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SCANNED NOV 2 8 2012

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

Open to Public Inspection

<u>A</u>	ror the	2011 calendar year, or tax year beginning JUL 1, 2011 and	ending L	UN 30, 2012	
В	Check if applicable	C Name of organization		D Employer identific	cation number
_	Addres	CATAWBA VALLEY COMMUNITY COLLEGE			
닏	change	FOUNDATION, INC.	 -		F00101
닏	change			· · · · · · · · · · · · · · · · · · ·	598131
누	retum	,	Room/suite	E Telephone numbe	
느	Termin ated Amend	2550 HIGHWAI 70 BE	_		327-7000
느	retum	City or town, state or country, and ZIP + 4	G Gross receipts \$	2,880,939 .	
L	Application pendir	11CKOK1, NC 28002-8302		H(a) Is this a group re	eturn
	F	F Name and address of principal officer: DAVID H. SAIN		for affiliates?	Yes X No
_		140 34th Avenue NW, Hickory, NC 28601	. —	H(b) Are all affiliates inc	
		empt status: X 501(c)(3) 501(c) ()	or 527	⊣	list. (see instructions)
		e: ▶ N/A		H(c) Group exemptio	
	Form of art I	organization X Corporation	L Year	of formation 1984 N	State of legal domicile NC
	4	Summary Briefly describe the organization's mission or most significant activities: THE	FOLIDAZ	TON'S MISS	ION IS TO
Activities & Governance	1	FOSTER AND PROMOTE THE GROWTH, PROGRESS,	AND (ENERAL WELF	ARE OF
ī.	2	Check this box If the organization discontinued its operations or dispose			
Ver	3	Number of voting members of the governing body (Part VI, line 1a)	sea or mor	3	15
Ĝ	1	Number of voting members of the governing body (Part VI, line 1a)		4	15
<u>ಇ</u>	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)		5	0
iţie	8	Total number of volunteers (estimate if necessary)		6	0
÷	72	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
ĕ		Net unrelated business taxable income from Form 990-T, line 34		7b	0.
_	۳,	Net differenced business taxable income from 1 om 1 950-1, line 54		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		420,834.	2,311,117.
n G	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	investment income (Part VIII, column (A), lines 3, 4, and 7d)	-	65,259.	54,893.
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII) column (A); line 12)	-, -	486,093.	2,366,010.
		Grants and similar amounts paid (Part IX, column (A); lines 1-3)	1	304,950.	737,965.
		Benefits paid to or for members (Part IX, column (A), line 4) 0.7 7 1)		0.	0.
Ø	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	31	0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line-1-1e)	i 🗀	0.	0.
þe	b	Total fundraising expenses (Part IX, column (D), line 25)	0.		
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u> </u>	32,071.	28,461.
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		337,021.	766,426.
		Revenue less expenses. Subtract line 18 from line 12		149,072.	1,599,584.
20.0			Bi	eginning of Current Year	End of Year
Net Assets or	20	Total assets (Part X, line 16)		2,492,441.	4,356,366.
AS	21	Total liabilities (Part X, line 26)		0.	0.
SE	22_	Net assets or fund balances. Subtract line 21 from line 20		2,492,441.	4,356,366.
P	art II	Signature Block			
Unc	ler pena	ties of perjury, I declare that I have examined this return, including accompanying schedule	s and staten	nents, and to the best of m	y knowledge and belief, it is
true	, correc	t, and complete Declaration of preparer (other than officer) is based on all information of wh	nich prepare	r has any knowledge	
Sig	ın	Signature of officer	•	Pate /	•
He	re	DAVID H. SAIN, CHAIRMAN NAUL HOE	an	18/29/20	0/2/
		Type or print name and title			
		Print/Type preparer's name Preparer's signature) *_A-	Date Check	PTIN
Pai	d	Gregory S. Whisnant, CPA / Warn J. Ame	many	10-1-12 self-employ	
Pre	parer	Firm's name WHISNANT & COMPANY, KIP		Firm's EIN	56-1084523
Use	Only	Firm's address P. O. BOX 639			
		HICKORY, NC 28603		Phone no 8	28-322-1803
Ma	y the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No
		140 For Panenyork Reduction Act Notice see the senarate instruction	nne .		Form 990 (2011)

See Schedule O for Organization Mission Statement Continuation

CATAWBA VALLEY COMMUNITY COLLEGE FOUNDATION, INC.

