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Public Inspection Copy

828-254-2374

MAY 9, 2013

ELIADA HOMES, INC.
P.O. BOX 16708
ASHEVILLE, NC 28816

ELIADA HOMES, INC.:

ENCLOSED IS THE 2011 EXEMPT ORGANIZATION RETURN, AS
FOLLOWS...

2011 FORM 990

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE
WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED
FOR YOUR FILES.

EACH ORIGINAL RETURN SHOULD BE DATED, SIGNED AND FILED IN
ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE
RETAINED FOR YOUR FILES.

VERY TRULY YOURS,

JOHNSON, PRICE & SPRINKLE, PA

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

..... JUNE 30, 2012

Prepared for	ELIADA HOMES, INC. P.O. BOX 16708 ASHEVILLE, NC 28816
Prepared by	JOHNSON PRICE SPRINKLE PA 361 N. MAIN STREET MARION, NC 28752
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

Return of Organization Exempt From Income Tax

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

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

2011

Open to Public Inspection

A For the **2011** calendar year, or tax year beginning **JUL 1, 2011** and ending **JUN 30, 2012**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ELIADA HOMES, INC. Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 16708 City or town, state or country, and ZIP + 4 ASHEVILLE, NC 28816 F Name and address of principal officer: MARK C. UPRIGHT SAME AS C ABOVE	D Employer identification number 56-0611587 E Telephone number 828-254-5356 G Gross receipts \$ 10,191,162. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.ELIADA.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1906 M State of legal domicile: NC

Part I Summary

1	Briefly describe the organization's mission or most significant activities: SEE MISSION STATEMENT ON SCHEDULE O.	
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
3	Number of voting members of the governing body (Part VI, line 1a)	3 15
4	Number of independent voting members of the governing body (Part VI, line 1b)	4 15
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5 362
6	Total number of volunteers (estimate if necessary)	6 470
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b 0.
8	Contributions and grants (Part VIII, line 1h)	8 458,193. 1,089,509.
9	Program service revenue (Part VIII, line 2g)	9 9,199,510. 9,055,353.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10 7,255. 10,800.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11 36,970. 35,500.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12 9,701,928. 10,191,162.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13 0. 0.
14	Benefits paid to or for members (Part IX, column (A), line 4)	14 0. 0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15 7,298,159. 7,075,554.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	16a 0. 0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.	
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	17 2,404,585. 2,497,264.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18 9,702,744. 9,572,818.
19	Revenue less expenses. Subtract line 18 from line 12	19 -816. 618,344.
20	Total assets (Part X, line 16)	20 1,471,222. 2,940,597.
21	Total liabilities (Part X, line 26)	21 573,747. 1,426,977.
22	Net assets or fund balances. Subtract line 21 from line 20	22 897,475. 1,513,620.

Part II Signature Block

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

Sign Here	Signature of officer MARK C. UPRIGHT, PRESIDENT/CEO Type or print name and title	Date 			
Paid Preparer Use Only	Print/Type preparer's name KATHRYN M. ATKINSON	Preparer's signature <i>Kathryn M. Atkinson</i>	Date 5/13/13	Check if self-employed <input type="checkbox"/>	PTIN P00930007
	Firm's name ▶ JOHNSON PRICE SPRINKLE PA	Firm's EIN ▶			
	Firm's address ▶ 361 N. MAIN STREET MARION, NC 28752	Phone no. 828-652-7044			

