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DLN: 93493102013020

OMB No 1545-0047 Return of Organization Exempt From Income Tax

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

2008

Inspection

Form 990

Department of the Treasury Internal Revenue Service

benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2008 calendar year, or tax year beginning 06-01-2008 and ending 05-31-2009 D Employer identification number B Check if applicable Please CATAWBA COLLEGE use IRS 56-0530251 Address change label or Doing Business As E Telephone number Name change print or type. See (704) 637-4463 Initial return Specific Number and street (or P O box if mail is not delivered to street address) Room/suite **G Gross receipts** \$ 42,425,059 Instruc-2300 W INNES STRÈET Termination tions. Amended return City or town, state or country, and ZIP + 4 SALISBURY, NC 28144 Application pending Name and address of Principal Officer **H(a)** Is this a group return for dr craig turner affiliates? 2300 WINNES STREET SALISBURY, NC 28144 H(b) Are all affiliates included? 501(c) (3) **4** (insert no) (If "No." attach a list See instructions) Group Exemption Number 🕨 Web site: ► WWW CATAWBA EDU L Year of Formation 1925 M State of legal domicile NC Briefly describe the organization's mission or most significant activities Activities & Governance See Additional Data Table Check this box ┌ if the organization discontinued its operations or disposed of more than 25% of its assets Number of voting members of the governing body (Part VI, line 1a) \cdot \cdot 48 <u>40</u> Number of independent voting members of the governing body (Part VI, line 1b) $\,$. 1,069 Total number of employees (Part V, line 2a) . 48 Total number of volunteers (estimate if necessary) . Total gross unrelated business revenue from Part VIII, line 12, column (C) . 0 Net unrelated business taxable income from Form 990-T, line 34 . 7b 0 b **Prior Year Current Year** 8,927,359 Contributions and grants (Part VIII, line 1h) . . 10,353,119 8 9 Program service revenue (Part VIII, line 2g) . . 26,646,486 27,458,961 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 1,266,785 -63,532 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 462,516 374,996 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 38,728,906 36,697,784 9,781,731 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 9,174,262 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-15 15,270,128 Expenses 16,584,736 10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 (Total fundraising expenses, Part IX, column (D), line 25 $\frac{758,793}{}$ b **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 14,086,108 12,612,708 Total expenses—add lines 13-17 (must equal Part IX, line 25, column (A)) 38,530,498 38,979,175 18 Revenue less expenses Subtract line 18 from line 12 19 198,408 -2,281,391 8 % **End of Year** Beginning of Year Assets of Balance 20 Total assets (Part X, line 16) 113,696,520 98,811,762 21 Total liabilities (Part X, line 26) 43,449,809 41,101,637 22 Net assets or fund balances Subtract line 21 from line 20 70,246,711 57,710,125 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge **Please** 2010-04-05 Sign Signature of officer Here charles f WILLIAMS vp of finance Type or print name and title Date Check if Preparer's PTIN (See Gen Inst) Preparer's signature Paid empolyed 🕨 🦵 Preparer's Firm's name (or yours Cherry Bekaert & Holland LLP if self-employed). **Use Only** address, and ZIP + 4 1111 Metropolitan Avenue Suite 1000

Charlotte, NC 28204 May the IRS discuss this return with the preparer shown above? (See instructions) . . .

Phone no (704) 377-1678

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

	Total program service expenses \$	31,013,6	32 Must equal Part IX,		
4d	Other program services (Describe (Expenses \$	in Schedule O) including grants(of \$) (Revenue \$)
4c	(Code) (Expenses \$,	ıncludıng grants of \$) (Revenue \$)
4b	(Code) (Expenses \$ SERVICES PROVIDED FOR APPROXIMATELY) (Revenue \$ CLUDING INSTRUCTIONAL, ATHLETIC,	27,458,961) OPERATIONS, ETC
	STODENT AID - PROVIDED 923 SCHOLARSH.	IFS FOR WORTH AND I	VEED STODENTS		
4a	(Code) (Expenses \$		= = -	9,781,731) (Revenue \$)
4	Describe the exempt purpose achieve Section 501(c)(3) and (4) organization others, the total expenses, and reven	ons and 4947(a)(1)	trusts are required to re	port the amount of grants and a	
	services?				Yes ▼ No
3	If "Yes," describe these new services Did the organization cease conductin		nt changes in how it cond	ducts any program	_
2	Did the organization undertake any si the prior Form 990 or 990-EZ? .		· · · · · ·		Yes 🔽 No
	dditional Data Table				
1	Briefly describe the organization's mission				

Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	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		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	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	Yes	
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		No
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		Νo
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		No
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		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
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		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No
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		No
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
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		No
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		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	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			
		28a		No
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
c	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		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	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		No
35	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		No
36	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
37	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, Part VI	37		No

Pai	t V Statements Regarding Other IRS Filings and Tax Complianc	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	1,885			
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	
2-	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	1.069			
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?		ľ	3a		N o
h	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch	edule i	\circ	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a s			30		
Ta	over, a financial account in a foreign country (such as a bank account, securities ac account)?			4a		Νo
ь	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 during	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	t Entit	y Regarding Prohibited			
	Tax Shelter Transaction?			5c		
6a	Did the organization solicit any contributions that were not tax deductible?		ľ	6a		No
b	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?	nat su	ch contributions or gifts	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		No
b	If "Yes," did the organization notify the donor of the value of the goods or services \boldsymbol{p}	rovide	d?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prope	rty for	which it was required to	7c		NI a
4	file Form 8282?	7d		/c		No
u	If res, indicate the number of forms 5252 med during the year	_ / u				
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	Yes	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization f	ile a F	orm 1098-C as			
_	required?	• •		7h	Yes	
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.					
а	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	ı	1			
	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				

