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	F	00	01				
(10	iiii 330j	Compensated Employees		ZU	ZI				
		Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		Open t	Open to Public				
	rtment of the Treasury al Revenue Service	<ul> <li>Attach to Form 990.</li> <li>Go to www.irs.gov/Form990 for instructions and the latest information.</li> </ul>			Inspection				
_	ne of the organizatio		Employer i	dentificati	on nu	mber			
	U	FOUNDATION, INC.		92901					
Pa	rt I Question	s Regarding Compensation			-				
					Yes	No			
1a	Check the appropr	ate box(es) if the organization provided any of the following to or for a person listed on Form	1 990.						
		line 1a. Complete Part III to provide any relevant information regarding these items.	,						
	First-class or o		onal use						
	Travel for com								
		ation and gross-up payments Health or social club dues or initiation fee							
		spending account Personal services (such as maid, chauffe							
	<b>,</b>		. ,						
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or							
	,	provision of all of the expenses described above? If "No," complete Part III to explain		1b					
2	Did the organizatio	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,							
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2					
3	Indicate which, if a	ny, of the following the organization used to establish the compensation of the organization'	s						
	CEO/Executive Dire	ector. Check all that apply. Do not check any boxes for methods used by a related organizat	ion to						
	establish compens	ation of the CEO/Executive Director, but explain in Part III.							
	Compensation	n committee Written employment contract							
	Independent of	compensation consultant Compensation survey or study							
	Form 990 of c	ther organizations Approval by the board or compensation of	committee						
4	During the year, die	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing							
	organization or a re	lated organization:							
а	Receive a severand	e payment or change-of-control payment?		4a		X			
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?				X			
с	Participate in or rec	eive payment from an equity-based compensation arrangement?		4c		X			
	If "Yes" to any of li	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
	Only section 501(	c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.							
5	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on						
	contingent on the r	evenues of:							
а	The organization?			5a		X			
b	Any related organiz	ation?		5b		X			
		or 5b, describe in Part III.							
6	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on						
	contingent on the r	-							
а	The organization?			6a		X			
b	Any related organiz	ation?		6b		X			
		or 6b, describe in Part III.							
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment							
		nes 5 and 6? If "Yes," describe in Part III		7		X			
8	•	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the							
		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X			
9		id the organization also follow the rebuttable presumption procedure described in							
		ז 53.4958-6(c)?							
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sched	ule J (For	m 990	) 2021			

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## EAST CAROLINA UNIVERSITY REAL ESTATE

Schedule J (Form 990) 2021

FOUNDATION, INC.

56-1929013

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) PHILIP ROGERS	(i)	0.	0.	0.	0.	0.		0.
DIRECTOR	(ii)	310,102.	0.	21,573.	39,469.	169,053.	540,197.	0.
(2) CHRISTOPHER DYBA	(i)	0.	0.	0.	0.	0.		0.
PRESIDENT	(ii)	269,599.	1,000.	11,171.	60,525.	15,964.	358,259.	0.
(3) STEPHANIE COLEMAN	(i)	0.	0.	0.	0.	0.		0.
TREASURER	(ii)	251,350.	0.	800.	55,501.	12,041.	319,692.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							

## EAST CAROLINA UNIVERSITY REAL ESTATE

Schedule J (Form 990) 2021

56-1929013 Page 3

#### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

#### COMPENSATION FROM RELATED ORGANIZATIONS

FOUNDATION, INC.

EAST CAROLINA UNIVERSITY PROVIDES COMPENSATION FOR ITS EMPLOYEES WHO

SERVE THE EAST CAROLINA UNIVERSITY REAL ESTATE FOUNDATION, INC. THE

UNIVERSITY'S HUMAN RESOURCES DEPARTMENT MANAGES THE COMPENSATION

#### DETERMINATION PROCESS.

Schedule J (Form 990) 2021

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

## **Copy for Public Inspection**

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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. EAST CAROLINA UNIVERSITY REAL ESTATE

FOUNDATION, INC.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

REAL ESTATE PROPERTY EXCLUSIVELY FOR CHARITABLE AND EDUCATIONAL

PURPOSES FOR THE BENEFIT OF EAST CAROLINA UNIVERSITY AND EAST CAROLINA

UNIVERSITY FOUNDATION, INC.

FORM 990, PART VI, SECTION B, LINE 11B:

EAST CAROLINA UNIVERSITY REAL ESTATE FOUNDATION PROVIDES MEMBERS OF THE

BOARD OF DIRECTORS WITH A LINK TO A PASSWORD-PROTECTED SITE THAT CONTAINS A

DRAFT OF THE FORM 990. THE DIRECTORS ARE NOTIFIED OF THE DRAFT'S

AVAILABILITY VIA EMAIL. ECU FOUNDATION, INC'S AUDIT COMMITTEE, WHICH

INCLUDES REPRESENTATION FROM ECU REAL ESTATE FOUNDATION, INC., REVIEWED THE FORM 990 PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS MUST ANNUALLY DISCLOSE ALL POSSIBLE CONFLICTS OF INTEREST.

BOARD MEMBERS MUST RECUSE THEMSELVES FROM VOTING ON ISSUES WHERE A CONFLICT MAY ARISE.