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission: "HELPING CHILDREN SUCCEED" IS ELIADA'S MISSION. ELIADA'S VISION IS TO PROVIDE AN OPTIMAL LEARNING ENVIRONMENT THAT EMPOWERS CHILDREN AND THEIR FAMILIES TO SUCCEED.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 5,451,184. including grants of \$) (Revenue \$ 6,090,100.) PSYCHIATRIC RESIDENTIAL TREATMENT - THE PRTF PROGRAM PROVIDES NON ACUTE IN-PATIENT FACILITY CARE FOR CHILDREN AND ADOLESCENTS WHO HAVE A MENTAL ILLNESS AND NEED 24-HOUR SUPERVISION AND SPECIALIZED TREATMENT INTERVENTIONS. THE LENGTH OF PLACEMENT RANGES FROM THREE TO TWELVE MONTHS. PRTF IS LICENSED BY THE DIVISION OF HEALTH SERVICES REGULATION. ELIADA OPERATES 5 PRTF COTTAGES: 3 FOR ADOLESCENTS AND 2 FOR PRE-ADOLESCENTS. TWO OF THE ADOLESCENT UNITS ARE SECURE FACILITIES. ACCOMPLISHMENTS FOR THE YEAR INCLUDED: (1) SUCCESSFULLY COMPLETED RE-LICENSURE OF ALL PRTF UNITS WITH NO FINES OR DEFICIENCIES. (2) COMPLETED RESTRUCTURING OF NURSING PROCEDURES AND STANDARDS; IMPROVED PROFESSIONAL DEVELOPMENT PLAN FOR NURSING STAFF. (3) COMPLETED MAJOR MEDICAID AUDIT; PROJECTED FOR 5 DAYS BUT COMPLETED IN 2 DAYS AND

4b (Code:) (Expenses \$ 1,353,561. including grants of \$) (Revenue \$ 1,363,062.) CHILD DEVELOPMENT SERVICES - THE CHILD DEVELOPMENT PROGRAM OFFERS A VARIETY OF PROGRAMS INCLUDING INFANT CARE, A CREATIVE EXPERIENTIAL PRESCHOOL LEARNING EXPERIENCE, PREPARATION FOR KINDERGARTEN, AN AFTER-SCHOOL RECREATIONAL AND CHARACTER BUILDING PROGRAM FOR SCHOOL-AGE CHILDREN, AND A WELL-ROUNDED SUMMER DAY CAMP. ALL CHILD DEVELOPMENT PROGRAMS ARE LICENSED BY THE DEPARTMENT OF HEALTH AND HUMAN RESOURCES AND HOLD A 5 STAR LICENSE. ACCOMPLISHMENTS FOR THE YEAR INCLUDED: (1) LICENSURE AND COMPLIANCE: SUCCESSFULLY MAINTAINED 5 STAR LICENSES IN ALL PROGRAMS. ACHIEVED 100% COMPLIANCE ON ALL CHILDREN'S FILES. ACHIEVED AND MAINTAINED SUPERIOR SANITATION RATINGS IN BOTH BUILDINGS. NCPK MONITORING VISITS WERE COMPLETED WITH FULL COMPLIANCE. (2) UTILIZATION: CHILD DEVELOPMENT AND NCPK CENSUS FOR 0-4 YEAR OLDS

4c (Code:) (Expenses \$ 656,205. including grants of \$) (Revenue \$ 879,767.) EDUCATIONAL AND DAY TREATMENT - EDUCATIONAL AND DAY TREATMENT IS A STRUCTURED TREATMENT SERVICE FOR CHILDREN AND ADOLESCENTS. THE PROGRAM DIRECTLY ADDRESSES THE CHILD'S DIAGNOSTIC AND CLINICAL NEEDS, AND PROVIDES MENTAL HEALTH INTERVENTIONS IN THE CONTEXT OF A THERAPEUTIC TREATMENT MILIEU. THE PROGRAM SERVES STUDENTS, AGES EIGHT - EIGHTEEN, FROM THE LOCAL COMMUNITY. IT IS LICENSED BY THE DIVISION OF HEALTH SERVICES REGULATION AND ENDORSED BY WESTERN HIGHLAND NETWORK, THE LOCAL MANAGEMENT ENTITY. ACCOMPLISHMENTS FOR THE YEAR INCLUDED: (1) IMPLEMENTED NEW TREATMENT MODEL INCORPORATING AGGRESSION REPLACEMENT TRAINING AND SKILL STREAMING. (2) ACHIEVED 100% COMPLIANCE WITH RE-LICENSURE. (3) ESTABLISHED A CLASSROOM FOR STUDENTS WHO HAVE DIFFICULTY WITH CHANGE AND TRANSITIONS, PARTICULARLY THOSE WITH

4d Other program services (Describe in Schedule O.) (Expenses \$ 970,064. including grants of \$) (Revenue \$ 722,424.)

