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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2008

Open to Public Inspection

A Fo	or the 2	2008 ca	lendar yea		06-01-2008 and ending 05-	-31-2009									
C h	eck ıf ap	pplicable	Please	C Name of organization CAMPBELL UNIVERSITY INC				D Employer ider	ntification number						
- Add	dress ch	ange	use IRS label or					56-0529940 E Telephone number							
Na	me char	nge	print or type. See	Doing Business As				E Telephone nui	nder						
– _{Init}	tıal retur	rn	Specific	Number and street (or P C	box if mail is not delivered to stre	eet address)	Room/suite	(910) 893-1240 G Gross receipts \$ 262,297,071							
– Tei	minatio	n	Instruc- tions.	Post Office Box 97		,		G Gross receipts	\$ \$ 262,297,071						
– _{Am}	nended r	return		City or town, state or cour	itry, and ZIP + 4										
- _{Δn} ,	nlıcatıon	pending		Buies Creek, NC 27506	,,										
7 47	pilod tio II	Penamg	F N-			1									
				me and address of Princi O Roberts	oai O micer		H(a) Is this affiliat	s a group return f	for □ Yes ▼ No						
			РО Во				aiiiiia	.63) 163 J. 140						
т т с	v avam	pt status		Creek, NC 27506 () (3) ◀ (insert no)	47/-\/4\ -=		H(b) Are all	affiliates included	1?						
Та	ix-exem	ipi status	J 501(c	(insert no) 49	47(a)(1) or 527				See instructions)						
W	eb site	e: 🕨 www	w campbell	edu			H(c) Group	Exemption Nun	nber 🟲						
/ T			G Company	tion trust association	athor b.		I Voor of For		State of legal demonster NC						
Стур	e or org	janization	Corpora	tion trust association	otner 🟲	ı	L Year of For	mation 1887 M S	state of legal domicile NC						
Pa	rt I	Sum	•												
		•		_	or most significant activities										
צ	1				LARY ACADEMIC AND PRO	DFESSIO	NALSKILLS	S WHO ARE PRE	PARED FOR						
Ē		PURPU	SEFULLIV	/ES AND MEANINGFUL	SERVICE										
ankellidlike	١,	Charles	.b.a bau 🖵	.6.4			+ 21	T 0/ of the people							
5			,		ntinued its operations or dis										
			_	_	g body (Part VI, line 1a) .				48						
ACIIVIIIES Q	4	Number	ofindepei	ndent voting members of	the governing body (Part VI	, lıne 1b)		. 4 _	43						
D E	5	Total n	umber of ei	mployees (Part V , line 2a)			5 _	2,605						
Ę	6	Total nu	umber of v	olunteers (estimate if ne	6 _	0									
ŧ	7a	Total gr	oss unrela	ited business revenue fro	om Part VIII, line 12, columi	n(C) .		7a	1,559,210						
	b	Net unr	elated bus	iness taxable income fro	m Form 990-T, line 34 .			7b	-292,075						
							Prio	r Year	Current Year						
ē	8	Contri	butions an	d grants (Part VIII, line	1h)			23,256,964	26,725,907						
	9	Progra	ım service	revenue (Part VIII, line		95,081,190	109,126,594								
Revenue	10	Invest	ment inco	me (Part VIII, column (A		9,722,608	-12,063,049								
æ	11	Other	revenue (F	Part VIII, column (A), lın	es 5, 6d, 8c, 9c, 10c, and 1:	Le)		3,130,211	4,383,128						
	12	Totalı	evenue—a	dd lines 8 through 11 (m	ust equal Part VIII, column	(A), line									
		12)					1	131,190,973	128,172,580						
	13	Grants	and simil	ar amounts paıd (Part IX	, column (A), lines 1-3)			34,560,707	39,983,107						
	14	Benefi	ts paid to (or for members (Part IX,	column (A), line 4)			0	0						
ø,	15		es, other c	ompensation, employee l	penefits (Part IX, column (A)	, lınes 5–		552 122	45.005.010						
δ.		10)			553,132	45,985,819									
Expenses	16a			draising fees (Part IX, co		0	0								
五	b	(Total f	undraising ex	penses, Part IX, column (D), l	ne 25 <u>2,290,905</u>)									
	17	Other	expenses	(Part IX, column (A), line	s 11a-11d, 11f-24f)			72,594,369	38,774,546						
	18	Total	expenses—	-add lines 13–17 (must	equal Part IX, line 25, colum	n (A))	1	107,708,208	124,743,472						
	19	Reven	ue less ex	penses Subtract line 18	from line 12			23,482,765	3,429,108						
2 6 S							Beginni	ng of Year	End of Year						
2 E	20	Total	assets (Pa	rt X, line 16)			3	333,718,063	323,816,910						
Ž	21			Part X, line 26)				62,637,645	67,324,420						
net Assets or Fend Balances	22			nd balances Subtract lin	e 21 from line 20		-	271,080,418	256,492,490						
	rt III		ature Bl						200,402,400						
FG					amined this return, including accor	nnanuing co	hadulas and st	estaments, and to th	a hast of my knowledge						
					ation of preparer (other than office										
Plea		L _			04-15										
Sigr		Sign	ature of offic	er			Date								
ler	e	JAMI	S O ROBERT	S VP FOR BUSINESS & SECRE											
			or print nan												
		Preparer	's k		Date	Che	eck if	Preparer's PTIN (S	See Gen Inst)						
Paid		signature			2010-04-15	self		·							
	arer's	Firm's s	me for your	s L ERNST & YOUNG US LLP		ein	polycu F								
•	Only	ıf self-er	ame (or your nployed),	P				EIN Þ							
. 55 (J.11.J	address,	and ZIP + 4	75 BEATTIE PLACE SUITE	800			Dhana e k (aa	4) 242 5740						
				GREENVILLE, SC 29601				Phone no 🕨 (86	<u> </u>						
1av	the IR	ح طاه داره	e this rati	irn with the preparer show	vn ahove? (See instructions)				Tyes TNo						

Part III Statement of Program Service Accomplishments (See the instructions.)

Ċ.	Statement of Program Service Accomplishments (See the instructions.)
1	Briefly describe the organization's mission TO GRADUATE STUDENTS WITH EXEMPLARY ACADEMIC AND PROFESSIONAL SKILLS WHO ARE PREPARED FOR PURPOSEFUL LIVES AND MEANINGFUL SERVICE
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting or make significant changes in how it conducts any program services?
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 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 \$ 65,602,667 including grants of \$ 0) (Revenue \$ 92,685,378) STUDENT EDUCATION SERVICES INCLUDING EDUCATION ADMINISTRATION AND INSTITUTIONAL SUPPORT THE UNIVERSITY'S UNDERGRADUATE PROGRAMS SERVE APPROXIMATELY 5000 FULL-TIME STUDENTS UNIVERSITY GRADUATE PROGRAMS SERVE AN ADDITIONAL 1750 STUDENTS
4b	(Code) (Expenses \$ 39,983,107 including grants of \$ 39,983,107) (Revenue \$ 0)
	STUDENT AID TO QUALIFIED STUDENTS
4c	(Code) (Expenses \$ 8,982,524 including grants of \$ 0) (Revenue \$ 16,441,216) AUXILIARY ENTERPRISES INCLUDING STUDENT HOUSING, FOOD SERVICES, BOOKSTORE & OPERATION OF KEITH HILLS GOLF COURSE
4d	Other program services (Describe in Schedule O) (Expenses \$ 1,773,086 including grants of \$ 0) (Revenue \$ 0)
<u>4</u> e	Total program service expenses \$ 116.341.384 Must equal Part IX Line 25. column (B)

Part IV	Chec	klist 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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
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		N o
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νo
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where 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		Νο
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		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
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? If "Yes," complete Schedule D, Part IV	9		Νο
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part 🗸	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12		Νο
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		Νο
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</i> "Yes," complete Schedule F, Part II	15		Νο
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? If "Yes," complete Schedule F, Part III	16		N o
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		N o
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		N o
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	Yes	
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νo
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
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 questions 24b-24d and complete Schedule K. If "No," go to question 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
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?	24c		Νο
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
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? If "Yes," complete Schedule L, Part II	26		Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	Yes	

Part IV Checklist of Required Schedules (Continued)

			res	NO
	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
3	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
	IV	28a	Yes	
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νο
5	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c	Yes	
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
	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>	32		Νo
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νo
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νο
	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	37		Νο
	organization? If "Yes," complete Schedule R, Part V, line 2	R,		

