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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)

2011

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

Open to Public Inspection

OMB No 1545-0047

A	For	the 20	11 calendar year, or tax year beginning J	<u>UL 1, 2011 and </u>	ending J	<u>UN 30, 2012</u>	?
В	Chec	ck if	C Name of organization			D Employer identif	ication number
		ıcable	Cape Fear Community Co	llege			
	c	ddress hange	Foundation Inc.				
		ame hange	Doing Business As			58-1	L308578
		utial eturn	Number and street (or P.O. box if mail is not de	ivered to street address)	Room/suite	E Telephone numbe	er
	Te	ermin- ted	411 North Front Street	·		(910	)) 362-7101
	A	mended turn	City or town, state or country, and ZIP + 4			G Gross receipts \$	1,408,872.
	tic	pplica- on	Wilmington, NC 28401			H(a) Is this a group i	
	р	ending	F Name and address of principal officer:Mar	garet Robison		for affiliates?	Yes X No
			same as C above			H(b) Are all affiliates in	cluded? Yes No
Ī	Tax	-exem	ot status: X 501(c)(3) 501(c)( )		or 527	If "No," attach a	a list. (see instructions)
J	We	bsite:	http://cfcc.net/founda	tion		H(c) Group exemption	on number
<u>K</u>	Forr	m of org	ganization: X Corporation Trust As	sociation Other >	L Year	of formation: 1969	M State of legal domicile: NC
F	art	I S	ummary				
_	,   .	1 Bri	efly describe the organization's mission or most	significant activities: To p	rovide	scholarshi	ps for
Governance	Community						
Ę	<u> </u>	2 Ch	eck this box > if the organization disco	ntinued its operations or dispo	sed of more	than 25% of its net a	ssets.
8	3   3	3 Nu	mber of voting members of the governing body	(Part VI, line 1a)	_	3	24
(	2	4 Nu	mber of independent voting members of the go	verning body (Part VI, line 1b)		4	24
9	3   4	<b>5</b> To	tal number of individuals employed in calendar y	/ear 2011 (Part V, line 2a)		5	0
į	(	6 To	tal number of volunteers (estimate if necessary)		MIRM	6	0
Octivities R	}   ;	7 a To	tal unrelated business revenue from Part VIII, co	lumn (C), line 12 REUE	1 7 1- 1-	70 7a	0.
)		b Ne	t unrelated business taxable income from Form	990-T, line 34		7b	0.
				E APR	( 9 20 <u>13</u>	Prior Year	Current Year
Ē (	,   8	B Co	ntributions and grants (Part VIII, line 1h)	C AFR		984,774.	1,336,781.
7 5	}   {	9 Pro	ogram service revenue (Part VIII, line 2g)		17	r 1 0.	0.
ברים ברים ברים ברים ברים ברים ברים ברים	1	O Inv	estment income (Part VIII, column (A), lines 3, 4	, and 7d) OGD		83,666.	71,055.
. 0	·   1	1 Otl	her revenue (Part VIII, column (A), lines 5, 6d, 8d	, 9c, 10c, and 11e)		1,114.	1,036.
_	1	2 To	tal revenue - add lines 8 through 11 (must equal	Part VIII, column (A), line 12)		1,069,554.	1,408,872.
	1	<b>3</b> Gr	ants and similar amounts paid (Part IX, column (	A), lines 1-3)		645,045.	633,113.
,	1	<b>4</b> Be	nefits paid to or for members (Part IX, column (A	N), line 4)		0.	0.
٩	2 1	<b>5</b> Sa	laries, other compensation, employee benefits (	Part IX, column (A), lines 5-10)		0.	0.
	1	6a Pro	ofessional fundraising fees (Part IX, column (A), I			28,370.	
5	2	<b>b</b> To	tal fundraising expenses (Part IX, column (D), lin	e 25) <b>&gt;</b> 43,4		Child Same	
ú	<sup>]</sup>   1	7 Ot	her expenses (Part IX, column (A), lines 11a-11d	, 11f-24e)		18,552.	13,788.
	1	<b>8</b> To	tal expenses. Add lines 13-17 (must equal Part I	X, column (A), line 25)		691,967.	690,394.
_	1	9 Re	venue less expenses. Subtract line 18 from line	12		<u>377,587</u>	718,478.
Net Assets or	<u> </u>				Ве	ginning of Current Year	End of Year
set	[ 2	<b>10</b> To	tal assets (Part X, line 16)	· · · · · · · · · · · · · · · · · · ·		4,880,029.	5,506,260.
A A	필 2	21 To	tal liabilities (Part X, line 26)			0.	2,865.
Ž	∄ 2		t assets or fund balances. Subtract line 21 from	line 20		<u>4,880,029</u> .	5,503,395.
_			Signature Block				
			s of perjury, I declare that I have examined this return,				ny knowledge and belief, it is
tru	ie, co	orrect, a	ind complete. Declaration of prepared (other than office	er) is based on all information of w	hich preparer	has any knowledge.	
			I languar torsin			4/1	0/13
Si	gn		Signature of Officer			Date /	/
H	ere		Margaret Robison, Exec	<u>utive Director</u>			
_		<u> </u>	Type or print name and title		T _		
			rint/Type preparer's name	Preparer's signature  Willanier, Cf	<b>I</b>	Date Check [	PTIN
Pa	id		.L. Lanier, CPA	A !	AR 2 0 2013 Self-emplo	· - ·	
	epar			Craft & Co.		Firm's EIN	<u> 56-1758968</u>
Us	e On	ily Fi	rm's address 1404 Commonwealt		200		
_			Wilmington, NC 2	8403		Phone no S	10-256-6366
<u>M</u>	ay th	ne IRS	discuss this return with the preparer shown about	ove? (see instructions)	<del></del>		X Yes No
13	2001	01-23-1	2 LHA For Paperwork Reduction Act Notice	e, see the separate instructi	ons.		Form <b>990</b> (2011)

See Schedule O for Organization Mission Statement Continuation

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	Cape Fear Community College
	1990 (2011) ' Foundation Inc. 58-1308578 Page 2 This Statement of Program Service Accomplishments
Pai	
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	To provide scholarships for college students and to support the
	programs of Cape Fear Community College by generating cash and
	non-cash donations.
	Dul the annual and a second section of the section of the second section of the
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
3	· // · · · · · · · · · · · · · · · · ·
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to
4-	others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code) (Expenses \$ 396,302. including grants of \$) (Revenue \$)  Scholarships to students at Cape Fear Community College and mini-grants
	to instructors, based on documented criteria.
	to instructors, based on documented criteria.
4b	(Code) (Expenses \$ 62,995. including grants of \$ ) (Revenue \$)
70	Donations of cash to Cape Fear Community College for educational
	support and for various services and improvements and to assist in
	generating cash and non-cash support from businesses and individuals to
	help further the programs of the college.
	1019 Talenda Che programe de die dorrogei
4c	(Code) (Expenses \$173,816. including grants of \$) (Revenue \$)
	Donations of non-cash items to Cape Fear Community College to help
	further the programs of the college.
	Other program convices (Describe in Schedule O.)
₩	Other program services (Describe in Schedule O.)
40	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses > 633,113.
<del>-70</del>	Form 990 (2011)
	Form 930 (2011)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		7.7	Ì
_	If "Yes," complete Schedule A	1	X	<del></del>
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			<b>.</b>
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			<b>.</b>
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_	'	<b>.</b>
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			-
_	Schedule D, Part III  Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide	8		X
9		9	,	х
40	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9		<u> </u>
10	and automate or a vesi and automate 2 /4 EVes E complete Schodule D. Bout V	40	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10	<u> </u>	ļ ,
••	as applicable.			(7.35)
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			5 - 3
а	Part VI	11a		x
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	_,,,		
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		$\mathbf{x}_{-}$
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<b>x</b> _
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		$\mathbf{x}_{-}$
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	X	_
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			,
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		_X_
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u>X</u>	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
<u> </u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV | Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the 21 United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II X 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX. 22 X column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete X 23 .. . .. .. . 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25 X 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 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 d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) 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 X\_ 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete X Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified 26 X person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 27 contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III X 27 ( <u>)</u> 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): 8.5 X a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a Х b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, X director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? 31 X If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I X 33 Was the organization related to any tax-exempt or taxable entity? 34 If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 34 Did the organization have a controlled entity within the meaning of section 512(b)(13)? X 35a 35a b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . 35b X Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? X If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O

Cape Fear Community College

1011) Foundation Inc.