4e Total program service expenses 8,431,014.

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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		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 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>	X	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Input box for Schedule O response

Main table with columns for question ID, description, and Yes/No responses. Includes rows 1a-1c, 2a-2b, 3a-3b, 4a-4a, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, 14a-14b.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (15), 1b (15), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NC
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: REBECCA WILLIAMS - 828-254-5356
2 COMPTON DRIVE, ASHEVILLE, NC 28806-2054

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHARLES W SMITH TREASURER	2.00	X		X				0.	0.	0.
(2) STUART E. WEIDIE BOARD MEMBER	1.00	X						0.	0.	0.
(3) GARY C ROBERTS CHAIRPERSON	3.00	X		X				0.	0.	0.
(4) KEVIN WESTMORELAND VICE CHAIRPERSON	2.00	X		X				0.	0.	0.
(5) LATRELLA G MCELRATH SECRETARY	2.00	X		X				0.	0.	0.
(6) CO-WEFA LYDA BOARD MEMBER	1.00	X						0.	0.	0.
(7) JAMES M LESKO BOARD MEMBER	1.00	X						0.	0.	0.
(8) JAY WOMACK BOARD MEMBER	1.00	X						0.	0.	0.
(9) KAREN K DONATELLI BOARD MEMBER	1.00	X						0.	0.	0.
(10) JOLENE B. MECHANIC BOARD MEMBER	1.00	X						0.	0.	0.
(11) SALLY PEARLMAN BOARD MEMBER	1.00	X						0.	0.	0.
(12) KRIS E WILSON BOARD MEMBER	1.00	X						0.	0.	0.
(13) KENNETH R HUNT BOARD MEMBER	1.00	X						0.	0.	0.
(14) JEAN B MCGUIRE IMMED. PAST CHAIR	2.00	X		X				0.	0.	0.
(15) BILL SMITH BOARD MEMBER	1.00	X						0.	0.	0.
(16) MARK C UPRIGHT PRESIDENT/CEO	40.00			X				155,399.	0.	13,299.
(17) MARIE L. JENSEN CHIEF OPERATIONS OFFICER	40.00			X				87,116.	0.	6,251.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) REBECCA A. WILLIAMS CHIEF FINANCIAL OFFICER	40.00			X				74,065.	0.	7,584.
1b Sub-total								316,580.	0.	27,134.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								316,580.	0.	27,134.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
PHILIP S. KIRATZIS, MD, 80 PEACHTREE ROAD, SUITE 104, ASHEVILLE, NC 28803	PSYCHIATRIST	168,831.
JUDY'S PROFESSIONAL CLEANING SERVICES 706 CRESTVIEW DRIVE, LEICESTER, NC 28748	CLEANING	122,810.

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

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	255.				
	d Related organizations	1d	376,571.				
	e Government grants (contributions)	1e	229,835.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	482,848.				
	g Noncash contributions included in lines 1a-1f: \$		433,050.				
	h Total. Add lines 1a-1f		1,089,509.				
	Program Service Revenue	2 a <u>MEDICARE/MEDICAID PAYM</u>	Business Code 624100	6,677,376.	6,677,376.		
b <u>FEES/CONTRACTS FROM GO</u>		624100	1,906,460.	1,906,460.			
c <u>CLIENT/PRIVATE PAY</u>		624100	471,517.	471,517.			
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			9,055,353.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		8,284.			8,284.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	500.				
		(ii) Personal	0.				
		b Less: rental expenses	500.				
		c Rental income or (loss)					
	d Net rental income or (loss)		500.			500.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	2,516.				
		(ii) Other	0.				
		b Less: cost or other basis and sales expenses	2,516.				
		c Gain or (loss)					
	d Net gain or (loss)		2,516.			2,516.	
	8 a Gross income from fundraising events (not including \$ 255. of contributions reported on line 1c). See Part IV, line 18	a	0.				
		b Less: direct expenses	0.				
c Net income or (loss) from fundraising events			0.				
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a <u>DEVELOPMENT FEE - ELIA</u>	561000	35,000.			35,000.		
b							
c							
d All other revenue							
e Total. Add lines 11a-11d		35,000.					
12 Total revenue. See instructions.		10191162.9,055,353.	0.	46,300.			