Pai	t V Statements Regarding Other IRS Filings and Tax Compliano	e				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	290			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments t	o ven	dors and reportable	4-	V	
3 -	gaming (gambling) winnings to prize winners?	 i		1c	Yes	
2a	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	2.605			
b	If at least one is reported in 2a, did the organization file all required federal employing Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this	nent t	ax returns?	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more durin return?			3a	Yes	
h	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch	edule i	· · · · · ·	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a s			- 50	163	
- 14	over, a financial account in a foreign country (such as a bank account, securities ac account)?			4a		No
b	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , <i>Re Financial Accounts</i> .	eport o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time duri	ng the	tax year?	5a		Νο
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		Νο
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp Tax Shelter Transaction?	t Entit	y Regarding Prohibited	5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		N o
ь	If "Yes," did the organization include with every solicitation an express statement th					
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo con more $^{\circ}$	trıbutı	on of \$75 or	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services \boldsymbol{p}	rovide	d?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prope	rty for	which it was required to	_		
	file Form 8282?	I		7c		N O
a	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay benefit contract?			7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form 8	8899	as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization f	ile a F	orm 1098-C as			
	required?	• •		7h		
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a supporting organizations. Did the supporting organization, or a fund maintained by a sexcess business holdings at any time during the			8		
	year?					<u> </u>
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.					
	Did the organization make any taxable distributions under section 4966?			9a		
Ь	Did the organization make a distribution to a donor, donor advisor, or related person	?.		9b		
10	Section 501(c)(7) organizations. Enter	l	I			
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations Enter					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	ı lıeu d	of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

8

Section A. Governing Body and Management

b Enter the number of voting members that are independent . .

No

Νo

Νo

Νo

Νo

Νo

Νo

Yes

Yes

43

3

4

5

6

7a

7Ь

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below	, desc	ribe the circumstances,
	processes, or changes in Schedule O. See instructions.		_
1a	Enter the number of voting members of the governing body	1a	48

Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any
other officer, director, trustee, or key employee?
Did the organization delegate control over management duties customarily performed by or under the direct

1b

supervision of officers, directors of trustees, or key employees to a management company of other person?	•
Did the organization make any significant changes to its organizational documents since the prior Form 990	was
filed?	

	med · ·		
5	Did the organization become aware during the year of a material diversion of the organization's assets?		
6	Does the organization have members or stockholders?		

•																									
Does the organiza	atior	n ha	vе	men	nber	rs, s	toc	kho	ldei	rs, o	rot	her	per	sons	s wh	o ma	y el	ect	one	or r	nore	me	mbe	s of	the
governing body?				•																					

D	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	•
	Did the organization contemporaneously document the meetings held or written actions undertaken during t	:he
	year by the following	

	Did the organization contemporaneously document the meetings held of written detions undertaken during the
	year by the following
-	the governing hody?

	-	-	•														
b	each commi	ttee v	with au	thority	y to a	ct on b	ehalf d	of the	goverr	ing body?					•		
	Doos the ore	12017	ation h	avo lo	امادا	hantoro	hran	chac	oraffi	liator 2							

ь	If "Yes," does the organization have written policies and procedures governing the activities of su	cho	haı	oter	s,
	affiliates, and branches to ensure their operations are consistent with those of the organization?				

10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations
	must describe in Schedule O the process, if any, the organization uses to review the Form 990

11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reache	d at
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O $$. $$. $$.	•

8a	Yes	
8b	Yes	
9a		Νo
9b		
10	Yes	
11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13		Νo
14	Does the organization have a written document retention and destruction policy?	14		Νo
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed NC
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. I another's website.
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization JAMES O ROBERTS

MAIN STREET BUIES CREEK, NC 27506 (910) 893-1240

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * 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, or 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

The check this box in the organization and i	(B) Average hours per week	Posit	(C) chec	:k al			Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F)	
(A) Name and Title		Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			Estimated amount of other compensation from the organization and related organizations	
							-				

Part VII Continued

	(B) Average hours per week		(i tion that a			all			(E)	(F)
(A) Name and Title		Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
			-							
			-							
			-							
			+	\vdash			\vdash			
				\vdash						
1b Total				-			-	1,473,055	5 0	154,279
2 Total number of individuals (including	those in 1	2) who i		v o d	mor	a tha	n d 1	00 000 in reportable		

Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►40

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> "Yes," complete Schedule J for such individual	3		No
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5	, 00	No

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

(A) Name and business address	(B) Description of services	(C) Compensation						
SMALL KANE ARCHITECTS PO BOX 17949 RALEIGH, NC 27619	ARCHITECTS	779,993						
ERNST YOUNG LLP 55 IVAN ALLEN JR BLVD STE 1000 ATLANTA, GA 30308	AUDIT/TAX/CONSULTING	350,726						
TRI-TRONICS PROFESSIONAL PO BOX 1055 LILLINGTON, NC 27506	ELECTRONICS	206,907						
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation								

Statement of Revenue

					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC
	1a	Federated can	npaigns 1a			Kevenue		512, 513, or 514
\$ \$	ь	Membership d						
grai	c	Fundraising ev	1b					
its,			1c					
ਭੂੰਵ	d		izations1d	14.162.040				
Sir Siri	e	_	its (contributions) 1e tions, gifts, grants, and	14,162,849				
Contributions, gifts, grants and other similar amounts	f	sımılar amounts r	not included above					
E E	g	Noncash cont lines 1a-1f \$	ributions included in 1,156,088					
ပက	h		es 1a-1f)		26,725,907			
				Business Code				
me	2a	TUITION & FEES		900,099	91,984,261	91,984,261		
exe ex	ь	AUXILIARY ENTER	RPRISES	713,910	16,441,216	15,345,889	1,095,327	
e F	c	SCHOOLS & CAM	PS	611,710	701,117	550,558	150,559	
er vi	d							
3	e							
Program Serwce Revenue	f		ram service revenue					
4	g Total. Add lines 2a-2f							
	3	Investment in	come (including divi	dends, ınterest				
		other sımılar a	imounts)		2,958,066			2,958,066
	4	Income from inve	estment of tax-exempt b	ond proceeds	11,848			11,848
	5	Royalties .			0			
			(ı) Real	(II) Personal				
	6a	Gross Rents Less rental	75,200					
	b	expenses	75.200					
	d	Rental income or (loss) Net rental inco	75,200 ome or (loss)		75,200		6,800	68,400
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	118,779,493	188,026				
		assets other than inventory						
	ь	Less cost or other basis and	133,684,232	316,250				
		sales expenses Gain or (loss)	-14,904,739	-128,224				
	c d	Net gain or (lo	, ,		-15,032,963			-15,032,963
	8a	Gross income	from fundraising	. •				
<u> </u>		events (not in \$ of contribution	cluding ns reported on line					
Other Revenue			IV, line 18 e G if total exceeds					
ŗ.	ь		xpensesb					
Othe	с		(loss) from fundrais	ing events ▶-	0			
	9a	Gross income activities See Complete Schee exceeds \$15,00	e part IV , line 19 dule G if total					
		, , , , , ,	а	34,095				
	b		xpensesb	24,237	0.050			0.050
	С		(loss) from gaming a	activities -	9,858			9,858
	10a	Gross sales o returns and al	finventory, less lowances . a	27.44				
	ь	Less cost of	goods sold b	97,168 99,772				
	с		(loss) from sales of		-2,604		-2,604	
		Miscellaneou		Business Code				
	11a	TUNKU ABDU INCOME	L RAHMAN	900,099	571,453			571,453
	b	PHARMACY A	NALYTICAL LAB	541,380	281,305		281,305	
	С	RENTALOFT	O WE R	900,002	27,823		27,823	
	d	All other reve			3,420,093			3,420,093
	е	Total. Add line	es 11a-11d	 \$ 4,300,674				
	12		. Add lines 1h, 2g, 3		128,172,580	107,880,708	1,559,210	-7,993,245
		8c, 9c, 10c, and 1	l1e	. ▶				