Statements Regarding Other IRS Filings and Tax Compliance Form 990 (2011) **Part V** Sta

3a Dd the organization have unrelated business gross income of \$1,000 or more during the year?  b if "Yes," has it filed a Form 990-T for this year? if "No", provide an explanation in Schedule O  3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountry?  See in structions for filing requirements for Form TD F 9022.1, Report of Foreign Bank and Financial Accounts.  See instructions for filing requirements for Form TD F 9022.1, Report of Foreign Bank and Financial Accounts.  See instructions for filing requirements for Form TD F 9022.1, Report of Foreign Bank and Financial Accounts.  See in the organization a party to a prohibited tax shelter transaction at any time during the tax year?  So Use the organization in party to a prohibited tax shelter transaction at any time during the tax year?  So Use the organization aperty to a prohibited tax shelter transaction and party to a prohibited tax shelter transaction?  So Use if "Yes," to line 5a or 5b, did the organization file form 8886.7?  Does the organization shelt may receive deductible on the party of a prohibited tax shelter transaction?  Fee If Yes, and the organization related with every solicitation and party to goods and services provided to the payor?  Fee If Yes, and the organization notify the donor of the value of the goods or services provided?  Did the organization receive applyment in excess of \$75 made party sa a contribution and party for goods and services provided to the payor?  Fee If Yes, indicate the number of Forms 8282 filed during the year  Did the organization received any funds, directly or indirectly, on a personal benefit contract?  Fee Did the organization received and partition of cars, boats, simplanes, or other vehicles, did the organization file a Form 1098-C?  So Spensoring organizations maintaining doors advised funds, and seetiles 596(4)(3) supportin		Check if Schedule O contains a response to any question in this Part V				<u></u>
be Enter the number of Forms W2G included in line 1a. Enter O-I not applicable  □ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamming (gambling) winnings to prize winners?  2a. Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements.  1b if at least one is reported on line 2a, did the organization file all required federal employment tax returns?  2b. If a least one is reported on line 2a, did the organization file all required federal employment tax returns?  3c. Did the organization have unrelated business gross income of \$1,000 or more during the year?  3c. Did the organization have unrelated business gross income of \$1,000 or more during the year?  3c. Did the organization have unrelated business gross income of \$1,000 or more during the year?  3c. Did the organization have unrelated business gross income of \$1,000 or more during the year?  3c. Did the organization have unrelated business gross income of \$1,000 or more during the year?  3c. Did the organization have unrelated business gross income of \$1,000 or more during the year?  3c. Did the organization have unrelated business gross income of \$1,000 or more during the year?  3c. Did the organization and party to a prohibited tax shelter transaction at any time during the tax year?  3c. Did any taxable party northy the organization that twas or is a party to a prohibited tax shelter transaction?  3c. Did the organization have encusal gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that wave nor tax eductible?  3c. Did the organization that were not tax eductible?  3c. Did the organization relates a payment in excess of \$75 made party sa contribution and party for goods and services provided?  3c. Did the organization relates a payment in excess of \$75 made party sa contributions and party for goods and services provided?  3c. Did the organization relates and party to contribution of a qualified inte			1 1		Yes	No
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garning (aparibling) winnings to prize winners?  2a Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return  3b If at least one is reported on line 22, did the organization field affecting deforal employment tax returns?  Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3c Did the organization have unrelated business greaters are constituted to e-file (see instructions)  3c Did the organization have unrelated business greaters are explanation in Schedule O  3d Did the organization have unrelated business greaters are explanation in Schedule O  3d Did the organization have unrelated business greaters are explanation in Schedule O  3d At any time during the calendary year, did the organization have an interest in or a signature or other subhorty over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  4d At any time during the calendary daw, did the organization have an interest in or a signature or other authority over, a financial account in a foreign country. [In addition of the firm of the foreign country of the Did any taxable party northy the organization file form 888817  5d Was the organization and party to a prohibited tax shelter transaction?  5d Did any taxable party northy the organization file form 888817  5d Dees the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible?  5d Organization state may receive deductible contributions under section 170(c).  5d Organization state was not tax deductible?  5d Organization state in contribution of care that was or is a parity as a contributions or any account of the organization selected to the payor?  7d Organiz	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	<u>o</u>	"	
(gambling) winnings to prize winners?  2 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements.  field for the calendar year ending with or within the year covered by this return.  5 If at least one is reported on line 2a, did the organization file all required feeral employment tax returns?  5 If a least one is reported on line 2a, did the organization file all required feeral employment tax returns?  5 If the calendar year ending with or within the year covered by this return.  5 If Yes, 1 and 1 file a form 900 For for the year 11 No, 1 provide an explanation in Schodula 0  5 If Yes, 1 and 1 file a form 900 For for the year 11 No, 1 provide an explanation and Schodula 0  5 If Yes, 2 enter the name of the foreign country.  5 If Yes, 3 enter the name of the foreign country.  5 See instructions for filing requirements for Form TD F 9022.1, Report of Foreign Bank and Financial accounts.  5 Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5 If Yes, 5 did the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?  5 If Yes, 5 did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6 If Yes, 6 did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 If Yes, 7 did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  8 If Yes, 7 did the organization nective the cornor of the value of the goods or servees provided?  9 If Yes, 8 did the organization nective the cornor of the value of the goods or servees provided?  10 If the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided?  11 If Yes, 1 indicate the	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	<u>0</u> .		. 0
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  b if at least one is reported on ine 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to a-file (see instructions)  3 b Ut the organization have unrelated business gross income of \$1,000 or more dumpt the year?  3a X  b if Yes, * has a filed a Form 990-T for this year? If Y-No, * provide an explanation in \$2,000 or more dumpt the year?  3a X  b if Yes, * and thing the calendary awar, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  5a Yeas the signal of the foreign country (such as a bank account, securities account, or other financial account)?  5b If Y-Yes, * and fined a foreign country is whether transaction at any time dump the tax year?  5c Was the organization have or promitted that was or is a party to a prohibited tax shelter transaction?  6c If Yes, * to line 5a or 5b, did the organization file Form 8886-T?  6d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization sclott any contributions that were not tax deductible?  6c If Yes, * to line 5a or 5b, did the organization file Form 8886-T?  6d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization sclott any contributions that may receive deductible?  6c If Yes, * to line the organization have annual gross receipts that are normally greater than \$100,000, and did the organization sclott to file Form 8200 and services provided to the payor?  7a If Yes, * indicate the organization ended the organization and partly for goods and services provided to the payor?  7b If Yes, * indicate the organization ended to normal	С	Did the organization comply with backup withholding rules for reportable payments to vendors and rules for reportable payments.	eportable gaming	. ' '		b .
field for the calendary year ending with or within the year covered by this return		(gambling) winnings to prize winners?		1c		X_
bit fat least one is reported on line 2a, dut the organization file all required federal employment tax returns?  Note, if the sum of files 1 a and 2a is greater than 250, you may be required to e-file (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a X  X  bit Yes, *nast filed a Form 990-T for this year? If You, *provide an explanation in Schedule O  3b A At any time during the calendary year, did the organization have an inferest in or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  5b If Yes, *note the name of the foreign country. ►  See instructions for filing requirements for Form TD F 9022.1, Report of Foreign Bank and Financial Accounts.  5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5c If Yes, *to line Sa or 5b, did the organization that if was or is a party to a prohibited tax shelter transaction?  5c If Yes, *to line Sa or 5b, did the organization that if was or is a party to a prohibited tax shelter transaction?  5c If Yes, *to line Sa or 5b, did the organization that if was or is a party to a prohibited tax shelter transaction scillar any contributions that were not tax deductible?  5c If Yes, *to lide the organization micules with every solicitation an express statement that such contributions or gifts were not tax deductible?  5c If Yes, *did the organization notify the donor of the value of the goods or services provided?  5c If Yes, *did the organization notify the donor of the value of the goods or services provided?  5d If Yes, *did the organization science applies that are notified to the property for which it was required to file Form 8292?  5d If Yes, *did the organization science applies that are notified to the property for which it was required?  5d If Yes, *did the organization neceived a contribution of qualified mellectual property, did the organization	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				'
Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3		filed for the calendar year ending with or within the year covered by this return	2a	<u>0</u>	-	-
3 a   X   X   Yes, 'has it flied a Form 990-1 for this year? If 'No, 'provide an explanation in Schedule O   3 b   1 'Yes, 'has it flied a Form 990-1 for this year? If 'No, 'provide an explanation in Schedule O   3 b   3 b   4   4   4   4   4   4   4   4   4	b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuined federal employment tax returned federal employm	ms?	2b		
b if "Yes," has it flied a Form 990T for this year? if "No," provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account? 4b if "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a D da nyt suable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b L Yes, "to line 5a or 5b, did the organization file Form 8886-T7  6c Dos the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that twer not tax deductible?  6c L Yes, "did the organization necouse application of tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  8d If "Yes," did the organization include with every solicitation an express statement that such contributions or grits were not tax deductible?  8d If "Yes," did the organization include with every solicitation an express statement that such contributions or grits were not tax deductible?  9d If the organization receive a payment in excess of 15° finade party as a common and party for goods and services provided to the payor?  9d If "Yes," indicate the number of Forms 8282 flied during the year  9d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  9d If the organization received an contribution of cars, boats, anglesses, or ther vehicles, did the organization. Body the supporting organization is a contribution of cars, boats, anglesses, or their vehicles, did the organization. Body and the supporting organization and additional to the supporting or		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)	~ ·	1.5	4 Å .
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  See instructions for filing requirements for Form TD F 50-22.1, Report of Foreign Bank and Financial Accounts.  S Was the organization aparty to a prohibited tax shefter transaction at any time during the tax year?  5a Was the organization aparty to a prohibited tax shefter transaction?  5b Was the organization have annual glross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  6b If Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided the payor?  bif Yes," did the organization notify the donor of the value of the goods or services provided?  bif the Form 8282?  C Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided the payor?  bif the organization receive a payment in excess of \$75 made party as a contribution of property for which it was required to file Form 8282?  bif the organization received a contribution of qualified intellectual property, did the organization for form \$8282 filed during the year  bif the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Spensoring organizations maintaining donor advised funds and section \$90(4)(3) supporting organization file a Form 1098-C?  Spensoring organizations maintaining donor advised funds and section \$90(4)(3) supporting organization file a Form 1098-C?  Spensoring organization make a distribution to a don	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	L	X
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5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 Did any taxable party northy the organization that it was or is a party to a prohibited tax shelter transaction?  5 Did any taxable party northy the organization life Form 8886-17  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that there not tax deductible?  6 If "Yes," did the organization include with every solicitation an express statement that such contributions or grits were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 Did the organization shall may receive deductible contributions under section 170(c).  9 Did the organization neceive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  9 Did the organization neceive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  10 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  10 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  11 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  12 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1986-07 and 1986-07 a	b			, ,	^-,· »	<b> </b> `
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  If "Yes," to line 5a or 5b, did the organization file Form 888F-17  Boes the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  If "Yes," did the organization included with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  If "Yes," did the organization network any payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  The state of the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  If "Yes," did the organization network any thing the year and the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If the organization receives any nunds, directly or indirectly, on a personal benefit contract?  If the organization received a contribution of qualified intellectual property, did the organization file a Form 1998-0?  Sponsoring organizations maintaining denor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization received a contribution of cars, boats, anplanes, or other vehicles, did the organization file a Form 1998-0?  Sponsoring organization make any taxable distributions under section 4966?  Sponsoring organizations maintaining denor advised funds.  Did the organization make any taxable distributions under section 49667  Sponsoring organizations maintaining denor advised funds.  Did the organization make any taxable distributions under section 49667  Sponsoring organization make any taxable distributions under section 49667  Sponsoring organization make any taxable distributions under section 49667  Sponsoring organization received or form			Accounts.	£ .	P 6 1	ŝ' `
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c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7e  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  Sponsoring organization make any taxable distributions under section 4966?  Did the organization make any taxable distributions under section 4966?  Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  Section 501(c)(12) organizations. Enter:  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  Section 501(c)(29) qualified nonprofit health insurance issuers.  If If yes, enter the amount of tax exempt interest received or accrued during the year  Section 501(c)(29) qualified nonprofit health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state?  Note. See the instructions for	а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices provided to the payor	? 7a		X
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			130			77
						<u> X</u>
	D	п тех, пах п пед а ногт /20 to report these payments? If "No," provide an explanation in Schedule	90		000	