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	405,317.		405,317.	
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	5,563,070.	5,124,638.	438,432.	
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	43,290.	35,714.	7,576.	
9 Other employee benefits	579,919.	556,302.	23,617.	
10 Payroll taxes	483,958.	421,747.	62,211.	
11 Fees for services (non-employees):				
a Management				
b Legal	1,228.		1,228.	
c Accounting	37,596.		37,596.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	185,249.	182,939.	2,310.	
12 Advertising and promotion	18,168.	15,748.	2,420.	
13 Office expenses	51,742.	41,271.	10,471.	
14 Information technology	39,294.	10,521.	28,773.	
15 Royalties				
16 Occupancy	417,270.	411,438.	5,832.	
17 Travel	44,894.	38,450.	6,444.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	38,543.	30,113.	8,430.	
20 Interest	9,441.		9,441.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	84,867.	78,347.	6,520.	
23 Insurance	78,928.	76,766.	2,162.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MAINTENANCE AND REPAIRS	374,493.	358,869.	15,624.	
b FOSTER CARE PAYMENTS	349,047.	349,047.		
c FOOD	320,263.	320,174.	89.	
d SUPPLIES	254,386.	214,024.	40,362.	
e All other expenses	191,855.	164,906.	26,949.	
25 Total functional expenses. Add lines 1 through 24e	9,572,818.	8,431,014.	1,141,804.	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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	579.	1	1,213.	
	2 Savings and temporary cash investments	187,084.	2	634,604.	
	3 Pledges and grants receivable, net	67,480.	3	16,284.	
	4 Accounts receivable, net	648,827.	4	951,989.	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use	8,035.	8	9,490.	
	9 Prepaid expenses and deferred charges	37,349.	9	65,728.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,570,180.			
	b Less: accumulated depreciation	10b 593,950.	270,599.	10c	976,230.
	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	251,269.	15	285,059.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,471,222.	16	2,940,597.		
Liabilities	17 Accounts payable and accrued expenses	476,117.	17	582,711.	
	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 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties	86,852.	23	771,399.	
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	10,778.	25	72,867.	
	26 Total liabilities. Add lines 17 through 25	573,747.	26	1,426,977.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	619,076.	27	717,173.	
	28 Temporarily restricted net assets	48,899.	28	569,147.	
	29 Permanently restricted net assets	229,500.	29	227,300.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	897,475.	33	1,513,620.	
34 Total liabilities and net assets/fund balances	1,471,222.	34	2,940,597.		

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,191,162.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,572,818.
3	Revenue less expenses. Subtract line 2 from line 1	3	618,344.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	897,475.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-2,199.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,513,620.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form 990 (2011)

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

ELIADA HOMES, INC.

Employer identification number

56-0611587

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,664,302.	2,112,583.	1,814,881.	2,261,245.	
b Contributions	328,022.	55,308.		1,850.	
c Net investment earnings, gains, and losses	-16,817.	496,411.	297,702.	-448,214.	
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	2,975,507.	2,664,302.	2,112,583.	1,814,881.	

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 45.61 %
 - b Permanent endowment 30.83 %
 - c Temporarily restricted endowment 23.56 %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---------------------------------------------------------------------------------------|-----|----|
| (i) unrelated organizations | X | |
| (ii) related organizations | X | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | X | |

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

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	374,250.	75,000.		449,250.
b Buildings		203,172.	2,590.	200,582.
c Leasehold improvements		63,964.	18,964.	45,000.
d Equipment		475,607.	262,042.	213,565.
e Other		378,187.	310,354.	67,833.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				976,230.

Part VII Investments - Other Securities. 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)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) ASSETS HELD IN PERPETUAL TRUSTS	227,300.
(2) SALES TAX RECEIVABLE	57,759.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	285,059.

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) REFUNDABLE ADVANCE - AFFILIATE	72,867.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	72,867.