Section A. Governing Body and Management

No

Yes

11

Nο

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 processes, or changes in Schedule O. See instructions.	ı, desc	ribe the circumstances,
3	Enter the number of voting members of the governing body	1a	48
b	Enter the number of voting members that are independent	1b	40

the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

1a	Enter the number of voting members of the governing body	1a		48			
Ь	Enter the number of voting members that are independent	1b		40			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?			•	2	Yes	
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management con				. 3		No
4	Did the organization make any significant changes to its organizational documents s filed? $\ \ .$	ince 1	he prior F	orm 990 was	4		Νo
5	Did the organization become aware during the year of a material diversion of the organization	anızat	ıon's asse	ts?	5		No
6	Does the organization have members or stockholders?				6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect governing body?				7a		Νo
Ь	Are any decisions of the governing body subject to approval by members, stockhold	ers, o	r other pe	rsons?	7b		No
8	Did the organization contemporaneously document the meetings held or written action year by the following	ons ui	ndertaken	during the			
а	the governing body?				8a	Yes	
Ь	each committee with authority to act on behalf of the governing body?				8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?				9a		Νo
b	If "Yes," does the organization have written policies and procedures governing the adaffiliates, and branches to ensure their operations are consistent with those of the or				9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it v must describe in Schedule O the process, if any, the organization uses to review the			-	10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A	A, who	cannot b	e reached at			

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	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	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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		No
	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		Νo
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. another's website. upon request
- 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
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

CHUCK WILLIAMS CFO 2300 W INNES STREET SALISBURY, NC 28144 (704) 637-4463

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	·	Posit	(C) chec	:k al			(E)	(F)
(A) Name and Title	(B) Average hours per week	compensation from the organization (W-		(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations				
						-			

Part VII Continued

				tion that a		y)				(E)	(F)
Nam	(A) ne 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)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
					\vdash						
				\vdash	\vdash			\vdash			
1b Total								•	1,049,499	C	121,967
	or of individuals (including		 		- •			- 41			<u> </u>

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶6

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		Νο
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			
	ındıvıdual	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		Νο

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
chartwells po box 91337 chicago, IL 60693	food services	1,455,422
summit developers po box 4283 salisbury, NC 28144	building contractor	535,371
sunguard higher education inc 14083 collections ctr chicago, IL 60693	computer support	359,664
statesville roofing company po box 1266 statesville, NC 28677	roofing construction	267,685
GREENLAWN YARD SERVICE PO BOX 207 WOODLEAF, NC 27054	YARD MAINTENANCE	191,591
2 Total number of independent contractors (including those in 1) who reconstruction the organization		- 6

Page **9**

Par VIII		Statement of Revenue					i age z
				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC
	1a	Federated campaigns 1a			Kevenue		512, 513, or 514
इं इं	ь	Membership dues					
Contributions, gifts, grants and other similar amounts	"	1b					
₽č≣	С	Fundraising events					
Ts Ta		1c					
ਣੰ≣	d	Related organizations 1d					
Sin	е	Government grants (contributions) 1e					
± E =	f	All other contributions, gifts, grants, and similar amounts not included above	8,927,359				
들통		1 f					
草草	g	Noncash contributions included in					
ರ≔	h	lines 1a-1f \$ Total (Add lines 1a-1f)		8,927,359			
	<u> </u>	Total (Add lines 1a-11)	· · · · <u>·</u>				
ns.			Business Code				
Ě	2a	TUITION AND FEES	900,099	21,658,763	21,658,763		
9.8	b	AUXILLARY INCOME	900,099	5,247,034	5,247,034		
a E	С	ATHLETIC INCOME	900,099	553,164	553,164		
Ş.	d						
Æ	e						
E	f	All other program service revenue					
Program Service Revenue	-						
Š	g	Total. Add lines 2a-2f					
	3	> \$ 27,458,961	11				
	3	Investment income (including divid	·	939,174			939,174
		other similar amounts)		333,174			333,174
	4	Income from investment of tax-exempt be	ond proceeds				
	5	Royalties					
		(ı) Real	(II) Personal				
	6a	Gross Rents	(ii) i dibbilai				
	ь	Less rental					
		expenses Rental income					
	С	or (loss)					
	d	Net rental income or (loss)	🙀				
		(ı) Securities	(II) O ther				
	7a	Gross amount 4,724,569					
		from sales of assets other					
	ь	than inventory Less cost or 5,727,275					
	"	other basis and					
	c	sales expenses Gain or (loss) -1,002,706					
	d	Net gain or (loss)		-1,002,706			-1,002,706
		<u> </u>					
	8a	Gross income from fundraising events (not including					
		\$					
Other Revenue		of contributions reported on line					
क >		1c) See Part IV, line 18 Attach Schedule G if total exceeds					
æ		\$15,000 a					
<u>.</u>	ь	Less direct expensesb					
ŧ	С	Net income or (loss) from fundraisi	ng events				
0	9a	Gross income from gaming	<u> </u>				
		activities See part IV, line 19					
		Complete Schedule G ıf total exceeds \$15,000					
		a					
	ь	Less direct expensesb					
	_ c	Net income or (loss) from gaming a	ıctıvıtıes				
			•				
	10a	Gross sales of inventory, less					
		returns and allowances .					
	ь	Less cost of goods sold b					
	c	Net income or (loss) from sales of	ınventorv				
		Miscellaneous Revenue	Business Code				
	11a	OTHER INCOME	900,099	374,996	374,996		
	ь	2111211120112					
	C						
	d	All other revenue					
	е	Total. Add lines 11a-11d	 \$ 374,996				
	12	Total Revenue. Add lines 1h, 2g, 3		36,697,784	27,833,957	0	-63,532
		8c,					
	L	9c, 10c, and 11e					