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgalised in the section 501(c)(3) and 501(c)(4) orgalised in the section 501(c)(4) organizations must complete column (A) but are not reference in the section of the section 501(c)(3) and 501(c)(4) organizations must complete column (A) but are not reference in the section 501(c)(3) and 501(c)(4) organizations in the section 501(c)(4) organization 501(c)(6) orga	anizations mu equired to com	ıst complete plete columns (all columns. (B), (C), and (D)	
Do 1	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 U S See Part IV, line 21	0	·		·
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	39,983,107	39,983,107		
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	565,837		565,837	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	37,583,518	35,430,417		1,070,860
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,996,946	1,847,234	79,118	70,594
9	Other employee benefits	3,080,070	2,825,760	127,717	126,593
10	Payroll taxes	2,759,448	2,601,825	83,712	73,911
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	115,445		115,445	
c	Accounting	324,473		324,473	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	1,198,867	1,086,791	99,948	12,128
12	Advertising and promotion	328,098	186,515	10,857	130,726
13	Office expenses	851,331	790,648	37,963	22,720
14	Information technology	1,245,877	1,230,148	5,346	10,383
15	Royalties	0			
16	Occupancy	7,627,417	6,244,691	1,324,406	58,320
17	Travel	2,688,719	2,626,552	17,826	44,341
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	290,162	255,465	25,604	9,093
20	Interest	370,992		370,992	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	6,728,829	6,728,829		
23	Insurance	1,262,229	299,727	958,622	3,880
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	AUXILIARY ENTERPRISES	5,855,514	5,855,514		
b	INSTRUCTIONAL SERVICES	3,487,632	3,487,632		
c	INSTITUTIONAL SUPPORT	3,806,978	2,714,804	881,076	211,098
d	ACADEMIC SUPPORT	1,254,874	973,880		280,994
e	PAYMENTS TO ANNUITANTS	634,007	634,007		
f	All other expenses	703,102	537,838		165,264
25	Total functional expenses. Add lines 1 through 24f	124,743,472	116,341,384	6,111,183	2,290,905
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X	Balance	Shoot
	Balance	Sneer

Cash—non-interest-bearing 7-44 1 6.288						(A) Beginning of year		(B) End of year
2 Savings and temporary cash investments 17,165,305 2 19,315,241		1	Cash_non-interest-hearing				1	•
### A Recounts receivable, net			-				-	
4 Accounts receivable, net								
Securables from current and former officers, directors, trustees, key employees or other related parties. Complete Part II of Schedule L. For the compl		_						· '
other related parties. Complete Part II of Schedule 1. 6 Receivables from other disqualified persons (as defined under section 4958 (f)(1)) and persons described in section 4958 (c)(3)(8). Complete Part II of Schedule 1. 7 Notes and loans receivable, net		_	·		· · · · ·	0,000,022	-	0,000,001
persons described in section 4956(c)(3)(8) Complete Part II of Schedule L			other related parties Complete Part II of Schedule L		•		5	
1,010,193 8 991,402 9 Prepard expenses and deferred charges 20,923 9 17,710 10a 240,815,008 20,923 9 17,710 10a 240,815,008		6					6	
10a		7	Notes and loans receivable, net			4,793,060	7	6,863,109
10a		8	Inventories for sale or use			1,010,193	8	991,402
b Less accumulated depreciation Complete Part VI of Schedule D	\$	9	Prepaid expenses and deferred charges			20,823	9	17,710
b Less accumulated depreciation Complete Part VI of Schedule D	tsse	10a	Land, buildings, and equipment cost basis	_{10a}	240.615.09	8		
10b 52,955,199 162,955,193 162,955,193 162,955,193 177,059,999		h	Less accumulated depreciation Complete Part VI of		, ,			
12 Investments—other securities See Part IV, line 11 Complete Part VIII of Schedule D . 13 Investments—program-related See Part IV, line 11 Complete Part VIII of Schedule D . 14 Intangible assets . 15 Other assets See Part IV, line 11 Complete Part IX of Schedule D . 16 Total assets. Add lines 1 through 15 (must equal line 34) . 17 Accounts payable and accrued expenses . 18 Grants payable			Schedule D	10Ь	52,955,19	9 162,965,813	10c	187,659,899
13 Investments—program-related See Part IV, line 11 Complete Part VIII of Schedule D 14 Intangible assets 14 15 Other assets See Part IV, line 11 Complete Part IX of Schedule D 16 Total assets Add lines 11 through 15 (must equal line 34) 333.718.083 16 323,818,918 17 Accounts payable and accrued expenses 5.621.073 17 4.003.991 18 Grants payable 18 Grants payable 18 18 2.240.314 19 Deferred revenue 2.494.674 19 2.240.314 19 Deferred revenue 2.494.674 19 2.240.314 19 Deferred revenue 2.494.674 19 2.240.314 19 Deferred revenue 2.496.674 19 2.240.314 19 2.240.		11	Investments—publicly traded securities			132,399,939	11	91,929,445
13 Investments—program-related See Part IV, line 11 Complete Part VIII of Schedule D 14 Intangule assets 14		12		Part VI	I of	10,956	12	64,427
14 Intangible assets		13	, ,	Part VI	III		13	
15 Other assets See Part IV, line 11 Complete Part IX of Schedule D		14						
16 Total assets. Add lines 1 through 15 (must equal line 34) 333,718,063 16 323,816,910 17 Accounts payable and accrued expenses 5,621,073 17 4,003,991 18 Grants payable			Other assets See Part IV, line 11 Complete Part IX of Schedule	•		978,967		1,453,286
17 Accounts payable and accrued expenses 5,621,073 17 4,003,991 18 Grants payable		16				333 718 063		323 816 910
18 18 18 19 Deferred revenue								· · ·
19 Deferred revenue 2,494,674 19 2,240,314						5,521,515		1,000,001
20 Tax-exempt bond liabilities 17,710,000 20 16,885,000						2 494 674		2 240 314
Escrow account liability Complete Part IV of Schedule D 21						-		
23 Secured mortgages and notes payable to unrelated third parties	8		·			,		,,
23 Secured mortgages and notes payable to unrelated third parties	įįį		Payable to current and former officers, directors, trustees, key	•	•			
23 Secured mortgages and notes payable to unrelated third parties	豆						22	
24 Unsecured notes and loans payable		22				21 871 662		29 460 671
25 Other liabilities Complete Part X of Schedule D				· .	•	21,011,002		20, 100,011
26 Total liabilities. Add lines 17 through 25			. ,			14 940 236		14 734 444
Organizations that follow SFAS 117, check here F and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets								
through 29, and lines 33 and 34. 27 Unrestricted net assets			-	plet e l	lines 27			,,
Permanently restricted net assets	φ		- · · · · · · · · · · · · · · · · · · ·	F				
Permanently restricted net assets	ant	27				118,097,708	27	150,953,226
Permanently restricted net assets	<u>ස</u>	28	Temporarily restricted net assets			88,896,398	28	41,007,312
Second	Ē	29	Permanently restricted net assets			64,086,312	29	64,531,952
Second	Ē		Organizations that do not follow SFAS 117, check here ►	nd con	mplet e			
30 Capital stock or trust principal, or current funds	5		lines 30 through 34.					
Total net assets or fund balances		30	Capital stock or trust principal, or current funds	•			30	
Total net assets or fund balances	Φ •		Paid-in or capital surplus, or land, building or equipment fund				31	
Part XI Financial Statements and Reporting		32	- · · · · · · · · · · · · · · · · · · ·	unds				
Part XI Financial Statements and Reporting	ξ							256,492,490
		34	Total liabilities and net assets/fund balances			333,718,063	34	323,816,910
	Da	rt VI	Financial Statements and Deporting					
	ьe	L AI	i mancial Statements and Reporting					Ves No

Dowl VI	Financial	Ctatamanta	and Reporting
7.11.5	l Financiai	Statements	and Reporting

			1 63	140
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νο
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	If "Yes" to lines 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?	2c	Yes	
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?	3a	Yes	
b	If "Yes" did the organization undergo the required audit or audits?	3b	Yes	