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	10,191,162.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,572,818.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	618,344.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-2,199.
9	Total adjustments (net). Add lines 4 through 8	9	-2,199.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	616,145.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	10,188,359.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	-2,200.
e	Add lines 2a through 2d	2e	-2,200.
3	Subtract line 2e from line 1	3	10,190,559.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	603.
c	Add lines 4a and 4b	4c	603.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	10,191,162.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	9,572,215.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	9,572,215.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	603.
c	Add lines 4a and 4b	4c	603.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	9,572,818.

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4: THE ORGANIZATION IS THE BENEFICIARY OF ASSETS HELD IN PERPETUAL TRUSTS NOT IN THE POSSESSION OF THE ORGANIZATION THAT ARE HELD AND ADMINISTERED FOR THE ORGANIZATION BY AN UNRELATED ORGANIZATION. THE INTENDED USE OF THESE ASSETS IS TO AID IN MAINTAINING CURRENT ORGANIZATIONAL PROGRAMS, INCLUDING RESIDENTIAL TREATMENT, FOSTER CARE, CHILD DEVELOPMENT AND COMMUNITY BASED SERVICES, AS WELL AS IN EXPANDING THOSE PROGRAMS. THERE ARE ALSO ENDOWMENT FUNDS NOT IN POSSESSION OF THE ORGANIZATION, BUT ARE HELD AND ADMINISTERED BY A RELATED ORGANIZATION,

Part XIV Supplemental Information (continued)

ELIADA FOUNDATION (SEE SCHEDULE R). EARNINGS FROM THESE ENDOWMENT FUNDS ARE GRANTED TO THE ORGANIZATION AT THE DISCRETION OF THE FOUNDATION'S BOARD AND ARE NOT GUARANTEED ON AN ANNUAL BASIS.

PART X, LINE 2: THE ORGANIZATION HAS BEEN CLASSIFIED AS A PUBLICLY-SUPPORTED CHARITABLE ORGANIZATION UNDER THE INTERNAL REVENUE CODE SECTION 501(C)(3). AS A PUBLICLY-SUPPORTED CHARITY, THE ORGANIZATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES AND FEDERAL EXCISE TAXES UNDER SECTION 509(A)(1) OF THE INTERNAL REVENUE CODE. IT IS THE ORGANIZATION'S POLICY TO EVALUATE ALL TAX POSITIONS TO IDENTIFY ANY THAT MAY BE CONSIDERED UNCERTAIN. ALL IDENTIFIED MATERIAL TAX POSITIONS ARE ASSESSED AND MEASURED BY A "MORE-LIKELY-THAN-NOT" THRESHOLD TO DETERMINE IF THE TAX POSITION IS UNCERTAIN, AND WHAT, IF ANY, THE EFFECT OF THE UNCERTAIN TAX POSITION MAY HAVE ON THE FINANCIAL STATEMENTS. NO MATERIAL UNCERTAIN TAX POSITIONS WERE IDENTIFIED FOR TAX YEARS 2011 AND 2010. CURRENTLY, THE STATUTE OF LIMITATIONS REMAINS OPEN SUBSEQUENT TO AND INCLUDING 2008; HOWEVER, NO EXAMINATIONS ARE IN PROCESS OR ANTICIPATED. ANY CHANGES IN THE AMOUNT OF A TAX POSITION WILL BE RECOGNIZED IN THE PERIOD THE CHANGE OCCURS.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUST	-2,200.
ROUNDING ADJUSTMENT	1.
TOTAL TO SCHEDULE D, PART XI, LINE 8	-2,199.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUST	-2,200.
-----------------------------------------------------------	---------

Part XIV Supplemental Information (continued)

PART XII, LINE 4B - OTHER ADJUSTMENTS:

EXPENSES REPORTED ELSEWHERE 603.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

EXPENSES REPORTED ELSEWHERE 603.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

ELIADA HOMES, INC.