Form	990 (2011) FOUNDATION, INC.	58-1598131	Page 2
	rt ∰ Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III	<u> </u>	X
1	Briefly describe the organization's mission: THE FOUNDATION'S MISSION IS TO FOSTER AND PROMOTE THE	GROWTH .	
		NITY COLLGE.	THE
		IDUAL OR	
	ORGANIZATION MAY INVEST/PARTICIPATE IN THE DEVELOPMEN		
2	Did the organization undertake any significant program services during the year which were not listed on		
~	the prior Form 990 or 990-EZ?	□TYe	s X No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	ces?	s X No
•	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program service	s, as measured by expens	es.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount		
	others, the total expenses, and revenue, if any, for each program service reported.	J	
4a	(Code) (Expenses \$ 737,965 · including grants of \$ 737,965 ·) (Revenue \$)
	SCHOLARSHIPS AND GRANTS PROVIDED TO VARIOUS STUDENTS	AND EDUCATION	AL
	PROGRAMS OF CATAWBA VALLEY COMMUNITY COLLEGE		
		·	
4b		Revenue \$)
	OTHER ADMINISTRATION EXPENSES RELATING DIRECTLY TO PR	OGRAM SERVICE	15
		_	
		<u>-</u>	
			
		· · · · · · · · · · · · · · · · · · ·	
4c	(Code) (Expenses \$) (Code)	(Revenue \$)
•••	(Code) (Expenses #		
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
<u>4e</u>	Total program service expenses ▶ 751, 787.		000
		Form	990 (2011)

Form 990 (2011) FOUNDATION, INC. 58-1598131 Page 3

Part IV Checklist of Required Schedules

1			res	140
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		х	
2	If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	-		
•	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in 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			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Χ_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	_	X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		٠,	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.	:		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44-	Х	
	Part VI	11a		
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11b		Х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u>X</u>
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?			_v
	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
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
D	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		Х
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		Х
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> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			.,
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		1	v
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	2011)

		<u>.598131</u>	P	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part D	х,		
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of th	e	!	
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			1
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
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		L
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b	l	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqua	ulified		
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	l	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27	ĺ	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
ь		28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an office			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	X	l
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes." complete Schedule N. Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
-	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?	35		
•	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		x
352	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	 	X
	Did the organization have a controlled entity within the meaning of section 312(b)(13)? Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of		\vdash	1
J	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35ь		X
26			 	†
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization if "Yes," complete Schedule R, Part V, line 2	36		X
27	·	33	 	† **
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
	and that is treated as a partnership for rederal income tax purposes? If Tes, Complete Schedule II, Part VI	_3/	1	4.

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

CATAWBA VALLEY COMMUNITY COLLEGE 58-1598131 FOUNDATION, INC. Form 990 (2011) Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V Yes No 0 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 0 filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a 3a Did 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 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)? 4a X **b** 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 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible? 6а b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a X 7b b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7c d If "Yes." indicate the number of Forms 8282 filed during the year 7d 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? **7**f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 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? 8 Sponsoring organizations maintaining donor advised funds.

a Did the organization make any taxable distributions under section 4966? **b** Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against

10b 11a 11b

amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers.

13b

13c

10a

a Is the organization licensed to issue qualified health plans in more than one state?

Note. See the instructions for additional information the organization must report on Schedule O.

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a 14b Form 990 (2011)

X

13a

9a 9Ь FOUNDATION, INC.

58-1598131

Dage 6

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

	Check if Schedule O contains a response to any question in this Part VI					X
Sec	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	15	5		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O			1		
b	Enter the number of voting members included in line 1a, above, who are independent	16	15	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi			1		
_	officer, director, trustee, or key employee?	-		2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision			
•	of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as:			5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members of stockholders, or other persons who had the power to elect or a	nnoint	one or			
70	more members of the governing body?	ppoint	One or	7a	х	
.	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockh	oldere or			
U		Stockin	olders, or	7 _b	х	
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar hu th	e following	1.5		
		ai by tii	e following	8a	х	
_	The governing body?			8b	X	
ь	Each committee with authority to act on behalf of the governing body?	الممطم	at the	00	1	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	acned	at the	9		Х
800	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	201/0011	- Codo I	1 3	-	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenu	- Code)		Yes	No
40-	Did the organization have local chapters, branches, or affiliates?			10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such c	hanter	e affiliatee	100		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	парссі	s, armatos,	10ь		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	lv befo	re filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	-,				
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Ì	Х
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to con	flicts?	12b		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If ")			1		
·	In Schedule O how this was done			12c		
13	Did the organization have a written whistleblower policy?			13		X
14	Did the organization have a written document retention and destruction policy?			14		X
15	Did the process for determining compensation of the following persons include a review and approv	al by ir	dependent	7		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a		Х
	Other officers or key employees of the organization			15b		Х
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			70.5		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	/ith a			
	taxable entity during the year?		=	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its i	participation			
_	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga					
	exempt status with respect to such arrangements?			16b		
Sec	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 (Sect	ion 501(c)(3)s only)	availat	ole	
	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	onflict	of interest policy, a	nd fina	ncial	
	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 a	nd rec	ords of the organiz	ation: 🕨		
	TERESA BIGGS - 828-327-7000					
	2550 HWY 70 SE HICKORY, NC, HICKORY, NC 28602-830)2				