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) organizations must complete column (A) but are not re				
Do r	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		·		·
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	9,781,731	9,781,731		
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	649,240	129,848	389,544	129,848
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	12,055,192	9,314,312		389,682
8	Pension plan contributions (include section $401(k)$ and section $403(b)$ employer contributions)	657,810	482,772	155,516	19,522
9	Other employee benefits	2,333,087	1,671,095	585,526	76,466
10	Payroll taxes	889,407	686,152	174,442	28,813
11	Fees for services (non-employees)				
а	Management				
b	Legal	47,892		47,892	
С	Accounting	95,100		95,100	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	2,369,310	2,200,188	128,841	40,281
12	Advertising and promotion	128,741	125,335	3,406	
13	Office expenses	1,240,832	863,163	343,430	34,239
14	Information technology	213,632	1,704	211,928	
15	Royalties				
16	Occupancy	953,769	953,769		
17	Travel	483,860	436,086	35,652	12,122
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	21,177	14,667	3,010	3,500
20	Interest	1,066,067	772,587	293,480	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,872,221	2,081,520	790,701	
23	Insurance	333,806	7,572	326,234	
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	equipment rental & main	1,055,283	142,957	890,607	21,719
ь	student activities	253,198	249,577	3,621	0
c	bad debt expense	124,090	47,000	77,090	0
d	recruiting	118,047	110,398	7,649	0
e	printing & publications	80,123	78,477	1,646	0
f	All other expenses	1,155,560	862,722	290,237	2,601
25	Total functional expenses. Add lines 1 through 24f	38,979,175	31,013,632	7,206,750	758,793
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				

Dart V	Balance	Shoot
Part X	Balance	Sheet

			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	1,063,974		16,545
	2	Savings and temporary cash investments	2,775,967		227,737
	3	Pledges and grants receivable, net	2,555,115	_	1,645,539
	4	Accounts receivable, net	1,230,423	-	963,193
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>	,,	5	333,133
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and		6	
	_	persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		7	
	7	Notes and loans receivable, net	89,250		71,406
J.A.	8	Inventories for sale or use	· · · · · · · · · · · · · · · · · · ·	- -	
ë	9	Prepaid expenses and deferred charges	115,149	9	48,679
Assets	10a	Land, buildings, and equipment cost basis 97,676,6	19		
	b	Less accumulated depreciation Complete Part VI of Schedule D	59,480,019	10 c	59,583,914
	11	Investments—publicly traded securities	36,709,883	11	
	12	Investments—other securities See Part IV, line 11 Complete Part VII of Schedule D		12	28,491,542
	13	Investments—program-related See Part IV, line 11 <i>Complete Part VIII</i> of Schedule D .		13	312,262
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D	9,676,740	15	7,450,945
	16	Total assets. Add lines 1 through 15 (must equal line 34)	113,696,520	16	98,811,762
	17	Accounts payable and accrued expenses .	2,841,459	17	2,717,483
	18	Grants payable		18	
	19	Deferred revenue	1,130,834	19	850,937
	20	Tax-exempt bond liabilities		20	24,745,000
eS	21	Escrow account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
<u> </u>		persons Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties	33,285,895	23	4,990,752
	24	Unsecured notes and loans payable		24	
	25	Other liabilities Complete Part X of Schedule D	6,191,621	25	7,797,465
	26	Total liabilities. Add lines 17 through 25	43,449,809	26	41,101,637
		Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 through 29, and lines 33 and 34.			
Balance	27	Unrestricted net assets	23,688,383	27	14,296,311
<u> </u>	28	Temporarily restricted net assets	10,515,742	28	8,198,027
=	29	Permanently restricted net assets	36,042,586	29	35,215,787
r Fund		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
0.	30	Capital stock or trust principal, or current funds		30	
φ¢	31	Paid-in or capital surplus, or land, building or equipment fund		31	
Assets	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net /	33	Total net assets or fund balances	70,246,711	-	57,710,125
Ź	34	Total liabilities and net assets/fund balances	113,696,520		98,811,762
	l -	,			
Pa	rt XI	Financial Statements and Reporting			

Dart VI	Einancial	Statements	and D	oporting
7. 1 4 2 . 1 2	FINANCIAL	Statements	ann R	emmetiliki.

					-
			Yes	No	
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo	
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		Νο	
b	If "Yes," did the organization undergo the required audit or audits?	3b			