Cape Fear Community College

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

	Check if Schedule O contains a response to any question in this Part VI			·		<u>X</u>				
<u>Sec</u>	tion A. Governing Body and Management									
					Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	24		. ;					
	If there are material differences in voting rights among members of the governing body, or if the governing	1 1				7.22				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			1,0	253	1.33				
ь	Enter the number of voting members included in line 1a, above, who are independent	1b	24	<u>,</u> ,,,	4	`'				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with any	other		1	1000				
	officer, director, trustee, or key employee?			2		X				
3	Did the organization delegate control over management duties customanly performed by or under the	e direct si	upervision							
	of officers, directors, or trustees, or key employees to a management company or other person?			3	ļ	x				
4	Did the organization make any significant changes to its governing documents since the prior Form 9	 990 was fi	led?	4		x				
5										
6	Did the organization have members or stockholders?			6		X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	 opoint one	or							
•	more members of the governing body?	•		7a		x				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	 tockholde	ors or							
-	persons other than the governing body?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	7b		x				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	 ar hv tha fo	llowana:	,						
а	The governing body?	ar by the lo	nowing.	0.	X	` `				
	Each committee with authority to act on behalf of the governing body?			.8a 8b	X	<u> </u>				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	Johan at th		00						
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	cheu at ti	ie –	9		x				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	overve C		_ 9_						
000	tion D. Follolog [mis Section B requests information about policies not required by the internal A	evenue Co	ode j		V	<b>-</b>				
102	Did the organization have local chapters, branches, or affiliates?			10-	Yes	No				
	If "Yes," did the organization have written policies and procedures governing the activities of such cl			10a		X				
D		napters, a	miliates,			l				
110	and branches to ensure their operations are consistent with the organization's exempt purposes?	 		10b		v				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	у ретоге ті	ling the form?	11a	J. 337	X				
b 100	Describe in Schedule O the process, if any, used by the organization to review this Form 990			,	ı	^ · ·				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	<u> </u>				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		• •	12b	Х	<u> </u>				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," descr	1De							
40	In Schedule O how this was done			12c		X				
13	Did the organization have a written whistleblower policy?			13	X					
14	Did the organization have a written document retention and destruction policy?			14	<u> </u>	<del></del>				
15	Did the process for determining compensation of the following persons include a review and approva	al by indep	pendent	* *	, i p	Ľ,				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			,	1	ř . ^				
а	The organization's CEO, Executive Director, or top management official	-		15a	X					
þ	Other officers or key employees of the organization			15b	X					
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			\$25°		4,7 3				
102	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent with	a	7						
_	taxable entity during the year?			16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	•	cipation	3 /		1. 33				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization's		, , «· »	77	, , , , , , , , , , , , , , , , , , ,				
<u></u>	exempt status with respect to such arrangements?			16b						
	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed None									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Section :	501(c)(3)s only) a	vailabl	e					
	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website Another's website X Upon request									
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co	nflict of in	terest policy, and	d finan	cial					
	statements available to the public during the tax year.									
20	State the name, physical address, and telephone number of the person who possesses the books ar	nd records	of the organizat	ion: 🕨						
	Margaret Robison, Exec. Dir (910)362-7101									
40000	411 North Front Street, Wilmington, NC 28401									
132006 01-23-	12			Form '	9 <b>90</b> (2	2011)				