CATAWBA VALLEY COMMUNITY COLLEGE

Form 990 (2011) FOUNDATION, INC.

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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.

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

- 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.

(describe hours for related organizations or	(A) Name and Title	(B) Average hours per week	box	(C) Position (do not check more than one oox, unless person is both an officer and a director/trustee)		(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other			
(1) DAVID H. SAIN CHAIRMAN CHAIRMAN CHAIRMAN CHAIRMAN CO.00		(describe hours for related organizations in Schedule	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations	compensation from the organization and related organizations
Carry E. Robinson Carry E. Robinson Carry J. Baker Carry J. Baker J. Bake		0.00							0	0	0.
VICE-CHAIRMAN 0.00 0.00 0.00 (3) CINDY J. BAKER 0.00 0.00 0.00 SECRETARY-TREASURER 0.00 0.00 0.00 (4) KELLY FARR 0.00 0.00 0.00 (5) KIM GEORGE 0.00 0.00 0.00 DIRECTOR 0.00 0.00 0.00 (6) RICK HOWARD 0.00 0.00 0.00 (7) JAMES TARLTON 0.00 0.00 0.00 (8) MAURICE CAPPS 0.00 0.00 0.00 (9) GARRETT HINSHAW 0.00 0.00 0.00 (10) STEVE NEUVILLE 0.00 0.00 0.00 (11) CHARLES SNIPES 0.00 0.00 0.00 (12) DAVID UNDERDOWN 0.00 0.00 0.00 (13) JACK HOKE 0.00 0.00 0.00 (14) TERESA BIGGS 0.00 0.00 0.00		0.00								· ·	
SECRETARY-TREASURER		0.00							0.	0.	0.
(4) RELLY PARR DIRECTOR 0.00 0.00 0.00 (5) KIM GEORGE DIRECTOR 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	(3) CINDY J. BAKER										-
Director 0.00 0.0	SECRETARY-TREASURER	0.00							0.	0.	0.
(5) KIM GEORGE DIRECTOR O.00 O. O.	• •								_		
Director O.00 O. O. O.		0.00							0.	0.	0.
Color	, ,	0 00							0	0	0.
DIRECTOR 0.00 0.00 (7) JAMES TARLTON DIRECTOR 0.00 0.00 (8) MAURICE CAPPS DIRECTOR 0.00 0.00 (9) GARRETT HINSHAW DIRECTOR 0.00 0.00 (10) STEVE NEUVILLE DIRECTOR 0.00 0.00 (11) CHARLES SNIPES DIRECTOR 0.00 0.00 (12) DAVID UNDERDOWN DIRECTOR 0.00 0.00 (13) JACK HOKE DIRECTOR 0.00 0.00 (14) TERESA BIGGS		0.00	┢	\vdash	\vdash		_		0.	<u> </u>	
(7) JAMES TARLTON 0.00 0.00 0.00 (8) MAURICE CAPPS 0.00 0.00 0.00 DIRECTOR 0.00 0.00 0.00 (9) GARRETT HINSHAW 0.00 0.00 0.00 (10) STEVE NEUVILLE 0.00 0.00 0.00 (11) CHARLES SNIPES 0.00 0.00 0.00 (12) DAVID UNDERDOWN 0.00 0.00 0.00 (13) JACK HOKE 0.00 0.00 0.00 (14) TERESA BIGGS 0.00 0.00 0.00	, ,	0.00							0.	0.	0.
(8) MAURICE CAPPS DIRECTOR O.00 O. O.											
Director 0.00 0. 0.	DIRECTOR	0.00							0.	0.	0.
O	(8) MAURICE CAPPS								_	_	_
DIRECTOR 0.00 0. 0.		0.00	<u> </u>	<u> </u>					0.	0.	0.
(10) STEVE NEUVILLE DIRECTOR (11) CHARLES SNIPES DIRECTOR (12) DAVID UNDERDOWN DIRECTOR (13) JACK HOKE DIRECTOR (14) TERESA BIGGS	, ,	0 00								_	0.
DIRECTOR 0.00 0. 0. (11) CHARLES SNIPES 0.00 0. 0. (12) DAVID UNDERDOWN 0. 0. 0. (13) JACK HOKE 0.00 0. 0. (14) TERESA BIGGS		0.00	-					-	<u> </u>		<u> </u>
(11) CHARLES SNIPES DIRECTOR 0.00 0.00 (12) DAVID UNDERDOWN DIRECTOR 0.00 0.00 0.00 (13) JACK HOKE DIRECTOR 0.00 0.00 0.00	• •	0 00							0.	0.	0.
DIRECTOR 0.00 0. 0. (12) DAVID UNDERDOWN 0. 0. 0. (13) JACK HOKE 0.00 0. 0. (14) TERESA BIGGS		0.00	 	 	-				•		
(12) DAVID UNDERDOWN DIRECTOR (13) JACK HOKE DIRECTOR (14) TERESA BIGGS 0.00 0. 0. 0.	• •	0.00							0.	0.	0.
(13) JACK HOKE DIRECTOR (14) TERESA BIGGS	(12) DAVID UNDERDOWN		1								
DIRECTOR 0.00 0. 0. (14) TERESA BIGGS	DIRECTOR	0.00							0.	0.	0.
(14) TERESA BIGGS	(13) JACK HOKE										
		0.00							0.	0.	0.
EXECUTIVE DIRECTOR 15.00 U.		15 00							_	0	_
		15.00							0.	0.	0.
0.00 0.		0 00							_ ر	0.	0.
DIRECTOR U. U. (16) MARY BETH SJAARDEMA		0.00	\vdash	-				_		•	
ASSISTANT 10.00 0.		10.00							0.	0.	0.
(17) FORREST FERRELL											
DIRECTOR 0.00 0.	DIRECTOR	0.00							0.	0.	0.