FORM 990, PART VI, SECTION C, LINE 19:

THE BOARD HAS ADOPTED A POLICY OF TRANSPARENCY. IN KEEPING WITH THAT

POLICY THE FOUNDATION POSTS GOVERNING DOCUMENTS, POLICIES, FINANCIAL

STATEMENTS, FORMS 990, AND OTHER DOCUMENTS ON ITS WEBSITE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF SPLIT INTEREST

9,297.

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

Schedule O (Form 990) 2021

OMB No. 1545-0047

**Open to Public** 

Inspection

Employer identification number 56-1929013

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## **Copy for Public Inspection**

	_	L V	1					OMB No. 154			
SCHEDULE (Form 990)	R	Complete if the organization answered	e if the organizations and Unrelated Partnerships e if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.								
Department of the Internal Revenue	ne Treasury	•		at information				Open to P Inspect			
		OLINA UNIVERSITY REAL E									
Deutl				0							
Part I I	dentification of Disregarded Entitle	es. Complete if the organization answered "Yes	" on Form 990, Part IV, line 3	3. 							
<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activity	(c) Legal domicile (state c foreign country)	or (d) Total inco		(e) End-of-year assets		(f) t controlling entity	g		
	dentification of Related Tax-Exemperions during the tax year.	ot Organizations. Complete if the organization	answered "Yes" on Form 990	0, Part IV, line 34, I	because it had one	e or moi	bre related tax-6	exempt			
	(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	Dire	(f) ect controlling entity	cont	<b>g)</b> 512(b)(13) trolled tity?		
					501(c)(3))		,	Yes	No		
56-609318	LINA UNIVERSITY FOUNDATION 7, 2200 SOUTH CHARLES BLVD, E. NC 27858		NORTH CAROLINA	501(C)(3)	LINE 5	N/A			x		
EAST CARO EAST FIFT	, LINA UNIVERSITY - 56-600040 H STREET	3EDUCATIONAL INSTITUTION -									
GREEN TOW	E, NC 27858 N PROPERTIES, INC 46-069 H CHARLES BLVD	PURCHASE REAL ESTATE FOR	NORTH CAROLINA	F01/(7)/(2)	, ,	UNIVE	CAROLINA RSITY		X		
GKEENVILL	E, NC 27858	BENEFIT OF ECU	NORTH CAROLINA	501(C)(3)	III-FI	F'UUND.	DATION, INC.		X		

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

Schedule R (Form 990) 2021

## EAST CAROLINA UNIVERSITY REAL ESTATE Inspection

Schedule R (Form 990) 2021 FOUNDATION, INC.

56-1929013 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	1)	ר)	(i)	(j	i)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate allocations?		amount in box 20 of Schedule	mana partr	iging her?	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No		
	]											
										$\square$		
	1											
	1											
Identification of Delated On	· · ·· <del>-</del> · ·		· · · · · · · · · · · · · · · · · · ·									

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	(i) Section 512(b)(13) controlled entity?	
		country)				233613		Yes	No
			ECU REAL ESTATE						
CHARITABLE REMAINDER UNITRUST	TRUST	NC	FOUNDATION	TRUST					X

### EAST CAROLINA UNIVERSITY REAL ESTATE Inspection Schedule R (Form 990) 2021 FOUNDATION, INC.

56-1929013 Page 3

Dart V	Transactions With Related Organizations.	Complete if the organization answered "Ves	on Form 990 Part IV line 34 35h or 36
raitv	ITalisactions with Related Organizations.	Complete il the organization answered res	011 F0111 990, Fait IV, III 834, 330, 01 30.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
	Gift, grant, or capital contribution to related organization(s)	1b		X
с	Gift, grant, or capital contribution from related organization(s)	1c		X
	Loans or loan guarantees to or for related organization(s)	1d		X
	Loans or loan guarantees by related organization(s)	1e	Х	
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	Х	
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
I.	Performance of services or membership or fundraising solicitations for related organization(s)	11		X
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
	Sharing of paid employees with related organization(s)	10		X
р	Reimbursement paid to related organization(s) for expenses	1p		X
q	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r		X
	Other transfer of cash or property from related organization(s)	1s		X

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) EAST CAROLINA UNIVERSITY	J	453,426.	CASH RECEIVED
(2) EAST CAROLINA UNIVERSITY FOUNDATION	Е	1,425,992.	OUTSTANDING LOAN BALANCE
(3)			
(4)			
(5)			
(6)	24		

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#### EAST CAROLINA UNIVERSITY REAL ESTATE

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#### Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	-	5	(f)	(g)	()	<b>n</b> )	(i)	(j	1	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are Are partners 501(c orgs	all	Share of	Share of		• <b>7</b>	Code V-UBI	Gene	<b>/</b> ral.or	(N) Dorcontago
of entity	Findly activity	(state or foreign	(related, unrelated,	partner: 501(c	s sec. ;)(3)	total	end-of-year	Dispr tior	nate	amount in box 20	mana	iging	ownership
orentity		country)		orgs		income		alloca	tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partr	ner?	ownersnip
		country)	Sections 512-514)	Yes	No	liteonie	455015	Yes	No	(FUIII 1003)	Yes	NO	
											$\square$		
											$\vdash$		
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				$\square$							$\square$		

Schedule R (Form 990) 2021

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Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

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