#### Cape Fear Community College

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization	nor any related	orga	anıza	ation	COL	mpe	nsa	ted any current officer, o	director, or trustee.	
(A)	(B)		(C)					(D)	(E)	(F)
Name and Title	Average	(de	not c	Pos			one	Reportable	Reportable	Estimated
	hours per	box	unle cer an	ss pe	rson	ıs bot	han	compensation	compensation	amount of
	week	-	_	luau	T OCK	Ji/uus	100,	from	from related	other
	(describe hours for	or director			Ì	_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	50 aa	Ste		Ì	age a		(W-2/1099-MISC)	(** 27 1000 111100)	organization
	organizations	T tst	를		oyee	e e		\ \tag{\tag{\tag{\tag{\tag{\tag{\tag{		and related
	ın Schedule	Individual trustee	Institutional trustee	55	Кеу етріоуев	Highest compensated employee	喜			organizations
	O)	를	is i	Officer	Æ	三	호			
(1) Eric B. McKeithan	0.00					ŀ				0
Director	0.00	X	-		_	├		0.	0.	0.
(2) Janet H. Monterose	0.00								0	
Director	0.00	X	-				-	0.	0.	0.
(3) Judy A. Budd		l <u></u>					ĺ			
Director	0.00	X	<u> </u>			<u> </u>		0.	0.	0.
(4) William S. Cherry					Ì					
Director	0.00	X		_		-		0.	0.	0.
(5) Wilma Daniels	0.00					!				•
Director	0.00	X				-		0.	0.	0.
(6) Stephen Tyde										
Director	0.00	X	-			-	-	0.	0.	0.
(7) Pete M. DeVita	0.00									•
Director	0.00	X		$\vdash$	<u> </u>	-		0.	0.	0.
(8) Ms. Eldridge Dodson	0.00									•
Director	0.00	<u> </u>	-				_	0.	0.	0.
(9) Debbie Elliott	0.00	Į.,								•
Director	0.00	^	╁		⊢	$\vdash$	┝	0.	0.	0.
(10) John Whitley	0.00	J.						0.	^	0
Director	0.00	^	-	├─	_	├	-	0.	0.	<u> </u>
(11) Charles Williams	0.00					ł		0.	0.	0.
Director	- 0.00	^	├	$\vdash$	<del>                                     </del>	-	├─	ļ		<u> </u>
(12) Peter Gratele	0.00	v						0.	0.	0.
Director (13) Darcie M. Keefe	0.00	^		<u> </u>		h-		0.	•	0.
	0.00	v						0.	0.	0.
Director Washing Washing	0.00	^			-			- 0.		<u> </u>
(14) Louise McColl	0.00	v						0.	0.	0
Director (15) Martin Meyerson	0.00	A			-	-	-	· ·	<u>U.</u>	0.
Director	0.00	v	}					0.	0.	0.
(16) Sarah Reamer	- 0.00	1 A		<b>-</b>	$\vdash$	<del>                                     </del>	<del>                                     </del>		0.	<u>.</u>
Director	0.00	v			1			0.	0.	0.
(17) Mike Wilkinson		A				-	$\vdash$	1		<u> </u>
Director	0.00	\v_						0.	0.	0.
DITECTOI		ıA	<u>.                                    </u>		<u> </u>				<u> </u>	5 000 (2244)

Section A. Officers, Directors,	Trustees, Key E	mple	oyee	es, a	nd l	<u>Higt</u>	<u>iest</u>	Compensated Employ	rees (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	//	not c	Pos				Reportable	Reportable	Estimated
	hours per	box	i, unle	ss pe	rson	is bo	th an		compensation	amount of
	week	_	cer ar	nd a d	Irect	or/tru:	stee)	from	from related	other
	(describe	director				ŀ		the	organizations	compensation
	hours for related	5	8		Į	ated		organization	(W-2/1099-MISC)	from the
	organizations	불	#g	]		Bell	}	(W-2/1099-MISC)		organization
	in Schedule	la d	lenor	ĺ	lg lg	25 5				and related
	0)	Individual trustee or	Institutional trustee	Officer	Кеу еп	Highest compensated employee	Former			organizations
(18) Jan Capps										_
Director	0.00	X	<u> </u>		<u> </u>	ļ		0.	0.	0.
(19) Ellis A. Tinsley, Sr		l								
Director	0.00	X				ļ	_	0.	0.	0.
(20) Madeline Trask Hickman								İ		
Director	0.00	X		<u>_</u>				0.	0.	0.
(21) Mark Alper					ļ	ļ	1			<b>(</b>
Director	0.00	X	_		<u> </u>	<u> </u>		0.	0.	0.
(22) Margaret Robison					ł					
Executive Director	40.00	X		X				0.	84,184.	0.
(23) William G. Anlyan, Jr.			Γ							
Chair	0.00	X		X				0.	0.	0.
(24) Sara B. Strassle					Г					
Co- Chair	0.00	x		x			İ	0.	0.	0.
(25) Vicki Dull		1			T	1				
Director	0.00	x						0.	0.	0.
birector		<u> </u>				<u> </u>				·
			1							
1b Sub-total						▶		0.	84,184.	0.
c Total from continuation sheets to Par						<b>&gt;</b>		0.	0.	0.
						<b>&gt;</b>		0.	84,184.	0.
2 Total number of individuals (including be				ed al	bove	e) wl	ho r	eceived more than \$100	0,000 of reportable	
compensation from the organization	<u> </u>									
										Yes No
3 Did the organization list any former office	cer, director, or tn	uste	e, ke	y er	nplo	yee	, or	highest compensated e	mployee on	[3] V ( ]
line 1a? If "Yes," complete Schedule J f	or such individual									3 X
4 For any individual listed on line 1a, is the	e sum of reportab	le co	omp	ensa	ation	n and	d ot	her compensation from	the organization	
and related organizations greater than \$	\$150,000? If "Yes,	" co	mple	ete S	Sche	edul	e J i	for such individual		4 X
5 Did any person listed on line 1a receive	or accrue compe	nsat	ion f	rom	any	uni	relat	ted organization or indivi	dual for services	4
rendered to the organization? If "Yes," or	complete Schedul	e J f	or su	ıch ,	pers	son		<del></del>		5 X
Section B. Independent Contractors										
1 Complete this table for your five highest	compensated in	depe	ende	nt c	onti	racto	ors t	that received more than	\$100,000 of compens	ation from
the organization. Report compensation	for the calendar y	ear	endi	ng v	vith	or w	<u>rthir</u>	n the organization's tax	year.	
(A)								(B)		(C)
Name and busing	ess address	N	INC	<u> </u>				Description of s	ervices C	compensation
	<del></del>							····		
							$\dashv$			
	_									
					_					
2 Total number of independent contractor	rs (including but n	ot la	mite	d to	tho	se lis	sted	above) who received m	nore than	
\$100,000 of compensation from the org						0				
										Form <b>990</b> (2011)

Foundation Inc.