FOUNDATION, INC.

(A) Name and title	(B) Average hours per week (describe	officer and a directi				than o	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		Estim amou oth compe	nated ant of ner	f					
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Highest compensated employee	Highest compensated employee	Highest compensated employee Former		Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS		•	the zatio	on d
												<u>-</u>	_					
		,																
	-																	
1b Sub-total c Total from continuation sheets to Pa	rt VII, Section A	.1 .				> >		0.		0.			0.0					
Total (add lines 1b and 1c) Total number of individuals (including b compensation from the organization		nose	liste	ed al	bove	e) wi	no re	<u> </u>	0,000 of reportabl				(
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J			e, ke	y en	nplo	yee	, or	highest compensated e	employee on		3	es	No X					
 For any individual listed on line 1a, is the and related organizations greater than Did any person listed on line 1a receive 	\$150,000? If "Yes	, " co	mpl	ete S	Sche	edule	e J f	for such individual			4		x					
rendered to the organization? If "Yes," Section B. Independent Contractors	complete Schedu	le J	for s	uch	pers	son					5		Х					
Complete this table for your five highes the organization. Report compensation	for the calendar							n the organization's tax		pens		m ——						
(A) Name and busin		N	INC	Ξ_				(B) Description of	services	С	(C) ompens	ation	1					
				-														
						-												
Total number of independent contractor	ors (including but i	not li	mite	d to	tho	se li	stec	d above) who received r	nore than	·····								

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FOUNDATION, INC.

P 8	Ft VI	II Statement of Rever	nue					
•					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Giffs, Grants and Other Similar Amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, grfts, grant similar amounts not included abov Noncash contributions included in lines Total. Add lines 1a-1f	ts, and ve 1f	2311117. 87,671.	2311117.		,	
Program Service Revenue	2 a b c c c c c c c c c c c c c c c c c c			Business Code				
	3 4 5	Investment income (including other similar amounts) Income from investment of tax Royalties		est, and	51,130.	51,130.		
	6 a	Less: rental expenses Rental income or (loss) Net rental income or (loss)		>				
	b	a Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss)	(i) Securities 518692. 514929. 3,763.		3,763.	3,763.		
Other Revenue	8 a	Gross income from fundraising including \$	of 1c). See a	•				
i	b	Part IV, line 19 Less: direct expenses Net income or (loss) from gam	a b ning activities	•				
	ь	Gross sales of inventory, less and allowances Less: cost of goods sold Net income or (loss) from sale	a b s of inventory	•				
	11 a			Business Code				
	d e 12	All other revenue Total. Add lines 11a-11d Total revenue. See instructions		>	2366010.	54,893.	0.	0.