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493105000080

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

CAMP	BELL UN	NIVERSITY INC										
									-0529940			
	rt I			harity Status (to be co					Instruct	ions)		
	organı:			ation because it is (Please								
1	<u> </u>	•		nurches, or association of ch			Section 1	L70(b)(1)((A)(i).			
2	<u> </u>			t ion 170(b)(1)(A)(ii). (Attac		•						
3		A hospital	or a cooperativ	e hospital service organizati	on describ	bed in Sec	t ion 170(l	o)(1)(A)(i	ii). (Attac	h Schedul	e H)	
4	Г	A medical i	research organı	zatıon operated ın conjunctı	on with a l	hospital d	escribed ii	n Section	170(b)(1)	(A)(iii). E	nter the	
		•	name, city, and									
5	Г	An organiza	atıon operated f	or the benefit of a college or	universit	y owned o	r operated	l by a gove	ernmental	unıt desc	rıbed ın	
		Section 170	D(b)(1)(A)(iv).	(Complete Part II)								
6	Г	A federal, s	tate, or local g	overnment or governmental	unıt descr	ıbed ın Se	ction 170	(b)(1)(A)	(v).			
7	Γ	An organiza	ation that norm	ally receives a substantial p	art of its s	support fro	m a gove	rnmental u	ınıt or fron	n the gene	ral publi	С
		described i	n Sect ion 170(l))(1)(A)(vi) (Complete Par	tII)							
8	Γ	A communi	ity trust describ	ed in Section 170(b)(1)(A)	(vi) (Com	nplete Pari	tII)					
9	Γ	An organiza	ation that norm	ally receives (1) more than	331/3% o	fits supp	ort from co	ontribution	ıs, membe	rship fees	, and gro	ss
		receipts fro	om activities re	ated to its exempt functions	—subject	to certair	n exceptio	ns, and (2) no more	than 331/	3% of	
		ıts support	from gross inve	estment income and unrelate	ed busines	ss taxable	ıncome (l	ess sectio	on 511 tax	() from bu	sinesses	
		acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III)			
10	Г	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ction 509	(a)(4). (Se	ee instruc	tions)	
11	Γ	one or more	e publicly suppo	and operated exclusively fo orted organizations describe type of supporting organiza	d ın sectio	on 509(a)	(1) or sec	tıon 509(a	a)(2) See	•		
		a	ype I b	Type II c	Type III	- Function	nally Integ	grated	d	Г⊤уре	III - Ot	her
e	Γ	•	-	rtify that the organization is agers and other than one or			•			•	•	
		section 50	9(a)(2)									
f		check this	box	d a written determination fro						supportir	ig organi	zation,
g		following pe		as the organization accepted	d any gift	or contrib	ution from	any or the	!			
				r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes	No
		and (111) bel	low, the governi	ng body of the the supported	d organiza	tion?				11g	(i)	
		(ii) a family	/ member of a p	erson described in (i) above	7					11g(ii)	
		(iii) a 35%	controlled enti	ty of a person described in (i) or (ii) al	bove?				11g(iii)	
h		Provide the	following infori	nation about the organizatio	ns the org	janızatıon	supports				•	
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did y	ou notify	(vi) I	s the		nount of
		orted		(described on lines 1-9		ation in	_	inization		ation in	sup	ort?
	O rgar	nization		above or IRC section (See Instructions))	yourgo	listed in		i) of your oort?		rganized US?		
				(See Instructions))		ment?	Jupi	,010	"" ""	0 3 .		
					Yes	No	Yes	No	Yes	No	1	
								<u> </u>				

Total

Part II	Support Schedule for Organizations Described in IRC 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.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
2	<u> </u>							
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add line 1-3 5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f) 6 Public Support subtract line 5 from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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 IV) 11 Total Support (Add lines 7 through 10) 12 Gross receipts from related activities, etc (See instructions) 12 First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3)								
_						 		
3								
	· ·							
1	-					1		
5								
	•							
	•							
6	Public Support subtract line 5 from line							
	•							
			1		T			
		(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8								
	, ,							
_								
9								
10								
10								
11	Total Support (Add lines 7 through 10)							
		(See instructio	ns)		•	12		
13	First Five Years If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
			mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
					,			▶ □
b					15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a								
	· · · · · · · · · · · · · · · · · · ·		•					· —
								► □
Ь								
			•					_
4.0								n ▶
TQ		not check the b	oux on line 13, 1	oa, 160, 1/a or	1/D, check this	oox an	u see	▶ □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	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 business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	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 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Supplemental Financial Statements

Employer identification number Name of the organization CAMPBELL UNIVERSITY INC 56-0529940 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 Total number at end of year Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised

	funds are the organization's property, subject to the organization's exclusive legal control?	☐ Yes	□ N
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?	┌ Yes	┌ N
Pa	rt 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 pleasure) Protection of natural habitat Preservation of open space		a
2	Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conserva on the last day of the tax year	ation easement	
		Held at the End of	the Ye
а	Total number of concernation accoments		

- ear 2b Total acreage restricted by conservation easements c 2с Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06 2d
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3
- Number of states where property subject to conservation easement is located
- Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?
- Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨
- 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?
- 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.

- If the organization elected, as permitted under SFAS 116, 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
- If the organization elected, as permitted under SFAS 116, 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

For Paperwork Reduction Act Notice, see the Intructions for Form 990

(ii) Assets included in Form 990, Part X

- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
- Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Cat No 52283D

┌ Yes

► \$

Part	••• Organizations Maintaining Co	llections of Art,	. His	tori	<u>cal Tr</u>	eası	ures, or Oth	<u>er Simila</u>	ır Asse	ets (c	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	ofth	ne foll	lowing t	hat a	re a sıgnıfıcant	use of its o	ollectio	n	
а	Public exhibition		d	Γ	Loan	orexo	:hange program	ıs			
b	Scholarly research		e	\sqcap	Other						
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n hov	wthe	v furthe	rthe	organization's e	exempt pur	nose in		
-	Part XIV	one can a capital			,		0.guu	zxempt par	p 0 5 0 111		
5	During the year, did the organization solicit			,				mılar	_	Yes	 .
Dow	assets to be sold to raise funds rather than to take to be sold to raise funds rather than to take to be sold to raise funds rather than to take to be sold to raise funds rather than to take to be sold to raise funds rather than to take to be sold to raise funds rather than to take to be sold to raise funds rather than to take to be sold to raise funds rather than to be sold t							word "Ve			No
Par	Trust, Escrow and Custodial A Part IV, line 9, or reported an ar						anization ans	wered re	:S 10 F	01111 9	90,
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?						or other assets	not	Г	Yes	┌ No
b	If "Yes," explain why in Part XIV and comple	te the following tabl	e								
									A mo	unt	
С	Beginning balance						1c				
d	Additions during the year						1d				
e	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?						Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI\	,									
Par	t V Endowment Funds. Complete										
		(a)Current Year	(b)Prior	Year	(c)⊺	wo Years Back	1) Three Years	Back (Four Y	ears Back
1a	Beginning of year balance	105,032,758									
b	Contributions	2,557,155									
C	Investment earnings or losses	-25,110,651									
d	Grants or scholarships	2,308,276									
е	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance	80,170,986									
2	Provide the estimated percentage of the year	r end balance held a	s								
а	Board designated or quasi-endowment 🕨										
ь	Permanent endowment - 57 %										
С	Term endowment ► 43 %										
3a	Are there endowment funds not in the posse	ssion of the organiza	tion	thata	are held	and	admınıstered fo	r the			
	organization by									Yes	No
	(i) unrelated organizations					•			3a(i)		No
_	(ii) related organizations								3a(ii)	<u> </u>	No.
	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the	•				•			3b		<u> </u>
4 Date	VI Investments—Land, Building:					00 D	Part V June 10				
Fai	ivi investments—Land, Bunding	s, and Equipmen	1t. 3				•				
	Description of investment				Cost or o		(b)Cost or other basis (other)	(c) Depre	ciation	(d) Bo	ok value
1a	and				693	2,000	16,345,64		+	1	7,037,648
	Buildings				0,72	_,000	151,838,67	_	510,838		2,227,839
	easehold improvements		-				40,37		11,100	12	29,272
	quipment						20,552,60		555,574		7,997,028
	Other						51,145,799		777,687		0,368,112
	. Add lines 1a-1e (Column (d) should equal Fo	orm 990, Part X. colum	ın (B), line	10(c).)		51,145,79		,007		7,659,899
	z / - z / - z / z / z / z / z / z / z			.,	(-/•/	-	<u> </u>		dule D (

(a) Description of security or cateory (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		Cost of end-of-year market value
Closely-held equity interests		
Other INVESTMENTS-OTHER SECURITIES	64,427	F
Other Investments Still Notes Name	01,127	<u>'</u>
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
	- 000 D LV L	12
Part VIII Investments—Program Related. See	e Form 990, Part X, line 1	13. (c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) 🕨		
Part IX Other Assets. See Form 990, Part X, III		1
(a) Descrip	tion	(b) Book value
Life insurance policies		655,159
Bond issue costs		193,727
Educational materials		604,400
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5)	
Part X Other Liabilities. See Form 990, Part X		
(a) Description of Liability	(b) A mount	
Federal Income Taxes		
OTHER LIABILITIES	2,621,994	
Annuities payable	4,687,410	
A dvances from govt for federal loans	3,803,842	
ADVANCES AND DEPOSITS	3,621,198	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	14,734,444	

ar	XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ts
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year Subtract line 2 from line 1	3
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
9	Total adjustments (net) Add lines 4 - 8	9
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Return
1	Total revenue, gains, and other support per audited financial statements	1
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12	
а	Net unrealized gains on investments	
b	Donated services and use of facilities	
c	Recoveries of prior year grants	
d	Other (Describe in Part XIV) 2d	
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	A mounts 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 XIV)	
С	Add lines 4a and 4b	4c
	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5
	Reconciliation of Expenses per Audited Financial Statements With Expenses	
L •	Total expenses and losses per audited financial statements	1
2		
a b	Donated services and use of facilities	
c	Losses reported on Form 990, Part IX, line 25	
d	Other (Describe in Part XIV) 2d	
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	A mounts 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	
ь	Other (Describe in Part XIV)	
c	Add lines 4a and 4b	4c
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5
	XIV Supplemental Information	ı I