Statement of Revenue Part VIII (C) (A) (B) Revenue excluded from Total revenue Related or Unrelated exempt function business tax under sections 512, 513, or 514 revenue revenue 1 a Federated campaigns **b** Membership dues 1b c Fundraising events d Related organizations 1d e Government grants (contributions) 1e All other contributions, gifts, grants, and 336,781 similar amounts not included above 173,816. g Noncash contributions included in lines 1a-1f \$\_ h Total, Add lines 1a-1f **Business Code** Program Service f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 71,055 71,055. Income from investment of tax-exempt bond proceeds 4 (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Secunties (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) . . .. . 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances . . . . . b Less: cost of goods sold c Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 11 a Change in Value-life i 900099 1,036 b d All other revenue 1,036. e Total. Add lines 11a-11d 408,872 72,091 Total revenue. See instructions. 132009 01-23-12 Form 990 (2011)

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Form 990 (2011) Foundation Inc.

Part IX | Statement of Functional Expenses

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

	Check if Schedule O contains a respon	nee to any sucction in th	no Doet IV		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	236,811.	236,811.	, , , , , , , , , , , , , , , , , , , ,	
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	396,302.		A STATE AND STATE	
3	Grants and other assistance to governments, organizations, and individuals outside the			And your area	
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members			् १० ४४ ।	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
5	Compensation of current officers, directors,				
	trustees, and key employees	·			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
9	section 401(k) and section 403(b) employer contributions) Other employee benefits				<del></del>
10	Da () A	<del></del>			
11	Fees for services (non-employees):				
	Management				
b	Legal				
c	Accounting	8,500.		8,500.	
d	Lobbying			0,300.	
е	Professional fundraising services. See Part IV, line 17	43,493.	34 74 74 74		43,493.
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	5,288.		5,288.	
14	Information technology				
15	Royalties				
16	Occupancy		<u></u>		
17	Travel				<u> </u>
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings			· · · · · · · · · · · · · · · · · · ·	
20 21	Payments to affiliates			<u> </u>	
22	Depreciation, depletion, and amortization			<del></del>	
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	· · · · · ·			3 1 2	· · · · · · · · · · · · · · · · · · ·
b		<del> </del>			
c					
d			- <del></del>	<del></del>	
	All other expenses				<del></del>
25	Total functional expenses. Add lines 1 through 24e	690,394.	633,113.	13,788.	43,493.
26	Joint costs. Complete this line only if the organization			<u> </u>	<u> </u>
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				_
132010	0 01-23-12				Form 990 (2011)

rm (	200 //	Cape Fear Comm			<b>5</b> Ω	1308578 Page 1
art		Balance Sheet			<u> </u>	1300370 Page
			<del></del>	(A)		(B)
				Beginning of year	i	End of year
$\top$	1	Cash - non-interest-bearing		216,068.	1	455,219
	2	Savings and temporary cash investments		1,316,707.	2	1,257,131
	3	Pledges and grants receivable, net		13,352.	3	51,102
1	4	Accounts receivable, net			4	
ļ	5	Receivables from current and former officers, di	rectors, trustees, key		,, ,	13 2 12 3 4 4
	-	employees, and highest compensated employe	•	10 1 - Wash	\ ;	
1		of Schedule L			5	
1	6	Receivables from other disqualified persons (as		S 1 + 14 , 3 ,	`	3
Ì	•	4958(f)(1)), persons described in section 4958(c		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
-		employers and sponsoring organizations of sections	· · · · · · · · · · · · · · · · · · ·	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	, ",	A Some De
1		employees' beneficiary organizations (see instru			6	3 " "
	7	Notes and loans receivable, net	······································		7	<u> </u>
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	-	Land, buildings, and equipment: cost or other		4 7 4 7 4 4	-	* 2 2 2 500
1	iva	basis. Complete Part VI of Schedule D	10a		ر مراق	
	_	Less: accumulated depreciation	10b	a some State of	10c	
1	_			3,281,940.	11	3,589,810
	11	-	<u>.</u>	3,201,340.		3,369,610
- 1	12	Investments - other securities. See Part IV, line			12	<del> </del>
-)	13	Investments - program-related. See Part IV, line	11		13_	
	14	Intangible assets		F1 062	14_	152 000
	15	Other assets. See Part IV, line 11		51,962.	15	152,998
$\neg$	16	Total assets. Add lines 1 through 15 (must equ	ial line 34)	4,880,029.	16	5,506,260
	17	Accounts payable and accrued expenses	··· · · · · · · · · · · · · · · · · ·		17	2,865
- [	18	Grants payable			18	
- 1	19	Deferred revenue			19_	<del> </del>
- 1	20	Tax-exempt bond liabilities		20	<u> </u>	
	21	Escrow or custodial account liability. Complete	•		21	N
1	22	Payables to current and former officers, director	· · · · ·		,	1
İ		highest compensated employees, and disqualifi	ied persons. Complete Part II	1 4 4 5 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- 36.	
		of Schedule L			22_	
	23	Secured mortgages and notes payable to unrela	ated third parties		23	
-   :	24	Unsecured notes and loans payable to unrelate			24	
	25	Other liabilities (including federal income tax, pa	-			
1		parties, and other liabilities not included on lines	s 17-24). Complete Part X of			]
İ		Schedule D			25	
4	<u> 26</u>	Total liabilities. Add lines 17 through 25		0.	26_	2,865
ı		Organizations that follow SFAS 117, check he	ere 🕨 💹 and complete	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ų.v	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ı		lines 27 through 29, and lines 33 and 34.			3 3	1.00 - 1.00 - 2.00
] :	27	Unrestricted net assets		476,802.	27	624,563
	28	Temporarily restricted net assets		948,226.	28	989,741
- [ :	29	Permanently restricted net assets	<u></u>	3,455,001.	29	3,889,091
		Organizations that do not follow SFAS 117, c	heck here 🕨 🔲 and		14	10 18 1 1 C .
		complete lines 30 through 34.			,	Land Sand
	30	Capital stock or trust principal, or current funds	· · · · · · · · · · · · · · · · · · ·		30	
	31	Paid-in or capital surplus, or land, building, or ed	quipment fund		31	
1	32	Retained earnings, endowment, accumulated in			32	
] ;	33			4,880,029.	33	5,503,395
		Total liabilities and net assets/fund balances		4,880,029.	34	5,506,260

Form	Cape Fear Community College 1990(2011) 'Foundation Inc.	58-13	08578	Pac	<sub>1e</sub> 12
Pa	rt XI Reconciliation of Net Assets		<u> </u>		
	Check if Schedule O contains a response to any question in this Part XI	•	<u>.                                    </u>		X
1 2 3	Total revenue (must equal Part VIII, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1	2 3	718	0,3 3,4	94. 78.
4 5	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  Other changes in net assets or fund balances (explain in Schedule O)	5		5,1	12.
6 Pa	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))  rt XII Financial Statements and Reporting	6	5,503	3,39	95.
	Check if Schedule O contains a response to any question in this Part XII				$\mathbf{x}$
1	Accounting method used to prepare the Form 990: Cash X Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	<b>O</b> .	2a		X.
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	e audit,	2c	x	
d	If the organization changed either its oversight process or selection process during the tax year, explain in Scholf "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued separate basis, consolidated basis, or both:		v; ;		
	X Separate basis Consolidated basis Both consolidated and separate basis			٠,١,٠,١	- 1, 16 1, 15 1
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audrt			

Act and OMB Circular A-133? .... .... .....