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DLN: 93493102013020

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

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

	e of th	ne organizati	on					Em	ployer ide	ent if icat io	n number
CATA	WDA CO	LLLGL						56	-053025	1	
Pa	rt I	Reason	for Public C	harity Status (to be co	mpleted	by all or	ganızatıo				
		zation is not	a private found	ation because it is (Please	check on	ly one org	anızatıon))		•	
1	Γ	A church, c	onvention of cl	nurches, or association of ch	urches de	escribed in	Section 1	170(b)(1)	(A)(i).		
2	~	A school de	escribed in Sec	tion 170(b)(1)(A)(ii). (Attac	ch Schedi	ıle E)					
3	Γ	A hospital	or a cooperativ	e hospital service organizati	on descri	bed in Sec	tion 170(l	b)(1)(A)(i	i ii). (Attac	h Schedu	le H)
4	Γ	A medical	research organ	zation operated in conjuncti	on with a	hospital d	escribed i	n Section :	170(b)(1)	(A)(iii). E	nter the
		hospital's i	name, city, and	state							
5	Γ	An organiz	ation operated 1	for the benefit of a college or	universit	y owned o	r operated	l by a gove	ernmental	unıt desc	rıbed ın
		Section 17	D(b)(1)(A)(iv).	(Complete Part II)							
6	Γ	A federal, s	tate, or local g	overnment or governmental	unıt desc	rıbed ın Se	ction 170	(b)(1)(A)	(v).		
7		An organiz	ation that norm	ally receives a substantial p	art of its	support fro	om a gove	rnmental ı	ınıt or fron	n the gene	eral public
		described i	n Sect ion 170(l	b)(1)(A)(vi) (Complete Par	tII)						
8	Γ	A commun	ity trust describ	oed in Section 170(b)(1)(A)	(vi) (Con	nplete Par	tII)				
9	Γ	An organiza	atıon that norm	ally receives (1) more than	3 3 1/3% (of its supp	ort from c	ontributior	ns, membe	ership fees	s, and gross
		receipts fro	om activities re	lated to its exempt functions	s—subject	to certair	n exceptio	ns, and (2) no more	than 331,	/3% of
		ıts support	from gross inv	estment income and unrelate	ed busine:	ss taxable	ıncome (l	ess sectio	on 511 ta:	x) from bu	sınesses
		acquired by	/ the organizati	on after June 30, 1975 See	Section 5	609(a)(2).	(Complete	e Part III)		
10	Г	An organiz	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ction 509	(a)(4). (S	ee instruc	tions)
11	ı	one or more the box tha	e publicly supp	and operated exclusively fo orted organizations describe type of supporting organiza Type II c	d in secti tion and c	on 509(a)	(1) or sec ines 11e t	tıon 509(a hrough 11	a)(2) See	Section 5	
e	Γ	•	foundation man	rtify that the organization is agers and other than one or			•			•	
f g		If the organ	nization receive box	d a written determination from as the organization accepte						supporti	ng organization,
9		following pe		.	, 3			,			
		(i) a perso	n who directly o	or indirectly controls, either a	alone or to	ogether wi	th persons	describe	d ın (ıı)		Yes No
		and (III) be	low, the govern	ing body of the the supported	d organiza	ition?				11g	
		(ii) a family	/ member of a p	erson described in (i) above	?					11g(
				ity of a person described in (11g([iii)
h 		Provide the	following infor	mation about the organizatio	ns the or	ganızatıon	supports				_
	Supp	ame of ported nization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (See Instructions))	organiz col (i) your go	Is the ration in listed in overning ment?	the orga	ou notify inization i) of your port?	organiz col (i) d	Is the zation in organized	(vii) A mount o support?
					Yes	No	Yes	No	Yes	No	
				1	ı	1	I	I	I	I	1

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							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	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							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts 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							
10	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 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)	
	organization, check this box and stop here		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	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				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	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	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						
С	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						▶ □
	monutation of Dublic Compant 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

Software ID: **Software Version:**

EIN: 56-0530251

Name: CATAWBA COLLEGE

Form 990, Part VII - Section Aaa) 							Г	Г	
			(C tion (hat a	che	check all oply)				(E)	(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)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
C SHUFORD ABERNETHY II , MEMBER	1 00	Х						0	0	0
CLAUDE S ABERNETHY JR , MEMBER	1 00	Х						0	0	0
GREGORY M ALCORN , MEMBER	1 00	Х						0	0	0
BRYAN M APPLEFIELD , MEMBER	1 00	Х						0	0	0
ROBERT B ARNOLD JR , MEMBER	1 00	Х						0	0	0
DARLENE L BALL , MEMBER	1 00	Х						0	0	0
MICHAEL S BAUK , MEMBER	1 00	Х						0	0	0
JAMES T BREWER , TRUSTEE EMERITI	1 00	Х						0	0	0
DANIEL T BROSS , MEMBER	1 00	Х						0	0	0
EDWARD A BROWN , MEMBER	1 00	Х						0	0	0
THOMAS S CARROLL , TRUSTEE EMERITI	1 00	Х						0	0	0
DR RICHARD A CHEEK , TRUSTEE EMERITI	1 00	X						0	0	0
LARRY T CLONIGER JR , MEMBER	1 00	X						0	0	0
SARA D COOK , MEMBER	1 00	Х						0	0	0
JAMES C DAYVAULT , MEMBER	1 00	Х						0	0	0
NEWTON O FOWLER JR , MEMBER	1 00	Х						0	0	0
DAVID GENE FULLER , MEMBER	1 00	Х						0	0	0
WILLIAM M GRAHAM , MEMBER	1 00	Х						0	0	0
CLAUDE B HAMPTON JR , MEMBER	1 00	Х						0	0	0
DR DOLAN HUBBARD , MEMBER	1 00	Χ						0	0	0
JAMES F HURLEY , MEMBER	1 00	Х						0	0	0
FRANCES HEDRICK JOHNSON , TRUSTEE EMERITI	1 00	Х						0	0	0
ABIGAIL HASTINGS KERR , MEMBER	1 00	Χ						0	0	0
RALPH W KETNER , MEMBER	1 00	Χ						0	0	0
GLENN E KETNER JR , TRUSTEE EMERITI	1 00	X						0	0	0
BARRY D LEONARD , MEMBER	1 00	Χ						0	0	0
DR BILLY JOE LEONARD , TRUSTEE EMERITI	1 00	Х						0	0	0
BERNICE LERNER , MEMBER	1 00	Х						0	0	0
DR MICHAEL J MAYHEW , MEMBER	1 00	Х						0	0	0
PATRICK L MCCRORY , MEMBER	1 00	Х						0	0	0