Ident if ier	Ret urn Reference	Explanation
Use of endowment funds	Schedule D, Part V	The mission of Campbell University's endowment is to support the university's activities in perpetuity while maintaining intergenerational equity. Over the years, the growth of the endowment has enabled the university to improve financial aid packages, build the faculty, launch programs and support a wide range of important needs. The purpose of the bulk of the University's endowment is to provide merit and need-based scholarships to students. Funding is also provided by the endowment for professorships and lecture series.
Liability for uncertain tax positions under FIN 48	Part X Other Liabilities	THERE WAS NO IMPACT FROM THE ADOPTION OF FIN 48 ON THE FINANCIAL STATEMENTS AS OF MAY 31, 2009

OMB No 1545-0047

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

Schools

Name of the organization CAMPBELL UNIVERSITY INC

Employer identification number

56-0529940

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,			
	other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions,			
,	programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way			
	that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain	_	\ ,	
	CAMPBELL UNIVERSITY AFFIRMS ITS STANDING POLICY OF NONDICRIMINATION IN EMPLOYMENT AND IN ALL ITS PROGRAMS AND ACTIVITIES, WITH RESPECT TO RACE, CREED, COLOR, SEX, AGE, RELIGION, NATIONAL ORIGIN, OR THE HANDICAPPED THE NONDISCRIMINATION POLICY IS PRINTED IN THE UNIVERSITY'S CATALOGS THE UNIVERSITY HAS NOT INCLUDED ITS STATEMENT ON RACIAL NONDISCRIMINATION IN NEWSPAPER PRINT ADS OR VIA BROADCAST MEDIA HOWEVER, PHOTOGRAPHS AND VIDEO FOOTAGE ARE CAREFULLY SELECTED TO DEMONSTRATE A RACIALLY DIVERSE STUDENT BODY	3	Yes	
	Does the organization maintain the following?	_		
	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
Ь	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
5	Does the organization discriminate by race in any way with respect to			
а	Students' rights or privileges?	5a		Νο
b	Admissions policies?	5b		Νο
c	Employment of faculty or administrative staff?	5c		Νο
d	Scholarships or other financial assistance?	5d		Νο
е	Educational policies?	5e		Νο
f	Use of facilities?	5f		Νο
g	Athletic programs?	5g		Νo
h	Other extracurricular activities?	5h		Νo
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
٠	Does the agreement of the second and an agreement of the second and agreement of the second agreement of the second and agreement of the second agreement	c-	 _{V = =}	
	Does the organization receive any financial aid or assistance from a governmental agency? . Has the organization's right to such aid ever been revoked or suspended?	6a 6b	Yes	N o
	If you answered "Yes" to either 6a or b, please explain using an attached statement			
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05			
	of Rev Proc 75-50, 1975-2 CB 587, covering racial nondiscrimination? If "No," attach an explanation	7	Yes	

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DLN: 93493105000080

4B NO 1545-004

2008

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Supplemental Information Regarding

Fundraising or Gaming Activities

Open to Public Inspection

						Inspection
ame of the organization					Employer ider	tification number
AMPBELL UNIVERSITY INC					56-0529940	
art I Fundraising Act	ivities Complet	o if the or	raanizat	ion answored "Ves" i	to Form 990, Part IV	lino 17
	<u>-</u>				·	, iiile 17.
Indicate whether the organ	ization raised funds	through ar	ny of the			
a Mail solicitations				•	non-government grants	
b Email solicitations					government grants	
c Phone solicitations				g Special fundrais	sing events	
d In-person solicitations						
Did the organization have a or key employees listed in	Form 990, Part VII) or entity	ın connec	tion with professional f	fundraising activities?	Г _{Yes} Г
b If "Yes," list the ten highes to be compensated at least						
		(iii)				
(i) Name of individual		fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to
or entity (fundraiser)	(ii) Activity					(or retained by)
, ,						organization
		Yes	No			
tal	<u> </u>		<u> </u>			

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Pai	rt I	Fundraising Events. Commore than \$15,000 on Form					, or ı	eport	ed
			(a) Event #1	(b) Event #2	(c) O ther Events	(c	col	al Eve (a) the (c))	
Φ	1		(event type)	(event type)	(total number)				
Revenue		Gross receipts				-			
Řej	2	contributions							
	3	Gross revenue (line 1 minus line 2)							
	4	Cash Prizes							
Ses	5	Non-cash Prizes							
Expenses	6	Rent/Facility costs							
Щ	7	Other direct expenses							
Direct	8	Direct expense summary Add lin	es 4 through 7 in columi	n (d)					
	9	Net income summary Combine li	nes 3 and 8 ın column (d)	🕨				
Par	t II	Gaming. Complete if the or \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	art IV, line 19, or repo	rted	more	e than	1
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming			gaming ough co	
œ	1	Gross revenue			34,095			34	1,095
	2	Cash prizes			20,000				0,000
Expenses	3	Non-cash prizes							
ă	4	Rent/facility costs							
Direct	5	Other direct expenses			4,237			4	4,237
	6	Volunteer labor	┌ Yes%	┌── Yes	Γ Yes% Γ No				
	7	Direct expense summary Add line	s 2 through 5 in column	(d)				24	1,237
	8	Net gaming income summary Com						ġ	9,858
	•	Net gaining income summary Con	ibilie iilies 1 alid / iil Col	unin (u)				Yes	No
9		ter the state(s) in which the organiza							
a b		the organization licensed to operate 'No," Explain	gaming activities in eac	n of these states /		.	9a		No
U		VERSE RAFFLE IS NOT A REGULA	R EVENT HELD BY THE	UNIVERSITY THIS WA	S THE ONLY EVENT OF	ITS			
10a		re any of the organization's gaming	licenses revoked, suspe	nded or terminated during	g the tax year?		10a		Νο
b	If"	'Yes," Explain							
11 12		es the organization operate gaming the organization a grantor, beneficia				l I	11		No
14		med to administer charitable gaming				.	12		No

								Yes	NO_
13		percentage of gaming ac							
а	The organiza	ition's facility			13a	100 %			
b	An outside f	acılıty			13b		1		
14	Provide the records	name and address of the	person who prepares the	organization's gaming/sp	ecial	events books and			
	Name 🟲	STAN WILLIAMSON A	THLETIC DIRECTOR						
	Address 🟲	Post Office Box 97 BUIES CREEK, NC 27	7506						
15a			ct with a third party from v				15a		No
ь	If "Yes," ent	er the amount of gaming	revenue received by the	organization 🟲 \$		and the			
	amount of ga	amıng revenue retained b	y the third party 🏲 \$						
c	If "Yes," ent	er name and address							
	Name 🟲						1		
16	Address ► Gaming man	ager information					_		
	Name 🟲								
	Description	of services provided 🟲							
	Director/	officer	Employee	T Independer	nt cont	ractor			
17	Mandatory d	ıstrıbutıons							
а	-	·	ate law to make charitabl	-	-	•	17a		No
b			ured under state law dist		organız	zations or spent			

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Schedule I

Department of the Treasury

Internal Revenue Service

Name of the organization

DLN: 93493105000080

OMB No 1545-0047

2008

Grants and Other Assistance to Organizations, (Form 990) Governments and Individuals in the U.S.