Employer identification number

56-0611587

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</p>	2									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	X								
	4b	X								
	4c	X								
<p>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</p> <p>5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	5a	X								
	5b	X								
<p>6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	6a	X								
	6b	X								
<p>7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	X								
<p>8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	X								
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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

Schedule J (Form 990) 2011

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 in 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 are not 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.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MARK C UPRIGHT	(i)	145,219.	10,000.	180.	4,500.	8,799.	168,698.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**

Name of the organization **ELIADA HOMES, INC.** Employer identification number **56-0611587**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial	X	1	30,000.	COMPARABLE RENTAL VA
17 Real estate - Other	X	1	374,250.	APPRAISED VALUE
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>DUMPSTER SERV</u>)	X	1	28,800.	ACTUAL COST OF SERVI
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization

ELIADA HOMES, INC.

Employer identification number

56-0611587

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

"HELPING CHILDREN SUCCEED" - ELIADA'S VISION IS TO PROVIDE AN OPTIMAL
LEARNING ENVIRONMENT THAT EMPOWERS CHILDREN AND THEIR FAMILIES TO
SUCCEED.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

AUDITORS PRAISED ORGANIZATION OF CLIENT/PERSONNEL RECORDS AND
PROFESSIONALISM OF STAFF.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

REMAINED HIGH. (3) EXCELLENCE: RECEIVED PERFECT SCORES OF 7 ON
ENVIRONMENT AND TEACHER'S EDUCATION INCLUDING EARNING 1 BONUS POINT FOR
ENHANCED POLICIES, ACHIEVING A TOTAL SCORE OF 15 OUT OF A POSSIBLE 15
POINTS. NCPK SUCCESSFULLY GRADUATED 85 PRE-KINDERGARTEN STUDENTS. (4)
TEAMWORK: COMMUNITY AND PARENT PARTNERSHIP: SCHOOL AGE CONTINUES THE
ANNUAL BULLY PROJECT PRESENTATION PRESENTED BY THE CHILDREN.
KINDERGARTEN READINESS COMMITTEE MAINTAINED HIGH MEMBERSHIP AND
INVOLVEMENT. WORKED IN CONJUNCTION WITH THE KITCHEN STAFF TO CONTINUE
TO IMPROVE NUTRITIONAL ELEMENTS OF THE PROGRAM. KITCHEN STAFF CONTINUES
TO PREPARE CULTURALLY DIVERSE FOOD EXPERIENCES IN CONJUNCTION WITH
CULTURAL COMPETENCY CALENDAR. CD DIRECTOR CHAIRED THE EXPANDED
LEADERSHIP COMMITTEE THAT CREATED AGENCY WIDE EMPLOYEE ORIENTATION,
CREATED AND IMPLEMENTED CONFLICT RESOLUTION TRAINING ACROSS THE CAMPUS,
AND PLANNED AND IMPLEMENTED CENTRAL DINING FOR RESIDENTIAL SERVICES.

CELEBRATED THE FOLLOWING ANNIVERSARIES: DIRECTOR'S 23 YEARS OF SERVICE,

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

Schedule O (Form 990 or 990-EZ) (2011)

132211
01-23-12

Name of the organization ELIADA HOMES, INC.	Employer identification number 56-0611587
------------------------------------------------	----------------------------------------------

ASSISTANT DIRECTOR'S 18 YEARS OF SERVICE, INFANT TEACHER'S 14 YEARS OF SERVICE, TODDLER TEACHER'S 11 YEARS OF SERVICE, AND FLOATER'S 12 YEARS OF SERVICE WITH ELIADA.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

SYMPTOMS OF ASPERGER'S SYNDROME. (4) REMODELED THE BASEMENT LEVEL OF ELIADA ACADEMY BUILDING TO CREATE AN ENVIRONMENT CONDUCIVE TO LEARNING AND TO PROVIDE AMPLE STORAGE SPACE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAM SERVICES INCLUDE COMMUNITY BASED SERVICES WHICH ARE:

FOSTER CARE, CLINICAL SERVICES, THERAPEUTIC RECREATION SERVICES, AND

OUTPATIENT SERVICES. ACCOMPLISHMENT FOR THE YEAR INCLUDES: (1)

TRANSITIONED 2 THERAPEUTIC FOSTER CARE STUDENTS TO ESTA PROGRAM;

PROVIDED A STABLE HOME AND SUPPORT FOR 1 FOSTER CARE STUDENT PLACED IN

JOB CORPS. (2) DEVELOPED AND IMPLEMENTED QUARTERLY TRAINING WORKSHOPS

FOR FOSTER PARENTS ON CRISIS MANAGEMENT AND TRAUMA INFORMED CARE.