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa										
		tion (chec		I			/E\	(F)	
(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)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
1 00	Х						0	0	0	
1 00	Х						0	0	0	
1 00	Х						0	0	0	
1 00	Х						0	0	0	
1 00	X						0	0	0	
1 00	Х						0	0	0	
1 00	Х						0	0	0	
1 00	Х						0	0	0	
1 00	Х						0	0	0	
1 00	Х						0	0	0	
1 00	Х						0	0	0	
1 00	Х						0	0	0	
1 00	Х						0	0	0	
1 00	Х						0	0	0	
1 00	Х						0	0	0	
1 00	Х						0	0	0	
1 00	Х						0	0	0	
1 00	Х						0	0	0	
1 00	Х						0	0	0	
1 00	Х						0	0	0	
1 00	Х						0	0	0	
1 00	Х						0	0	0	
1 00	Х						0	0	0	
1 00	Х						0	0	0	
1 00	Х						0	0	0	
1 00	Х						0	0	0	
1 00	Х						0	0	0	
40 00			х				168,050	0	18,950	
40 00			х				104,685	0	11,773	
40 00			х				106,900	0	9,111	
	(B) Average hours per week 1 00 1 00 1 00 1 00 1 00 1 00 1 00 1	(B) Average hours per week 1 00	(B) A verage hours per week 1 00	(B) A verage hours per week 1 00	(C) Position (check al that apply) Average hours per week 1 00	(B) A verage hours per week 1 00	(B) A verage hours per week 1 00	(B) Average hours per week (C) Position (check all that apply) (D) Reportable compensation from the organization (W-2/1099MISC) (W-2/1099MISC	Co	

Form 990, Part VII - Section Aaa

Torring 350/ Fart VII Section Aut	-								
(A) Name and Title	(B) Average hours per week	on a Institutional Trustee	che c pply)	Highes employ	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
KENNETH CLAPP , SR VP - CHAPLAIN	40 00		х				97,450	0	11,813
PHILLIP KIRK , VICE PRESIDENT - EXTERNA	40 00		х				26,343	0	12,332
PAUL E FISHER , CHAIRMAN	1 00		Х				0	0	0
DR SHIRLEY P RITCHIE , SECRETARY	1 00		Х				0	0	0
wc turner , president	40 00		Х				145,812	0	10,938
lois williams - hired 1 , vp of admissions	40 00		Х				0	0	0
rıck stevens - hıre date , provost	40 00		Х				0	0	0
JOSEPH WILSON , PROFESSOR	40 00				Х		103,032	0	8,870
steven hıatt , pRO FESSO R	40 00				Х		96,867	0	14,819
pam thompson , pRO FESSO R	40 00				Х		95,033	0	14,840
john wear , pRO FESSO R	40 00				X		105,327	0	8,521

Form 990, Part I, Line 1 - Briefly describe the Organization's mission or most significant activities:

CATAWBA COLLEGE WAS FOUNDED IN NEWTON, NORTH CAROLINA, IN 1851 BY THE GERMAN REFORMED CHURCH. THE COLLEGE - WHICH IS TODAY AFFILIATED WITH THE UNITED CHURCH OF CHRIST - MOVED TO ITS PRESENT LOCATION IN SALISBURY IN 1925. THE COLLEGE ENDEAVORS TO ATTRACT STUDENTS BOTH NATIONALLY AND INTERNATIONALLY OF GOOD ABILITY AND CHARACTER. A PRIVATE, COEDUCATIONAL INSTITUTION, CATAWBA OFFERS THE BACHELOR OF ARTS, BACHELOR OF ARTS-EDUCATION, BACHELOR OF BUSINESS ADMINISTRATION, BACHELOR OF FINE ARTS, BACHELOR OF SCIENCE, AND MASTER OF EDUCATION TO TRADITIONAL AND NON-TRADITIONAL STUDENTS. THE COLLEGE ALSO SERVES THE PUBLIC THROUGH EDUCATIONAL OUTREACH AND VOLUNTEER SERVICE PROGRAMS FOR THE WORLD COMMUNITY.

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

CATAWBA COLLEGE IS COMMITTED TO PROVIDING STUDENTS AN EDUCATION RICH IN PERSONAL ATTENTION THAT BLENDS THE KNOWLEDGE AND COMPETENCIES OF LIBERAL STUDIES WITH CAREER PREPARATION. CATAWBA COLLEGE DRAWS STRENGTH FROM JUDEO-CHRISTIAN VALUES, SUSTAINS A DYNAMIC COMMUNITY OF LEARNERS AND SEEKS TO UNITE A DIVERSE POPULATION OF STUDENTS, FACULTY AND STAFF AS ACTIVE CO-PARTICIPANTS IN SCHOLARSHIP AND SERVICE. CATAWBA COLLEGE PREPARES STUDENTS TO REACH THEIR HIGHEST POTENTIAL WHILE BECOMING RESPONSIBILE CITIZENS WITH ZEAL TO ENRICH HUMAN LIFE.

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► 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.

Name of the organization **Employer identification number** CATAWBA COLLEGE 56-0530251 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

	organization answered "Yes" to Form 99	0, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate Contributions to (during year)		
3	Aggregate Grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advi funds are the organization's property, subject to the		or advised Yes No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben impermissible private benefit?		·
Pai	t II Conservation Easements. Complete	ıf the organization answered "Yes" t	o Form 990, Part IV, line 7.
1 2	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a quality	on or pleasure) Preservation of an Preservation of ce	n historically importantly land area ertified historic structure n of a conservation easement
	on the last day of the tax year		<u></u>
			Held at the End of the Yea
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easement	s	2b
c	Number of conservation easements on a certified hi	storic structure included in (a)	2c
d	Number of conservation easements included in (c) a	acquired after 8/17/06	2d
}	Number of conservation easements modified, transfe	rred, released, extinguished, or terminate	ed by the organization during
	the taxable year 🕨		
4	Number of states where property subject to conserva	ation easement is located .	
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monitoring, inspection, viola	ations, and Yes No
5	Staff or volunteer hours devoted to monitoring, inspe	cting and enforcing easements during the	year ►
7	A mount of expenses incurred in monitoring, inspection	ng, and enforcing easements during the ye	ear ► \$
3	Does each conservation easement reported on line 2 $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$?	(d) above satisfy the requirements of sec	tion Yes No
9	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easen	he footnote to the organization's financial	
Par	t III Organizations Maintaining Collectio Complete if the organization answered '		or Other Similar Assets.
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	ch in furtherance of public service,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research i	·
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFA		or financial gain, provide the
а	Revenues included in Form 990, Part VIII, line 1		► \$
b	Assets included in Form 990, Part X		► \$