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

Open to Public Inspect ion

Employer identification number

CAMPBELL UNIVERSITY INC						56-0529940	
Part I General Inform	mation on Grai	nts and Assistance	e			'	
Does the organization mathe selection criteria use Describe in Part IV the o	d to award the gran	nts or assistance?					▼ Yes □
Form 990, Part : Part IV and Sch	IV, line 21 for ar edule I-1 if addi	ny recipient that rece tional space is	eived more than \$5,0	00. Check this box	tes. Complete if the of the office of the conference of the confer	eived more than \$5,	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	'•'	(h) Purpose of grant or assistance
2 5	501()(2)						
2 Enter total number of seconganizations3 Enter total number of oth					•	.	
For Paperwork Reduction Act Not				Cat No 50055			hedule I (Form 990) 2008

Part IIII Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d) A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
INSTITUTIONAL AID FOR QUALIFED CU STUDENTS	3315	20,134,354	0	N/A	N/A
DIRECT AID SCHOLARSHIP CU STUDENTS	670	1,988,710	0	N/A	N/A
ENDOWMENT SCHOLARSHIPS CU STUDENTS	2003	2,491,551	0	N/A	N/A
STATE FUNDS FOR CU STUDENTS	6429	10,217,267	0	N/A	N/A
FED GOVRN FUNDS FOR CU STUDENTS	1512	5,151,225	0	N/A	N/A

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Ident if ier	Return Reference	Explanation
Description of Organization's Procedures for Monitoring the Use of Grants	,	CAMPBELL UNIVERSITY PARTICIPATES IN BOTH FEDERAL AND STATE GRANT PROGRAMS ALL GRANT PROGRAMS INCLUDE ELIGIBILITY REQUIREMENTS, REPORTING REQUIREMENTS AND FUND MANAGEMENT REGULATIONS AND GUIDELINES STUDENTS ARE AWARDED ACCORDING TO EACH PROGRAM'S GUIDELINES ONCE ELIGIBILITY HAS BEEN DETERMINED FOR THAT FUND ELIGIBILITY IS REVIEWED BEFORE TRANSMITTAL/DISBURSEMENT TO THE STUDENT'S ACCOUNT EACH FEDERAL AND STATE PROGRAM HAS PREDETERMINED REPORTING GUIDELINES AND STANDARDS THE FUNDS ARE RECONCILED AND FUND BUDGETS ARE REVIEWED MONTHLY

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As Filed Data -

DLN: 93493105000080

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Compensation Information

2008

Open to Public Inspectio<u>n</u>

Department of the Treasury Internal Revenue Service

Name of the organization CAMPBELL UNIVERSITY INC

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

Attach to Form 990. To be completed by organizations

Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

56-0529940 **Questions Regarding Compensation** Νo Yes 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 Housing allowance or residence for personal use First class or charter travel Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax idemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain **1**b Yes 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? 2 Yes Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Written employment contract Compensation committee Compensation survey or study Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a Receive a severance payment or change of control payment? Νo 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo 4c Νo Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III 501(c)(3) and 501(c)(4) organizations only must complete lines 5-8. 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 a The organization? 5a Νo 5b Νo Any related organization? If "Yes," to line 5a or 5b, describe in Part III 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 The organization? 6a Νo 6b Any related organization? Νo If "Yes," to line 6a or 6b, describe in Part III 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 7 Νo Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe

ın Part III

Νo

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
JERRY M WALLACE	(i) (ii)	310,000 0	0	451 0	24,800 0	5,220 0	340,471 0	0
MELISSA ESSARY	$\Xi\Xi$	258,960 0	0 0	0 0	20,717 0	5,220 0	284,897 0	0 0
RONALD MADDOX	(E) (E)	223,240 0	0 0	0 0	17,859 0	5,220 0	246,319 0	0 0
PATRICK HETRICK	(ı) (ıı)	159,900 0	0	0	12,792 0	5,220 0	177,912 0	0 0
RICHARD LORD	(E)	158,680 0	0 0	0 0	12,694 0	5,220 0	176,594 0	0 0
JAMES MCLAUGHLIN	(E) (E)	157,920 0	0 0	0 0	12,634 0	5,220 0	175,774 0	0 0
	(i) (ii)							
	(i) (ii)							
	(i) (ii)							
	(i) (ii)							
	(i) (ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Ret urn Ref erence	Explanation
		THE UNIVERSITY LEASES THE HOME OF THE PRESIDENT OF THE UNIVERSITY, DR JERRY M WALLACE, AND REIMBURSES DR WALLACE FOR SOME EXPENSES OF THE HOME FORM 1099-M WAS ISSUED IN 2008 TO REPORT RENTAL INCOME OF \$24,000 TO DR WALLACE

Schedule J (Form 990) 2008

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Schedule K

(Form 990)

DLN: 93493105000080 OMB No 1545-0047

Supplemental Information on Tax Exempt Bonds

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O. Department of the Treasury
Internal Revenue Service

Open to Public

Nam	ne of the organization									Employer	identificat	ion num	er	
CAI	MPBELL UNIVERSITY INC									56-0529	940			
Pa	art I Bond Issues (Required	for 2008)								'	_			
(a) Issuer Name (b) Issuer EIN (c) CUSIP #		(d) Date Issued (e) Issue Price		(f) Des	cription of	^o urpose	(g) Defeased		(h) O n Behalf of Issuer					
											Yes	No	Yes	No
A	NORTHERN CAROLINA CAPITAL FACILITIES FINANCE AGNCY	56-1592154	65818PHH5	08-20-2009		70,000,000		NON-HOSPITAL BOND (SECTION 145(B))		O		х		x
Pa	Proceeds (Optional for	2008)	•		·			· · · · · · · · · · · · · · · · · · ·						
1	Total Proceeds of Issue			-	١	<u> </u>	В	•	<u> </u>	D)		E	
	Gross Proceeds in Reserve Funds													
	Proceeds in Refunding or Defeasar	nce Escrows												
4	Other Unspent Proceeds													
5	Issuance Costs from Proceeds													
6	Working Capital Expenditures from	n Proceeds												
7	Capital Expenditures from Proceed	ds												
8	Year of Substantial Completion													
				Yes	No	Yes	No	Yes	No	Yes	No	Yes	;	No
9	Were the bonds issued as part of a	current refunding is	sue?											
10	Were the bonds issued as part of a	n advance refunding	ıssue?											
11	Has the final allocation of proceeds	s been made?												
Does the organization maintain adequate books and records to support the final allocation of proceeds?														
Pa	rt III Private Business Use	(Optional for 2008	3)											
				<i></i>			B 	+	C 	D	·		E	
	Was the organization a partner in a			Yes	No	Yes	No	Yes	No	Yes	No	Yes	; <u> </u>	No
1	was the organization a partner in a which owned property financed by t		ember of all LLC,											
2 Are there any lease arrangements with respect to the financed property which may result in private business use?														

Schedule K	(Form 990) 20	800	
Part III	Private Bu	siness Use	(Continued)

		Α		В		С		D		I	E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										
Pai	rt IV Arbitrage (Optional for 2008)										
		ı	Α	E	3	(<u>c</u>	ı	<u> </u>	ı	Ε
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
ь	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
ь	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5											
	Were any gross proceeds invested beyond an available temporary period?										

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As Filed Data -

DLN: 93493105000080

Employer identification number

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Transactions with Interested Persons

► Attach to Form 990 or Form 990-EZ. ▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

Open to Public Inspection

CAMPBELL UNIVERSITY INC						F.4	5-052	0004	n				
Part I Excess Benefit Transac	tion	s (section 501(c	:)(3)	and section 501	L (c)								
To be completed by organization	ons tl	hat answered "Yes	" on	Form 990, Part IV	, line	25a or 25b	o, or F	orm 9	90-EZ				
1 (a) Name of disqualifie	d per	person (b) Description of tran									(c) Corrected?		
					•						Yes	No	
2 Enter the amount of tax imposed on section 4958	the c			or disqualified pers				-	\$				
3 Enter the amount of tax, if any, on li	ne 2,	above, reimburse	d by	the organization .				•	\$				
Part II Loans to and/or From													
To be completed by organiza	ations T	that answered "Y	es" (on Form 990, Part	IV, li	ne 26, or Fo	rm 9	90-E			ne 38a		
(a) Name of interested person and purpose	I . a I i I(d)balance		alance due	(e) defa		(f) Approve by board committe		r agree	Vritten ement?				
	T	o From						No	Yes	No	_	No	
		•											
	+												
	-												
	+												
otal													
Part III Grants or Assistance E To be completed by orga					00	Dart IV lin	. 27						
	IIIZat			ween interested pe									
(a) Name of interested person				organization		(c)A m	ount	of gra	nt or ty	pe of	fassista	ance	
ROBERT WHITEMAN		TRUSTEE-GRANDCHILD IS STUDENT									1	2,000	
THOMAS C WOMBLE		TRUSTEE-GRAN	DCH	ILD IS STUDENT								9,000	
Part IV Business Transactions						D=t T) / . l	- 20	- 20	\.	20 -			
To be completed by orga	nızat	ions that answe (b) Relationship		Tes on Form 9	90,	Part IV, IIII	ie 28	a, 26	SD, OF	28C.	(e) Sha	ring of	
(a) Name of interested person		between intereste		(c) A mount of	F	(d) Descr	ıntıon	oftr	anc a c ti		organız	atıon's	
(a) Name of interested person		person and the		transaction		(u) Desci	iption	01 (1)	alisacti	1011	reven	ı	
RAYMOND A BRYAN JR	+	organization U TRUSTEE/VICE		22.801	730	CONST OF	= IINIT	\/ FA	CILIT	TES	Yes	No No	
WITH THE A DIVIANT JI		HAIRMAN		22,001,	, , , ,		ONI	V 1 A					
	\perp												
	+												
	+												