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

2011

Open to Public Inspection

Name of the organization Cape Fear Community College **Employer identification number** Foundation Inc. 58-1308578 Part I Reason for Public Charity Status (All organizations must complete this part ) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii), A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 X An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) R A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III - Functionally integrated a Type I b Type II d \_\_\_ Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting organization, check this box . . .. .. ... .. Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? h Provide the following information about the supported organization(s). (iii) Type of (vi) Is the (i) Name of supported (ii) EIN (iv) is the organization (v) Did you notify the (vii) Amount of ganization in col. organization in col. (i) listed in your organization in col. organization organized in the support (described on lines 1-9 governing document? (i) of your support? U.S.? above or IRC section (see instructions)) No Yes Yes No

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

Schedule A (Form 990 or 990-EZ) 2011

Cape Fear Community College Schedule A (Form 990 or 990-EZ) 2011 Foundation Inc 58-1308578 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 1133562. 1101061. 1018008. 984,774. 1336781. 5574186. 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 344,264 390,933 410,411 443,673. 456,215 1792996. Total, Add lines 1 through 3 477826. 1491994 1428419 1428447 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 48,666. 6 Public support. Subtract line 5 from line 7571016. Section B. Total Support

Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	1477826.	1491994.	1428419.	1428447.	1792996.	7619682.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	347,199.	-90,780.	35,868.	83,666.	71,055.	447,008.
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			İ			
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10	27.5 49	<i>)</i>	. ,	\$ · .	1 . 6	8066690.
12	Gross receipts from related activities	etc. (see instruction	nne)			10	

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) 93.86 15 16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ......  $\triangleright |X|$ b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box

and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,

and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

organization, check this box and stop here

Section C. Computation of Public Support Percentage

## Schedule A (Form 990 or 990-EZ) 2011 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and	•					
	membership fees received. (Do not						
	include any "unusual grants.")		L				
2	Gross receipts from admissions,						
	merchandise sold or services per-				İ		
	formed, or facilities furnished in any activity that is related to the				}		
	organization's tax-exempt purpose				L		
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to		1				
	the organization without charge				ļ		
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and			·			
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the				l		
	amount on line 13 for the year		l				
C	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)	· ` `	* *		537 3		
Sec	ction B. Total Support	<b>r</b>			<del></del>		
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 6	ļ					
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 June 30, 1975	<del></del>			l		
	Add lines 10a and 10b						
• •	activities not included in line 10b.						
	whether or not the business is						
12	regularly carned on Other income. Do not include gain		<del></del>				<del></del>
12	or loss from the sale of capital						
40	assets (Explain in Part IV.)						
	Total support (Add lines 9, 10c, 11, and 12)		- 6				<del></del>
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organız	ation,
Sec	check this box and stop here	ic Support Pe	rcentage	<u> </u>			
	Public support percentage for 2011 (			och umm (fl)		45	
	Public support percentage from 2010	= = =	· ·			15	<u>%</u>
	ction D. Computation of Inves			·	<del></del>	16	<u>%</u>
_	Investment income percentage for 20			e 13 column (f)	-	47	
	Investment income percentage from :		***	io 10, coluinii (i <i>))</i>		17	<u>%</u> %
	33 1/3% support tests - 2011. If the				. 15 is more than 3	18   3 1/3% and line 1	
,50	more than 33 1/3%, check this box a						, is lior ►
	33 1/3% support tests - 2010. If the					•	<b>P</b>
N.	line 18 is not more than 33 1/3%, che						111U
20	Private foundation. If the organization						
	roundations in the organization	GIG HOL CHECK a	DOX OIT III 17, 13	A, OF TOD, CHECK IN	iio DUX ariu See INS	ti uCtiOria	

#### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Financial Statements**

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Cape Fear Community College

Employer identification number

_	roundation inc.		58-1308578
Pa	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor advised f	runds
	are the organization's property, subject to the organization's	_	Yes No
6	Did the organization inform all grantees, donors, and donor ad		••••
	for charitable purposes and not for the benefit of the donor or	<u> </u>	•
	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the org	anization answered "Yes" to Form 990. Part	
1	Purpose(s) of conservation easements held by the organization		
_	Preservation of land for public use (e.g., recreation or ed		cally important land area
	Protection of natural habitat	Preservation of a certified	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form of a	conservation easement on the last
	day of the tax year.	ou de la company	concervation casement on the last
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
-	Number of conservation easements on a certified historic stru	icture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	.,	20
_	listed in the National Register	into of 17700, and not on a motorio structuro	2d
3	Number of conservation easements modified, transferred, rele	eased extinguished or terminated by the org	
Ū	year >	decay, changers rea, or terminated by the org	dividuality the tax
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the pen		
	violations, and enforcement of the conservation easements it	J	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, a	• • • • • • • • • • • • • • • • • • • •	— —
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation	on easements in its revenue and expense sta	· · — · · —
•	include, if applicable, the text of the footnote to the organizati		
	conservation easements.	on a manda diatomona mai docomboo ino	organization o doodshiing for
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" to Form 9		
1a	If the organization elected, as permitted under SFAS 116 (ASC		and balance sheet works of art
	historical treasures, or other similar assets held for public exhi		
	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (ASC		halance sheet works of art historical
_	treasures, or other similar assets held for public exhibition, ed		
	relating to these items:	assured of public t	solving, provide the following amounts
	(i) Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
	(iii) Assets included in Form 000. Book V		> \$
2	If the organization received or held works of art, historical trea		n provide
_	the following amounts required to be reported under SFAS 11	<del>-</del>	n, provide
а	Revenues included in Form 990, Part VIII, line 1	υ γ του συση relating to these items.	•
	A		<b>\$</b>
U	Assets included in Form 990, Part X		<b>~</b> •

				ty College	<b>:</b>				
		ndation					<u> 130857</u>		
Pa	rt III   Organizations Maintair	ning Colle	ections of A	rt, Historical Tr	easures, or Oth	<u>ier Similar As</u>	sets (con:	tınued	2
3	Using the organization's acquisition,	accession, a	and other record	is, check any of the	following that are a	significant use of	its collectio	n item	18
	(check all that apply):			_					
а	Public exhibition		d		hange programs				
b	Scholarly research		е	Other					···-
C	Preservation for future generat	ions							
4	Provide a description of the organization	tion's collect	tions and explai	n how they further t	he organizatıon's ex	empt purpose in F	Part XIV.		
5	During the year, did the organization					ar assets		_	_
	to be sold to raise funds rather than t						Yes		No
Pai	rt IV Escrow and Custodial reported an amount on Form			ete if the organization	on answered "Yes" to	o Form 990, Part I	V, line 9, o	,	
1a	Is the organization an agent, trustee,	custodian o	r other intermed	liary for contribution	ns or other assets no	ot included			_
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in F	Part XIV and	complete the fo	llowing table:					
							Amoun	ıt	
C	Beginning balance					. 1c			
đ	Additions during the year					1d			
е	Distributions during the year .					. 1e			
f								<del></del>	<del></del>
	Did the organization include an amou		990, Part X, line	217			Yes	L_	l No
	If "Yes," explain the arrangement in F								
Pai	rt V Endowment Funds. Cor								
		_ (a)	Current year	(b) Prior year	(c) Two years back			r years	back
1a	Beginning of year balance		4,099,940.	3,176,166,					
b	Contributions		441 668.	367,817.				, ,	× ×, ·
C	Net investment earnings, gains, and I	losses -	-26 620	557,370.					<u> </u>
a	Grants or scholarships	-	17,503.	1,413,	3,290,	4,30			· ~ · ,
е	Other expenditures for facilities						1 3 %	````	, ,
_	and programs	·	· · · · · · · · · · · · · · · · · · ·	<u> </u>			<del></del>	<u></u>	
	Administrative expenses	i	4.497.485.	4 000 040	3 176 166	2 720 27	,	<del>;</del>	<u> </u>
9 2	Provide the estimated percentage of	the current				2,739,37	2.1 - 3		
-	Board designated or quasi-endowne		year end balanc	∞ (iiiie 19, coluiniii (a	ij) Heid as				
h	Permanent endowment > 86		%						
	Temporarily restricted endowment		<del>-</del> .						
•	The percentages in lines 2a, 2b, and								
3a	Are there endowment funds not in the			ation that are held a	nd administered for	the organization			
-	by:	o possosoio.	. or the organiza			trio organization		Yes	No
	(i) unrelated organizations						. 3a(i)		X
	(ii) related organizations						3a(ii)		X
ь	If "Yes" to 3a(ii), are the related organ	 nizations liste	ed as required o	n Schedule R?			3b		
4	Describe in Part XIV the intended use		•		•				
Pai	rt VI Land, Buildings, and E								
	Description of property		(a) Cost or o basis (investr	ther (b) Cost	1 ''	Accumulated appreciation	(d) Boo	k valu	θ
1a	Land								
b							-		
C	Leasehold improvements								
d	Equipment								

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Schedule D (Form 990) 2011

0.