Part	•••• Organizations Maintaining Co	llections of Art, H	istor	ical Treas	ures, or Othe	r Similar	Asset	S (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any of	the fo	llowing that a	re a sıgnıfıcant u	ise of its col	lection		
а	Public exhibition	d	Г	Loan or exc	change programs				
b	Scholarly research	е	Г	Other					
c	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain h	ow the	ey further the	organization's e>	xempt purpo	se in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t					nılar	┌	es	Г No
Par	Trust, Escrow and Custodial A Part IV, line 9, or reported an an				anızatıon answ	ered "Yes'	' to For	m 99	90,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ıntermedıaı	ry for	contributions	or other assets	not	┌ y	es	┌ No
b	If "Yes," explain why in Part XIV and comple	te the following table				T			
							A moun	<u>t</u>	
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		?				┌ Y	es	│ No
	If "Yes," explain the arrangement in Part XIV								
Pa	rt V Endowment Funds. Complete							V.	na ra Da ak
1a	Beginning of year balance	(a)Current Year (b) Prioi	Year (c)	wo Years Back (d)	Three Years Ba	аск ј (е) г	our ve	ars back
ь	Contributions	1,138							
c	Investment earnings or losses	-6,775							
d	Grants or scholarships	5,							
e	Other expenditures for facilities and programs								
f	Administrative expenses	1,870							
g	End of year balance	26,266							
2	Provide the estimated percentage of the yea	r end balance held as							
- а	Board designated or quasi-endowment	0 %							
b	Permanent endowment ► 100 000 %								
	remailent endowment F								
c 3a	Term endowment F Are there endowment funds not in the posse:	ssion of the organization	n that	are held and	administered for	the			
Ja	organization by	ssion of the organization	ii tiiat	are nela ana	adiiiiiisterea ioi	tile	Γ	Yes	No
	(i) unrelated organizations					[3a(i)		No
	(ii) related organizations					[3a(ii)		Νο
b	If "Yes" to 3a(11), are the related organizatio	•					3b		
4	Describe in Part XIV the intended uses of th								
Par	t VI Investments—Land, Buildings	s, and Equipment.	<u>See</u>	<u>Form 990, P</u>	Part X, line 10.	1			
	Description of investment) Cost or other sis (investment)	(b)Cost or other basis (other)	(c) Deprecia	ntion (d) Boo	ok value
1a	Land				2,223,163			:	2,223,163
Ь	Buildings				72,211,775	29,19	3,578	43	3,018,197
c	Leasehold improvements								
d	Equipment				22,012,509	8,89	9,157	1.5	3,113,352
e	Other	<u></u>			1,229,202			- :	1,229,202
Tota	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, column (B), lın	e 10(c).)		🕨		59	9,583,914
						Schedu	le D (Fo	rm 9	90) 2008

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1.	2.	
(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuati Cost or end-of-year mark	
Financial derivatives and other financial products		•	
Closely-held equity interests			
Other bonds	266,083		F
Other mutual funds	27,800,929		F
Other corporate stocks	424,530		F
Tabel (Calumn (h) aboutd arred Form 000, Part V, cal (P) line 12.)	29 401 542		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	28,491,542		
Part VIII Investments—Program Related. Se	ee Form 990, Part X, line		
(a) Description of investment type	(b) Book value	(c) Method of valuati Cost or end-of-year marki	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) ▶			
Part IX Other Assets. See Form 990, Part X, II			
(a) Descri	ption	(b) Bo	ook value
LOANS TO STUDENTS, NET			3,268,618
LOAN COSTS, NET			185,853
BENEFICIAL INTERESTS IN TRUSTS			3,447,582
CASH SURRENDER VALUE OF LIFE INSURANCE			548,892
Total. (Column (b) should equal Form 990, Part X, col.(B) line			7,450,945
Part X Other Liabilities. See Form 990, Part 3			
(a) Description of Liability Federal Income Taxes	(b) A mount		
US GOVT LOAN FUNDS REFUNDABLE	2,603,674		
ANNUITY PAYMENT LIABILITY	764,414		
LIABILITY UNDER TRUST AGREEMENTS	550,694		
DEPOSITS HELD FOR OTHERS	362,870		
ASSET RETIREMENT OBLIGATION	929,740		
UNREALIZED LOSS ON INTEREST RATE SWAP AGREEMENT	1,942,020		
capital lease obligations	644,053		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	7,797,465		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		

Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Stateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	36,697,784
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	38,979,175
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-2,281,391
4	Net unrealized gains (losses) on investments	4	-7,136,882
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-3,118,313
9	Total adjustments (net) Add lines 4 - 8	9	-10,255,195
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-12,536,586
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue		
1	Total revenue, gains, and other support per audited financial		26,979,585
	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)		
e	Add lines 2a through 2d	2e	-9,781,731
3	Subtract line 2e from line 1	3	36,761,316
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)		
c	Add lines 4a and 4b	4c	-63,532
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	36,697,784
	Reconciliation of Expenses per Audited Financial Statements With Expenses	s per R	
1	Total expenses and losses per audited financial statements	1	29,197,444
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities	4	
b	Prior year adjustments		
С	Losses reported on Form 990, Part IX, line 25	4	
d	Other (Describe in Part XIV)	1 1	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	29,197,444
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		
b	Other (Describe in Part XIV)]	
c	Add lines 4a and 4b	4c	9,781,731
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	38,979,175
Pai	rt XIV Supplemental Information		

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
Part V , Line 4	Description of Intended Use of Endowment Funds	endowment funds are used to further the higher education cause
Part XI, Line 8 - Other Adjustments		CHANGE IN BENEFICIAL INTERESTS -2127514 CHANGE IN SPLIT INTEREST A GREEMENTS 95013 UNREALIZED LOSS ON FAIR VALUE OF INTEREST RATE SWAP - 1085812
Part XII, Line 2d - Other Adjustments		SCHOLARSHIPS SHOWN NET OF TUITION REVENUES ON FINANCIAL STATEMENTS -9781731
Part XII, Line 4b - Other Adjustments		dividend and interest income 939174 realized losses on investments -1002706
Part XIII, Line 4b - Other Adjustments		SCHOLARSHIPS SHOWN NET OF TUITION REVENUES ON FINANCIAL STATEMENTS 9781731

Employer identification number

OMB No 1545-0047

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Schools

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.