PROVIDED ACTIVITIES FOR FOSTER CHILDREN WHILE PARENTS WERE IN TRAINING.

(3) HOSTED FIRST ANNUAL CHRISTMAS CELEBRATION HONORING OUR FOSTER

PARENTS. RECOGNIZED THE FOSTER FAMILIES WHO PROVIDED PERMANENCE FOR 5

CHILDREN THROUGH ADOPTION OR GUARDIANSHIP. (4) 5 CLINICIANS COMPLETED A

10 MONTHS INTENSIVE LEARNING COLLABORATIVE ON TRAUMA FOCUSED COGNITIVE

BEHAVIORAL THERAPY (TFCBT) AND ARE ROSTERED IN NC AS TFCBT SPECIALISTS.

(5) IMPLEMENTED TFCBT IN ALL 3 SERVICES. COMPLETED THE TFCBT EVIDENCE

BASED MODEL WITH 17 STUDENTS. (6) TRAINED ALL TREATMENT STAFF AND

FOSTER PARENTS ON TRAUMA INFORMED CARE, AND INCORPORATED CONCEPTS INTO

WEEKLY CLINICAL SUPERVISION. (7) 2 CLINICIANS AND TASC COORDINATOR

COMPLETED LEVEL II EQUINE ASSISTED GROWTH AND LEARNING ASSOCIATION

Name of the organization ELIADA HOMES, INC.	Employer identification number 56-0611587
------------------------------------------------	----------------------------------------------

(EAGALA) TRAINING CERTIFYING THEM TO PRACTICE EAGALA EQUINE ASSISTED THERAPY. (8) ACHIEVED SCORE OF 94.7% ON ANNUAL NYPUM SITE VISIT WITH RECOGNITION FOR OPERATING THE PROGRAM WITHIN NATIONAL STANDARDS. (9) IMPLEMENTED QUARTERLY BARREL RACE COMPETITION FOR OUR STUDENTS. (10) PRESIDENT/CEO AND RECREATION COORDINATOR WERE TRAINED AS CERTIFIED NYPUM INSTRUCTORS. (11) 8 RESIDENTIAL AND DAY TREATMENT STAFF COMPLETED BELAY CERTIFICATION TRAINING THROUGH CLIMBMAX THAT ALLOWS THEM TO TRAIN OTHER STAFF TO BELAY STUDENTS ON OUR CLIMBING WALL. (12) PARTNERED WITH AMERICAN CANOEING ASSOCIATION AND NAVITAT CANOPY ADVENTURES TO PROVIDE FREE ZIP LINE TOURS FOR TREATMENT STUDENTS, STAFF AND FOSTER PARENTS; AND TWO WEEKS OF CANOE INSTRUCTION FOR RESIDENTIAL AND DAY TREATMENT STUDENTS. (13) MOVED RIDING ARENA TO FIELD BELOW THE BARN WHICH IS A SAFER LOCATION FOR STUDENTS AND HORSES. (14) EXPANDED PAWS ON A MISSION (CERTIFIED THERAPY DOG PROGRAM THROUGH MISSION HOSPITAL) SERVICES INTO OUR DAY TREATMENT PROGRAM AND 3 PRTF COTTAGES. TRAINED 6 NEW PAWS VOLUNTEERS. (15) TASC COORDINATOR AND CLINICIANS PROVIDED EQUINE ASSISTED THERAPY FOR SEVERAL INDIVIDUAL STUDENTS AND THEIR FAMILIES. PROVIDED EQUINE ASSISTED TEAM BUILDING FOR STAFF TREATMENT TEAMS. EXPENSES \$ 970,064. INCLUDING GRANTS OF \$ 0. REVENUE \$ 722,424.