Schedule D (Form 990) 2011 Foundation	Community Col	_	58	3-1308578 Page 3
Part VII Investments - Other Securities.	ee Form 990, Part X, line	12.		
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valu Cost or end-of-year ma	
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				·
(E)				
				· · · - · · · · · · · · · · · · · · · ·
(G) (H)				<del></del>
(I)	<u> </u>			
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)		* * * * * * * * * * * * * * * * * * * *		
Part VIII Investments - Program Related.	See Form 990, Part X, line			· · · · · · · · · · · · · · · · · · ·
(a) Description of investment type	(b) Book value		(c) Method of value ost or end-of-year ma	
(1)				
(2)				
(3)				
(4)				
(5)			<del></del>	
<u>(6)</u> (7)				
(8)		-	<del></del>	
(9)		_		
(10)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)		t	\$ * * * * * * * * * * * * * * * * * * *	
Part IX Other Assets. See Form 990, Part X, line	e 15.			
	) Description			(b) Book value
(1)	· · · · · · · · · · · · · · · · · · ·			
(2)				
(3)			<del></del>	
(4) (5)				
(6)			<del></del>	
(7)			·	
(8)		<del></del>		
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col (B) lin	ne 15.)	•		
Part X Other Liabilities. See Form 990, Part X	, line 25.		<del></del>	·
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes		<del></del>	H & X X X	
(2)				
(3) (4)		<del></del>	┤,	
(5)		<del> </del>	+ ;	****
(6)			<b>1</b> , ,	7 87 77
(7)			~ , ·	
(8)				
(Q)			7 .	

(10) (11)

Foundation Inc. 58-1308578 Page 4 Schedule D (Form 990) 2011 Part XI | Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements Total revenue (Form 990, Part VIII, column (A), line 12) 1,408,872. Total expenses (Form 990, Part IX, column (A), line 25) 690,394. 2 2 718,478. 3 Excess or (deficit) for the year. Subtract line 2 from line 1 Net unrealized gains (losses) on investments -95,112. 4 Donated services and use of facilities 456.215. 5 Investment expenses 6 R Prior period adjustments . .. 7 -456,215. Other (Describe in Part XIV.) 8 8 Total adjustments (net). Add lines 4 through 8 -95,112. 9 9 623,366. Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 Part XII | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return ,769,975. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: -95.112Net unrealized gains on investments 2a 456,215 2b c Recoveries of prior year grants 2c Other (Describe in Part XIV.) 2d 361,103. Add lines 2a through 2d 2e 1,408,872. 3 Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) 0. Add lines 4a and 4b 4c 1.408.872. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1,146,609. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990. Part IX, line 25: 2 Donated services and use of facilities 456,215. 2a 2b Other losses . . . . 2c c 2d Other (Describe in Part XIV.) 456,215. Add lines 2a through 2d е 2e Subtract line 2e from line 1 3 690,394. Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIV) 4b 0. c Add lines 4a and 4b 4c Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 690.394. Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information. Part V, line 4: Endowment funds are primarily for providing financial means for scholarships. Part XI, Line 8 - Other Adjustments: Expensing donated services and facilities -456,215.

Cape Fear Community College

#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

Inspection

Name of the organization Cape Fear Community College **Employer identification number** Foundation Inc. 58-1308578 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e X Solicitation of non-government grants Internet and email solicitations Solicitation of government grants ь Phone solicitations Ç g X Special fundraising events In-person solicitations d 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or X No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid to (or retained by) (vi) Amount paid (i) Name and address of individual (iv) Gross receipts (ii) Activity to (or retained by) or entity (fundraiser) fundraiser from activity organization listed in col. (i) Yes No List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. NC

Cape Fear Community College
Schedule G (Form 990 or 990-EZ) 2011 Foundation Inc.

Part II. Fundraising Events. Complete if the organization answered "Yes" to Form 9

	Part II. Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.								
		or randialing over contributions and gi	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through			
eg.			(event type)	(event type)	(total number)	col. (c))			
Revenue	1	Gross receipts							
	2	Less: Charitable contributions							
	3	Gross income (line 1 minus line 2)							
	4	Cash prizes							
Ses	5	Noncash prizes							
Direct Expenses	6	Rent/facility costs							
Direct	7	Food and beverages							
	8	Entertainment Other direct expenses							
	10		9 in column (d)			( )			
n.		Net income summary. Combine line 3, column			<b>&gt;</b> _				
Pe	Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.								
Revenue		\$10,000 ON 1 ONN 000 EE, MIN 000.	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))			
	1	Gross revenue							
Ses	2	Cash pnzes							
ct Expenses	3	Noncash prizes							
Direct	4	Rent/facility costs							
	5	Other direct expenses							
	6	Volunteer labor	Yes % No	Yes % No	Yes% No				
	7	Direct expense summary Add lines 2 through	5 in column (d)	· · · · · ·		<u>( )</u>			
	8	Net gaming income summary Combine line 1	, column d, and line 7						
а	En	ter the state(s) in which the organization operat the organization licensed to operate gaming ac No," explain:	tes gaming activities:			Yes No			
		ere any of the organization's gaming licenses re Yes," explain:				Yes No			
	_								

	Cape Fear Community College
Sch	ledule G (Form 990 or 990-EZ) 2011 Foundation Inc. 58-1308578 Page 3
	Does the organization operate gaming activities with nonmembers? Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed
	to administer charitable gaming?
	Indicate the percentage of gaming activity operated in:
	The organization's facility
	An outside facility
• •	
	Name
	Address >
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount
	of gaming revenue retained by the third party > \$
C	e If "Yes," enter name and address of the third party:
	•
	Name >
	Address ►
16	Garning manager information:
	Name >
	Gaming manager compensation ▶ \$
	Description of services provided >
	Director/officer Employee Independent contractor
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license? Yes No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the
Da	organization's own exempt activities during the tax year   \$   Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III.
	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).
	more of set, i.e.,

. Ž Schedule I (Form 990) (2011) **Employer identification number** 58-1308578 Open to Public OMB No 1545-0047 Inspection (h) Purpose of grant Support of College Support of College or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any rograms recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance rtifacts and equipment supplies, arious (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. 173,816,Appraisal Governments, and Individuals in the United States Grants and Other Assistance to Organizations, (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▶ Attach to Form 990. (d) Amount of 62,995 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section College LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. of applicable Enter total number of other organizations listed in the line 1 table Cape Fear Community 56-0792881 56-0792881 General Information on Grants and Assistance (p) EIN Foundation Inc. criteria used to award the grants or assistance? 1 (a) Name and address of organization Cape Fear Community College Cape Fear Community College or government 411 North Front Street 411 North Front Street Wilmington, NC 28401 Wilmington, NC 28401 Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Part Part

## Cape Fear Community College

58-1308578 Schedule I (Form 990) (2011) Foundation Inc.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Page 2

ו מול זון כמוז טס מחקווכמוסט וו ממחווטומו פרמכס ופ ווסמסט.					
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Scholarships for students at Cape Fear Community	007	387 122	c		
Mini-grants for instructors at Cape Fear Community College,	11		O		
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information	de the informatio	n required in Part I, li	ine 2, and any other	additional information	
Schedule I, Part I, Line 2: The Fo	oundation	The Foundation works with the College	h the Coll	ege and the	
financial aid office of the College to		monitor use of		cash and non-cash	
grants to the College and cash grants	for	scholarships	ps to students	ents and mini	
grants to instructors.					