TAV	/BA COLLEGE				
		6-0530251		YES	NO
		Г		163	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its other governing instrument, or in a resolution of its governing body?	s charter, bylaws,	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students brochures, catalogues, and other written communications with the public dealing with student admiprograms, and scholarships?		2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadce the period of solicitation for students, or during the registration period if it has no solicitation progethat makes the policy known to all parts of the general community it serves? If "Yes," please descriptions are the policy known to all parts of the general community it serves?	ram, in a way	_	1 50	
	please explain THE POLICY IS INCLUDED IN ALL MEDIA AND IN ALL LITERATURE DISTRIBUTED	-	3	Yes	
,					
4 а	Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff?		4a	Yes	
	Records documenting that scholarships and other financial assistance are awarded on a racially n	<u> </u>	70	163	
_	basis?	· ·	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the pub with student admissions, programs, and scholarships?	lic dealing	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 separ	ate statement)			
5 -	Does the organization discriminate by race in any way with respect to		<u>-</u>		NI -
а	Students' rights or privileges?	L	5a		Νo
b	Admissions policies?		5b		Νo
С	Employment of faculty or administrative staff?	_	5c		Νo
d	Scholarships or other financial assistance?		5d		Νo
_	Educational policies?		_		
	Educational policies	-	5e		Νo
f	Use of facilities?		5f		Νo
-	Athletic programs?		_		
y	Atmetic 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 sepa	rate statement)			
62	Does the organization receive any financial aid or assistance from a governmental agency?		6a		Νo
	Has the organization's right to such aid ever been revoked or suspended?	<u> </u>	6b		No
	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 C	1 through 4 05			
	of Day, Drog 75 50, 1075 2 C.R. 597, covering regial pendicerimination? If "No." attach an evol	anation	,	V	

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General Information on Grants and Assistance

DLN: 93493102013020

OMB No 1545-0047

2008

Department of the Treasury

Schedule I

(Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

> Open to Public Inspect ion

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990. Internal Revenue Service Name of the organization CATAWBA COLLEGE

Employer identification number

56-0530251

Does the organization mathe selection criteria useDescribe in Part IV the organization	d to award the gra rganızatıon's proc	nts or assistance? edures for monitoring th	e use of grant funds in t	he United States			
Form 990, Part I Part IV and Sch	IV, line 21 for a edule I-1 if add	ny recipient that rece itional space is	eived more than \$5,0	00. Check this box	tes. Complete if the of if no one recipient rec	eived more than \$5,0	
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)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Enter total number of sec organizations					• 		<u> </u>
For Paperwork Reduction Act Not	ice, see the Instruc	tions for Form 990.		Cat No 50055	p	Scl	hedule I (Form 990) 2008

Part III 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
scholarships & tuition discounts	925	9,781,731			
	•			-	

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
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 The student and/or his/her family is primarily responsible for all expenses associated with attendance at Catawba College. The College advises students and their familes to start planning for the cost of a college education as early as possible by planning ahead to determine the amount that can be saved for educational purposes. Students should expect to work during the summer months and set aside a portion of their earnings to be used for college associated costs. Whenever possible, Catawba College will supplement the financial resources of the student through merit, performance based and need-based scholarship and grants, however, since the College does not have the capability of meeting 100 percent of financial need through institutional sources, the majority of aid recipients will have a financial aid package that will include student loans and work study. The student is encouraged to investigate all sources that may be available to assist with educational expenses - resources such as hometown civic clubs, high school guidance offices, companies where parents work, and any other sources, i.e. the internet, and local libraries. Emergencies or suspicious activities are reported to the Office of Safety and Security. In accordance with the "timely notice" provisions of the federal Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act of 1998, the Office of Public Safety sends out emails regarding any type of criminal activity on campus. PROCEDURES FOR APPLYING FOR FINANCIAL AID A potential student applies and is accepted to Catawba College. At the time of their acceptance, merit aid is determined by the Admissions counselor accepting the application based on a Matrix Chart that has been set up with regard to GPA and SAT scores, living on or off campus, and a separate transfer student matrix. With regards to athletics at Catawba College, the Financial Aid Office monitors all athletes to make sure they do not go over conference regulations regarding books and

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DLN: 93493102013020

OMB No 1545-0047

Schedule J (Form 990)

Compensation Information

2008

Inspection

Open to Public

Department of the Treasury Internal Revenue Service

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.