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DLN: 93493105000080

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

Non-Cash Contributions

Internal Revenue Service Name of the organization CAMPBELL UNIVERSITY INC

Employer identification number

					56-0529940			
Pa	rt I Types of Property							
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of de reven	etermi	ning	
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 .	Х	26	486,769	FMV			
10	Securities—Closely held stock $\ .$	Х	1	669,319	OPINIONS OF EXP	ERTS		
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							
17	Real estate—Other							
	Collectibles							
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	Other (describe)							
	Other (describe)							
	Other (describe)							
26 29	Other (describe) Number of Forms 8283 received	by the ora	nization during the tax yes	r for contributions for				
29	which the organization complete Acknowledgement	d Form 828	33, Part IV, Donee	ar for contributions for	29			0
30a	During the year, did the organiza					 	Yes	No
	least three years from the date of			not required to be used for (exempt purposes			No
	for the entire holding period? .					30a		No
	If "Yes", describe the arrangeme			_				
31	Does the organization have a gif					31	I	N o
32a	Does the organization hire or use contributions?	e third parti	ies or related organizations	to solicit, process, or sell i	non-cash	32a		Νο
	If "Yes", describe in Part II If the organization did not report checked, describe in Part II	revenues ı	n Column (c) for a type of p	roperty for which Column (a	a) ıs			

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.							
Identifier	ReturnReference	Explanation					
240111111	Notal III Colored	Explanation					
	1	1					

DLN: 93493105000080

OMB No 1545-0047

SCHEDULE 0 (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Inspection Employer identification number

56-0529940

Name of the organization CAMPBELL UNIVERSITY INC

ldentifier	Return Reference	Explanation
PRIOR YEAR SALARIES, OTHER COMPENSATION, EMPLOYEE BENEFITS	Form 990, Part I, Line 15 COLUMN PRIOR YEAR	THE PRIOR YEAR AMOUNT \$553,132 ONLY INCLUDES OFFICERS' COMPENSATION AND THE COMPENSATION OF A FORMER OFFICER, DR WIGGINS, FOR THE YEAR ENDED 5/31/2008 SALARIES AND RELATED EXPENDITURES WERE NOT SEGREGATED ON THE PRIOR YEAR FORM 990, BUT INSTEAD, WERE INCLUDED AS PROGRAM SERVICES IN THE MANAGEMENT & GENERAL COLUMN OF THE FUNCTIONAL EXPENSE STATEMENT IF THE AMOUNTS HAD BEEN SEPARATELY REPORTED LAST YEAR, THE CORRECT AMOUNT FOR SALARIRES, AND OTHER COMPENSATION, INCLUDING OFFICERS' COMPENSATION, WOULD HAVE BEEN \$43,650,876 Description of Other Program Services Form 990, Part III, Line 4d OTHER PROGRAM SERVICES INCLUDE SECURITY PROVIDED TO THE COMMUNITY, UNIVERSITY PERFORMING ARTS SERIES, COMMUNITY RELATIONS EXPENDITURES AND PAYMENTS TO ANNUITANTS UNDER CHARITABLE TRUST AGREEMENTS

ldentifier	Return Reference	Explanation
Description of Relationships	Form 990, Part VI, Question 2	TRUSTEES DAVID AND ROGERS CLARK ARE BROTHERS AND SERVE ON THE UNIVERSITY'S BOARD TOGETHER THEY ARE ALSO EMPLOYED IN A FAMILY BUSINESS TOGETHER THE UNIVERSITY DID NOT DO BUSINESS WITH SAMPSON BLADEN OIL CO DURING THE TAX YEAR

ldentifier	Return Reference	Explanation
Describe the Process used by Management &/or Governing Body to Review 990	Form 990, Part VI, Question 10	THE UNIVERSITY PROVIDED DRAFT COPIES OF FORM 990 FOR THE YEAR ENDED 5/31/09 TO ALL VOTING MEMBERS OF THE BOARD OF TRUSTEES THE COPIES WERE SENT IN ONE OF TWO MANNERS, ELECTRONICALLY VIA EMAIL AND BY FACSIMILE TO TRUSTEES WITHOUT EMAIL ACCESS ALL MEMBERS WERE REQUESTED TO RESPOND TO THE VICE-PRESIDENT FOR BUSINESS AND TREASURER CONFIRMING REVIEW AND WITH APPROVAL FOR FILING DETAILED REVIEW WAS COMPLETED BY THE UNIVERSITY'S VICE-PRESIDENT FOR BUSINESS AND TREASURER, COMPTROLLER AND ASSISTANT CONMPTROLLER PRIOR TO THE RELEASE OF THE DRAFT TO THE TRUSTEEES AND BEFORE SUBMISSION TO THE IRS

ldentifier	Return Reference	Explanation
Description of Process to Monitor Transactions for Conflicts of Interest	Form 990, Part VI, Question 12c	MEMBERS OF THE BOARD OF TRUSTEES ABSTAIN FROM VOTING IF THE VOTE INVOLVES 1) AN ENTITY IN WHICH THE TRUSTEE HAS A MATERIAL FINANCIAL INTEREST OR IN WHICH THE TRUSTEE IS A GENERAL PARTNER OF A PARTY TO A TRANSACTION WITH THE UNIVERSITY, OR 2) ANOTHER ENTITY OF WHICH THE TRUSTEE IS A BOARD MEMBER OR AN OFFICER AND WHEN THE ENTITY IS A PARTY TO THE TRANSACTION AND THE TRANSACTION IS OR SHOULD BE CONSIDERED BY THE BOARD

ldentifier	Return Reference	Explanation
Offices & Positions for Which Process was Used, & Year Process was Begun	Form 990, Part VI, Question 15a	THE PRESIDENT'S COMPENSATION IS REVIEWED ANNUALLY BY THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES AN EVALUATION OF THE PRESIDENT'S PERFORMANCE IN ALL AREAS OF RESPONSIBILITY IS COMPLETED AND DOCUMENTED A COMPARISON OF PERFORMANCE BETWEEN YEARS IS REVIEWED EXTERNAL AND PUBLISHED DATA FROM PEER INSTITUTIONS IS REVIEWED FOR REASONABLENESS OF COMPENSATION

ldentifier	Return Reference	Explanation
Offices & Positions for Which Process was Used, & Year Process was Begun	Form 990, Part VI, Question 15b	THE PRESIDENT OF THE UNIVERSITY ANNUALLY REVIEWS COMPENSATION USING PUBLISHED SALARY INFORMATION COMPILED BY THE NC ASSOCIATION OF INDEPENDENT COLLEGES AND UNIVERSITIES FOR COMPARABILITY BUDGET IS APPROVED BY THE UNIVERSITY'S BOARD OF TRUSTEES

ldentifier	Return Reference	Explanation
Avail of Gov Docs, Conflict of Interest Policy, & Fin Stmts to Gen Public	Form 990, Part VI, Question 19	DOCUMENTS ARE RETAINED IN THE OFFICE OF THE VICE-PRESIDENT FOR BUSINESS AND TREASURER THE OFFICE IS OPEN DURING REGULAR BUSINESS HOURS DOCUMENTS ARE AVAILABLE UPON REQUEST IN PERSON OR UPON WRITTEN REQUEST

ldentifier	Return Reference	Explanation
FINANCIAL STATEMENTS AND REPORTING	PART XI, QUESTION 2B	THE CAMPBELL UNIVERSITY FINANCIAL STATESMENTS WERE REVIEWED AND AUDITED ON A CONSOLIDATED BASIS WITH RELATED ORGANIZATION CAMPBELL UNIVERSITY FOUNDATION, INC

DLN: 93493105000080

2008

OMB No 1545-0047

Open to Public Inspection

Employer identification number

SCHEDULE R (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ► See separate instructions.