#### SCHEDULE M (Form 990)

**Noncash Contributions** 

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

Attach to Form 990.

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Cape Fear Community College Foundation Inc.

**Employer identification number** 58-1308578

Types of Property (a) (b) (d) (c) Noncash contribution Check if Number of Method of determining applicable contributions or amounts reported on noncash contribution amounts tems contributed Form 990, Part VIII, line 1g Art - Works of art ... 1 2 Art - Historical treasures 3 Art - Fractional interests 4 Books and publications Clothing and household goods 5 4,700. Cars and other vehicles X Determined by donor 6 7 Boats and planes Intellectual property 8 Securities - Publicly traded ... 9 Securities - Closely held stock 10 Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 15 Real estate - Residential 16 Real estate - Commercial 17 Real estate - Other X 2,930. 18 Collectibles Determined by donor 19 Food inventory Drugs and medical supplies 20 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 6,131. Determined by donor 24 Archeological artifacts X 12 153,071. Determined by donor 25 (Equipment, X (Various X 6,984. Determined by donor Other > 26 27 Other Other > 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes\_ No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30a b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? X 32a b If "Yes," describe in Part II.

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

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

Schedule M (Form 990) (2011)

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#### SCHEDULE O

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2011
Open to PublicInspection

Name of the organization

Cape Fear Community College Foundation Inc.

Employer identification number 58-1308578

Form 990, Part I, Line 1, Description of Organization Mission: College by generating cash and non-cash donations. Form 990, Part VI, Section B, line 11: The form 990 is reviewed and approved by the executive director and the chair of the investment committee, then filed. A copy of the form 990 is then presented at the next quarterly board meeting. Form 990, Part VI, Section B, line 12: The Foundation has implemented a conflict of interest policy and has each board member sign annually. Form 990, Part VI, Section B, Line 15: The compensation for the executive director and other staff is determined by, and paid by Cape Fear Community College, a related organization. Form 990, Part VI, Section C, Line 19: All governing documents, policies, financial statements and infomational form 990 are available to the public, by request, at the Foundation office. Form 990, Part XI, line 5, Changes in Net Assets: Net unrealized losses on investments: -95,112. Donated services and use of facilities: 456,215. Expensing donated services and facilities -456,215. Total to Form 990, Part XI, Line 5 -95,112.

Schedule O (Form 990 or 990 E	Z) (2011)	·		Page 2
Name of the organization Ca	ape Fear Commun	nity College		Employer identification number
F	oundation Inc.	<del></del>		58-1308578
The Board of Dir	rectors approve	es the auditor	each year. T	he executive
director and the	e chair of the	investment cor	mmittee review	and approve
the auditor pre	pared financia	l statements ea	ach year.	
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(g) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2011 2011 Open to Public Employer identification number Š OMB No 1545-0047 × Inspection Direct controlling Yes 58-1308578 Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Direct controlling entity End-of-year assets status (if section 501(c)(3)) **e** Public charity Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► Attach to Form 990. Total income Related Organizations and Unrelated Partnerships Exempt Code 豆 Sovernment section Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33 ) Legal domicile (state or Legal domicile (state or foreign country) foreign country) Worth Carolina Primary activity Cape Fear Community College Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. Education Foundation Inc. Cape Pear Community College - 56-0792881 Name, address, and EIN Name, address, and EIN of related organization of disregarded entity 411 North Front Street 28401 Name of the organization Department of the Treasury Internal Revenue Service Wilmington, NC SCHEDULE R (Form 990) Part Part

Cape Fear Community College

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Page 2

58-1308578

Foundation Inc. Schedule R (Form 990) 2011 Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Part III

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	(j) (k) General or Percentage managing ownership partner? Yes No
										,
Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	janizations Taxable as poration or trust during	s a Corpo the tax )	ration or Trust (Cor	nplete if the organizat	ion answered "Yes"	to Form 990, Par	t IV, line 34	because it had or	e or mor	e related
(a) Name, address, and EIN of related organization	<b>z</b> -		(b) Primary activity	(C)  Ity Legal domicile (state or foreign foreign country)	(d) Direct controlling entity	(e) Type of entity (C copp, S corp, or trust)	(f) Share of total income	(g) f total Share of ne end-of-year assets		(h) Percentage ownership
							-			
132162 01-23-12								Schedule	R (Form	Schedule R (Form 990) 2011

# Cape Fear Community College

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Page 3

58-1308578

Schedule R (Form 990) 2011 Foundation Inc.

Yes 투 Ę 4 ₽ 2 7 amounts per college (d) Method of determining amount involved If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. amounts amounts 43,890.Current rates During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? 412,325.Actual 62,995.Actual 173,816.Actual Transactions With Related Organizations (Complete of the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.) (c) Amount involved (b) Transaction type (a-r) Performance of services or membership or fundraising solicitations for related organization(s) Performance of services or membership or fundraising solicitations by related organization(s) × z O 0 Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity Non-cash transfers to Cape Fear Community Lease of facilities, equipment, or other assets from related organization(s) Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Cash transfers to Cape Fear Community Lease of facilities, equipment, or other assets to related organization(s) Cape Fear Community College provides Cape Fear Community College provides Gift, grant, or capital contribution from related organization(s) Other transfer of cash or property from related organization(s) Reimbursement paid by related organization(s) for expenses Reimbursement paid to related organization(s) for expenses Other transfer of cash or property to related organization(s) Gift, grant, or capital contribution to related organization(s) d Loans or loan guarantees to or for related organization(s) Sharing of paid employees with related organization(s) (a)
Name of other organization e Loans or loan guarantees by related organization(s) Purchase of assets from related organization(s) Exchange of assets with related organization(s) (1) facilities at no charge at no charge Sale of assets to related organization(s) employees College College Part V Ε 2 2 ල **4** ত্র ៙

Schedule R (Form 990) 2011

Page 4 58-1308578

Cape Fear Community College

Foundation Inc.

Schedule R (Form 990) 2011

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

(h) (i) (j) (k) - Uspropor Code V-UBi General or Percentage bonate amount in box 20 managing ownership of Schedule K-1 pariner? Of Schedule K-1 pariner? Yes No (Form 1065) Yes No 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. end-of-year Share of assets <u>6</u> (f) Share of total income Predominant income parties sec (related, unrelated, 501(c)(3) excluded from tax under section 512-514) Yes No (e) Are all partners sec 501(c)(3) orgs? € (state or foreign Legal domicile country) Primary activity <u>e</u> Name, address, and EIN

Schedule R (Form 990) 2011

		Cape Fear Community College	
Schedule R	(Form 990) 2011	Foundation Inc.	58-1308578 Page 5
Part VII	Supplemental Infor	Foundation Inc.	
	Complete this part to pro	ovide additional information for responses to questions on Schedule R (see in	structions).
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#### Schedule A

123171 05-01-11

## Identification of Excess Contributions Included on Part II, Line 5

2011

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Total Contributions	Excess Contributions
	210,000.	48,666.
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		_
		<del></del>
Fotal Excess Contributions to Schedule A, Part II, Line 5		48.666