Name of the organization
CATAWBA COLLEGE

Employer identification number
56-0530251

Part I Ouestions Regarding Compensation

					Yes	Νo
1a	Check the appropiate box(es) if the organization provide					
	990, Part VII, Section A, line 1a Complete Part III to	pro۱	vide any relevant information regarding these items			
	First class or charter travel	<u> </u>	Housing allowance or residence for personal use			
	Travel for companions		Payments for business use of personal residence			
	Tax idemnification and gross-up payments	_	Health or social club dues or initiation fees			
	✓ Discretionary spending account	~	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a writte		, ,			
	provision of all the expenses described above? If "No,"	con	nplete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to reim officers, directors, trustees, and the CEO/Executive Dir			_		
	officers, directors, trustees, and the CLO/Executive Dir	ect	or, regarding the items checked in line 1a.	2		No
3	Indicate which, if any, of the following the organization u	ISAS	to establish the compensation of the			
_	organization's CEO/Executive Director Check all that a					
	✓ Compensation committee	굣	Written employment contract			
	Independent compensation consultant	Γ	Compensation survey or study			
	Form 990 of other organizations	굣	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part	VI	I, Section A, line 1a			
а	Receive a severance payment or change of control payr	nen	t?	4a		Νo
b	Participate in, or receive payment from, a supplemental	nor	nqualified retirement plan?	4b		Νο
c	Participate in, or receive payment from, an equity-based	d co	ompensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provid	de th	he applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must compl	ete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, line compensation contingent on the revenues of	1 a	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, line compensation contingent on the net earnings of	1 a	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A, line payments not described in lines 5 and 67 If "Yes," desc			7		Νο
8	Were any amounts reported in Form 990, Part VII, paid					
	subject to the initial contract exception described in Re in Part III	gs	section 53 4958-4(a)(3)? If "Yes," describe			
	III F a I L I I I			8		Νo

Cat No 50053T

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	f W-2 and/or 1099-MI	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	
ROBERT KNOTT (I	147,550		20,500	17,000	1,950	187,000		
wc turner (I	139,979		5,833	10,938		156,750		
(i)								
(ii)							
(i)								
(ii)							
(i)	1							
(ii)							
(i)	1							
(ii)							
(i)								
(ii)							
(i)	1							
(ii)							
(i)								
(ii)							

Schedule J (Form 990) 2008

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
	Part I, Line 1a	Dr Turner [President] has part of his contract housing, utilities, insurance, custodial service etc paid for by the College He is the only one with these benefits This residence is provided for the convenience of the College in having the functions of the Office of the President efficiently discharged and as a condition of employment as President of the College For the benefit and convenience of the College, the President's residence shall be available, and shall be used, for College-related business and entertainment on a regular and continuing basis

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DLN: 93493102013020

OMB No 1545-0047

Schedule K (Form 990)

Department of the Treasury

Internal Revenue Service

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.

Open to Public Inspect ion

	ne of the organization									ion numi	er			
CA	TAWBA COLLEGE									56-0530	251			
P	art I Bond Issues (Requir	red for 2008)												
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date	Issued	(e) Issue	Price	(f) Des	(f) Description of Purpose		(g) Defeased		(h) O r Behalf (Issue)	
											Yes	No	Yes	No
Α_	nc capital facilities agency	56-1592194	65818pem7	09-12-	2006	27,	540,000		efund 1999 & 2000 bonds & Inance 2006 construction project			х		Х
Pa	art II Proceeds (Optional f	for 2008)												
1	Total Proceeds of Issue			-	4	E	3	(2	D			E	
2	Gross Proceeds in Reserve Fur	nds												
3	Proceeds in Refunding or Defea	sance Escrows												
4	Other Unspent Proceeds													
5	Issuance Costs from Proceeds													
6	Working Capital Expenditures f	rom Proceeds												
7	Capital Expenditures from Proc	eeds												
8	Year of Substantial Completion	1						·						
				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 an advance refunding	ıssue?											
11	Has the final allocation of proce	eeds been made?												
12	Does the organization maintain final allocation of proceeds?	adequate books and red	cords to support the											
Pa	rt IIII Private Business Us	se (Optional for 2008)				•			•				
					4	E	3	С		D			E	
				Yes	No	Yes	No	Yes	No	Yes	No	Yes		No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?														
2														

Schedule K (Form 990) 2008	· · · · · · · · · · · · · · · · · · ·
Part III Private Business Use	(Continued)

		A B		(D		E			
		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	Ą	В		С		D		1	E
	,	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?										
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
b	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?										
6	Did the bond issue qualify for an exception to rebate?										

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.

OMB No 1545-0047

Open to Public Inspection

Name of the organization CATAWBA COLLEGE

Employer identification number

56-0530251

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		claude abernethy and shuford abernethy, both members of the board, are father and son deborah messinger and mary messinger, both members of the board, are mother and daughter through marriage mike bauk, member of the board, and shirley ritchie, secretary of the board, are nephew and aunt through marriage jim dayvault and richard seiw ell, both members of the board, are brothers through marriage

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		a copy of the form 990 will be provided to the board of trustees for review via email or US mail prior to filing

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		conflict of interest statements are signed by each member of the board of trustees on an annual basis in the event of a potential conflict, that member will refrain from participating in the consideration of the proposed transaction in question, this person will not vote on or take any position for or against the proposed transaction.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		the college utilizes a "committee of the presidency" that evaluates the president on predetermined goals and the assessment of positive achievement determines the presidential salary increases the committee also interviews the four vice presidents in order to evaluate the president in turn, the president reviews the positions of the senior vice president of development, vice president of admissions, provost and the vice president of finance to establish salary levels based on performance all committee discussions are documented in meeting minutes

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		the organization's governing documents, conflict of interest policy and the financial statements are available to the public upon request

Identifier	Return Reference	Explanation
FORM 990, PART V, QUESTIONS 1C, 7G & 7H	BACKUP WITHHOLDING, FORMS 8899 AND 1098-C	THE ORGANIZATION DID NOT HAVE ANY REPORTABLE PAYMENTS TO VENDORS OR REPORTABLE GAMING WINNINGS TO PRIZE WINNERS AND THEREFORE THE BACKUP WITHOLDING RULES DID NOT APPLY THE ORGANIZATION DID NOT RECEIVE ANY CONTRIBUTIONS OF QUALIFIED INTELLECTUAL PROPERTY AND THEREFORE WAS NOT REQUIRED TO FILE FORM 8899 THE ORGANIZATION DID NOT RECEIVE ANY CONTRIBUTIONS OF BOATS, AIRPLANES OR OTHER VEHICLES AND WAS THEREFORE NOT REQUIRED TO FILE FORM 1098-C