Related Organizations and Unrelated Partnerships

CAMPBELL UNIVERSITY INC				56-0529940	
Part I Identification of Disregarded Entities					
(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 Organiza	tions				
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	on Public chanty sta (if section 501(c)	(F) atus (3)) Orrect controlling entity
CAMPBELL UNIVERSITY FOUNDATION INC POST OFFICE BOX 97 BUIES CREEK, NC27506 68-0620773	FUNDRAISING	NC	501(C)(3)	11 TYPE 1	NA

(A) Name, address, and EIN of related organization	Prim	(B) nary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	incom	(E) lominant le(related, lestment, related)	Share	(F) e of total income	(G) Share of end-of- year assets	(H Disprop allocat	l) ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana part	agıng
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organ		(B) Primary activity		(C) Legal domicile (state or foreign country)		(D) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	(G) hare of l-of-yea assets	(H) Percentage r ownership		

(6)

Part V	Transactions	with	Related	Organizations

Par	Transactions with Related Organizations					
	Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No
1 Du	ring the tax year, did the orgranization engage in any of the following transaction	s with one or more related organizations listed in Parts II-	IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled ent	ıty	1	La		No
b	Gift, grant, or capital contribution to other organization(s)		[1	Lb		No
c	Gift, grant, or capital contribution from other organization(s)		[1	Lc		No
d	Loans or loan guarantees to or for other organization(s)		[1	Ld		No
e	Loans or loan guarantees by other organization(s)		1	Le		No
£ .	Sale of assets to other organization(s)		 	Lf		No
	Purchase of assets from other organization(s)		<u> </u>	Lg		No
	Exchange of assets		 		Yes	
	ease of facilities, equipment, or other assets to other organization(s)		<u> </u>	1i		No
• •	ease of facilities, equipment, of other assets to other organization(s)		H			
j l	ease of facilities, equipment, or other assets from other organization(s)			1j		No
	Performance of services or membership or fundraising solicitations for other org	ianization(s)	<u> </u>	Lk		No
	erformance of services or membership or fundraising solicitations by other orga		<u> </u>	11		No
	Sharing of facilities, equipment, mailing lists, or other assets	. ,	1	Lm	Yes	
	Sharing of paid employees		Ī	Ln		No
	Reimbursement paid to other organization for expenses			Lo		No
р	Reimbursement paid by other organization for expenses		<u> </u>	Lp		No
q	O ther transfer of cash or property to other organization(s)		1	Lq	Yes	
r (Other transfer of cash or property from other organization(s)			1r		No
	f the answer to any of the above is "Yes," see the instructions for information or	n who must complete this line, including covered relationsh	nine and transaction three holds			
2 .	(A)	(B)	(C)			
	Name of other organization(s)	Transaction type(a-r)	Amount Involved			
(1)						
(2)						
(3)						
(4)						
(5)						

Part VI Unrelated Organizations Taxable as a Partnership

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) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets			(G) Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?)
			Yes	No		Yes	No		Yes	No
			•	•		•		Cabadul	D / Form	

Software ID: Software Version:

EIN: 56-0529940

Name: CAMPBELL UNIVERSITY INC

Form 990, Part VII - Section Aaa

orm 990, Part VII - Section Aaa													
		Posit t	(C non (hat a	chec		I			(5)	(F)			
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations			
ROBERT J BARKER , CHAIRMAN	5 0	Х		Х				0	0	0			
RAYMOND A BRYAN JR , VICE- CHAIRMAN	5 0	X		х				0	0	0			
BENJAMIN THOMPSON , CHAIR/EXECUTIVE COMMITTEE	3 0	Х		х				0	0	0			
HELEN CURRIN , VICE- CHAIR/EXECUTIVE COMMITTEE	3 0	X		х				0	0	0			
J CHARLES ALLARD , TRUSTEE	2 0	X						0	0	0			
DANIEL B ANDREWS , TRUSTEE	2 0	Х						0	0	0			
GUILFORD W BASS , TRUSTEE	2 0	Х						0	0	0			
WILLIAM E BYRD , TRUSTEE	2 0	Х						0	0	0			
R HENRY CAPPS JR , TRUSTEE	2 0	Х						0	0	0			
CHARLES D CATO , TRUSTEE	2 0	Х						0	0	0			
DAVID CLARK , TRUSTEE	3 0	Х						0	0	0			
ROGERS CLARK , TRUSTEE	3 0	Х						0	0	0			
ALLISON C COBB , TRUSTEE	2 0	Х						0	0	0			
JAMES H CROSSINGHAM , TRUSTEE	2 0	Х						0	0	0			
MICHAEL CUMMINGS , TRUSTEE	2 0	Х						0	0	0			
PATSY DRUMMOND , TRUSTEE	2 0	Х						0	0	0			
LEWIS FETTERMAN SR , TRUSTEE	2 0	Х						0	0	0			
DEXTER FLOYD , TRUSTEE	3 0	Х						0	0	0			
JOE D FLOYD SR , TRUSTEE	3 0	Х						0	0	0			
JUDITH FOLWELL-WHITE , TRUSTEE	2 0	Х						0	0	0			
EDWARD M GORE SR , TRUSTEE	3 0	Х						0	0	0			
DAVID J HAILEY , TRUSTEE	2 0							0	0	ů			
JOSEPH C HALL JR , TRUSTEE	3 0	Х						0	0	0			
ESTER HOWARD, TRUSTEE	2 0	Х						0	0	0			
SCARLETT H HOWARD, TRUSTEE	3 0	Х						0	0	0			
THOMAS J KEITH , TRUSTEE	3 0	Х		_				0	0	0			
ANNA DREW KIRK , TRUSTEE	2 0	X		_	_			0	0	0			
THOMAS M LEWIS , TRUSTEE	2 0	X		_				0	0	0			
CARLTON MARTIN , TRUSTEE	2 0	X						0	0	0			
HUGH G MAXWELL III , TRUSTEE	3 0	Х						0	0	0			

Form 990, Part VII - Section Aaa

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		Posit t	(C tion (hat a	chec		I			(-)	(F)		
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations		
BERNARD F MCLEOD JR , TRUSTEE	2 0	X						0	0	0		
HARRY D MURPHY , TRUSTEE	2 0	Х						0	0	0		
SADIE NEEL , TRUSTEE	2 0	Х						0	0	0		
MILFORD R QUINN , TRUSTEE	3 0	Х						0	0	0		
WILLARD D SMALL , TRUSTEE	2 0	Х						0	0	0		
CHARLOTTE C SMITH , TRUSTEE	2 0	Х						0	0	0		
HENRY L SMITH , TRUSTEE	3 0	Х						0	0	0		
LUTHER D STARLING JR , TRUSTEE	2 0	Х						0	0	0		
JAMES R STRICKLAND JR , TRUSTEE	2 0	Х						0	0	0		
FREDERICK H TAYLOR , TRUSTEE	3 0	Х						0	0	0		
JACK G WATTS , TRUSTEE	2 0	Х						0	0	0		
HAROLD B WELLS SR , TRUSTEE	3 0	Х						0	0	0		
ROBERT WHITEMAN , TRUSTEE	3 0	Х						0	0	0		
BONNIE WIGGS , TRUSTEE	2 0	Х						0	0	0		
B EDWARD WILSON JR , TRUSTEE	2 0	Х						0	0	0		
HARRY G WOMBLE , TRUSTEE	3 0	Х						0	0	0		
THOMAS C WOMBLE, TRUSTEE	3 0	Х						0	0	0		
LUBY E WOOD , TRUSTEE	3 0	Х						0	0	0		
JERRY M WALLACE , PRESIDENT	60 0			Х				310,451	0	30,020		
JAMES O ROBERTS , SECRETARY	50 0			Х				108,997	0	13,870		
ROBERT C COGSWELL, GENERAL COUNSEL	45 0			х				94,907	0	7,593		
MELISSA ESSARY , DEAN, SCHOOL OF LAW	45 0					Х		258,960	0	25,937		
RONALD MADDOX , DEAN, SCHOOL OF PHARMACY	45 0					х		223,240	0	23,079		
PATRICK HETRICK , PROFESSOR OF LAW	45 0					х		159,900	0	18,012		
RICHARD LORD , PROFESSOR OF LAW	45 0					Х		158,680	0	17,914		
JAMES MCLAUGHLIN , PROFESSOR OF LAW	45 0					х		157,920	0	17,854		