FORM 990, PART VI, SECTION B, LINE 11: PRIOR TO FILING, THE FORM 990 WILL BE PRESENTED AT A FINANCE COMMITTEE MEETING FOR DETAILED REVIEW AND APPROVAL. THE FORM 990 WILL BE ELECTRONICALLY PROVIDED TO THE REMAINING BOARD MEMBERS FOR APPROVAL PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION HAS A CONFLICT OF INTEREST OFFICER WHO REVIEWS POSSIBLE CONFLICTS OF INTEREST.

Name of the organization ELIADA HOMES, INC.	Employer identification number 56-0611587
-------------------------------------------------------	-----------------------------------------------------

FORM 990, PART VI, SECTION B, LINE 15: THE ORGANIZATION EXAMINES SALARY SURVEYS WITH SISTER AGENCIES AND PERFORMS SALARY COMPARISONS WITHIN THE LOCAL MARKET.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE ALL AVAILABLE TO THE PUBLIC UPON REQUEST. ADDITIONALLY, THE GOVERNING DOCUMENTS ARE AVAILABLE THROUGH THE NORTH CAROLINA SECRETARY OF STATE'S WEBSITE, AND THE ORGANIZATION'S FINANCIAL STATEMENTS / TAX RETURNS ARE AVAILABLE THROUGH GUIDESTAR, WHICH IS AN ONLINE DIRECTORY OF NONPROFIT ORGANIZATIONS.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUST	-2,200.
ROUNDING ADJUSTMENT	1.
TOTAL TO FORM 990, PART XI, LINE 5	-2,199.

FORM 990, PART XII, LINE 2C
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization **ELIADA HOMES, INC.** Employer identification number **56-0611587**

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
ELIADA FOUNDATION, INC. - 81-0620535 2 COMPTON DRIVE (PO BOX 16708) ASHEVILLE, NC 28816-0708	HOLDS ASSETS (REAL ESTATE AND INVESTMENTS) ON BEHALF OF ELIADA HOMES, INC.	NORTH CAROLINA	501(C)(3)	11A (TYPE 1)			X

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Sale of assets to related organization(s)		X
g Purchase of assets from related organization(s)		X
h Exchange of assets with related organization(s)		X
i Lease of facilities, equipment, or other assets to related organization(s)		X
j Lease of facilities, equipment, or other assets from related organization(s)	X	
k Performance of services or membership or fundraising solicitations for related organization(s)	X	
l Performance of services or membership or fundraising solicitations by related organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
n Sharing of paid employees with related organization(s)		X
o Reimbursement paid to related organization(s) for expenses		X
p Reimbursement paid by related organization(s) for expenses		X
q Other transfer of cash or property to related organization(s)	X	
r Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) ELIADA FOUNDATION, INC.	C	376,571.	CASH
(2) ELIADA FOUNDATION, INC.	J	202,403.	CASH
(3) ELIADA FOUNDATION, INC.	K	35,000.	CASH
(4) ELIADA FOUNDATION, INC.	Q	1,789.	CASH
(5)			
(6)			

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Multiple horizontal lines for supplemental information.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions ELIADA HOMES, INC.	Employer identification number (EIN) or <input checked="" type="checkbox"/> 56-0611587
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 16708	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ASHEVILLE, NC 28816	

Enter the Return code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

REBECCA WILLIAMS

• The books are in the care of **2 COMPTON DRIVE - ASHEVILLE, NC 28806-2054**
Telephone No. **828-254-5356** FAX No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **MAY 15, 2013**.

5 For calendar year , or other tax year beginning **JUL 1, 2011**, and ending **JUN 30, 2012**.

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS REQUESTED TO GATHER THE DATA REQUIRED TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title **PRESIDENT/CEO** Date

**IRS e-file Signature Authorization
for an Exempt Organization**

For calendar year 2011, or fiscal year beginning JUL 1, 2011, and ending JUN 30, 2012

2011

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **See instructions.**

Name of exempt organization

Employer identification number

ELIADA HOMES, INC.

56-0611587

Name and title of officer

**MARK C. UPRIGHT
PRESIDENT/CEO**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>10191162</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2011 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize JOHNSON PRICE SPRINKLE PA to enter my PIN 60812
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

56790060812
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2011 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ Kathye M. Atkinson Date ▶ 5/13/13

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**