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 respons	se to any question in this	s Part IX	· · · · · · · · · · · · · · · · · · ·	
	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				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	737,965.	737,965.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal	400.	400.	1.4.055	
C	Accounting	14,375.		14,375.	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17	10 076	10 076		
f	Investment management fees	10,076.	10,076.		
g	Other				
12	Advertising and promotion				
13	Office expenses	_			_
14	Information technology	· · · · · · · · · · · · · · · · · · ·			
15	Royalties	2,235.	2,235.		
16	Occupancy	2,233.	2,233.		
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				_
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates			 -	
22 23	Depreciation, depletion, and amortization Insurance			-	
23 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 0)				
а	BOARD MEETING EXPENSE	1,111.	1,111.		
b	MISCELLANEOUS	264.		264.	
C					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	766,426.	751,787.	14,639.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here If following SOP 98-2 (ASC 958-720)				- 000

Form 990 (2011)
Part X Balance Sheet

FOUNDATION, INC.

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Par	t X	Balance Sheet				
•				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		707,886.	2	1,934,182. 451,500.
	3	Pledges and grants receivable, net	. [3	451,500.
	4	Accounts receivable, net	Ī		4	
	5	Receivables from current and former officers, di	ectors, trustees, key			
		employees, and highest compensated employee	es. Complete Part II			
		of Schedule L	·		5	
	6	Receivables from other disqualified persons (as	defined under section			······································
		4958(f)(1)), persons described in section 4958(c)	1			
		employers and sponsoring organizations of sect				
		employees' beneficiary organizations (see instru			6	
Assets	7	Notes and loans receivable, net	,	2,126.	7	823
\ss	8	Inventories for sale or use	Ī		8	
`	9	Prepaid expenses and deferred charges	Ī	2,235.	9	2,355
	_	Land, buildings, and equipment: cost or other	ı ı [······································		······································
		basis. Complete Part VI of Schedule D	10a 627,625.			
	ь	Less: accumulated depreciation	10b	627,625.	10c	627,625
	11	Investments - publicly traded securities		627,625. 1,152,569.	11	627,625.
	12	Investments - other securities. See Part IV, line 1	1		12	
	13	Investments - program-related. See Part IV, line			13	
	14	Intangible assets	''		14	
	15	Other assets See Part IV, line 11		0.	15	37,500
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	2,492,441.	16	37,500. 4,356,366.
	17	Accounts payable and accrued expenses	3 1110 0 4/	<u> </u>	17	
	18	Grants payable			18	
	19	Deferred revenue	· · · · · · · · · · · · · · · · · · ·	19		
	20	Tax-exempt bond liabilities	<u></u>	20		
S	21	Escrow or custodial account liability. Complete		21		
Liabilities	22	Payables to current and former officers, director				
ig		highest compensated employees, and disqualifi				
Lia		of Schedule L	ed persons. Complete i art ii		22	
	23	Secured mortgages and notes payable to unrela	ated third parties		23	
	24	Unsecured notes and loans payable to unrelated	·		24	
	25	Other liabilities (including federal income tax, pa				<u>.</u>
	23	parties, and other liabilities not included on lines				
		Schedule D	17 24). Complete Fart X of		25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0.
		Organizations that follow SFAS 117, check he	xe X and complete	,, , , , , , , , , , , , , , , , , , ,		
'n		lines 27 through 29, and lines 33 and 34.	and complete			
Ö	27	Unrestricted net assets		633,772.	27	1,151,214.
ıları	28	Temporarily restricted net assets		554,151.		574,740.
B	29	Permanently restricted net assets		1,304,518.		2,630,412.
un I	28	Organizations that do not follow SFAS 117, c	heck here and	1/001/010.	20	2,000,122
ī		complete lines 30 through 34.	leck liefe > and			
S	20	_			30	
se	30	Capital stock or trust principal, or current funds	uunmant fund		31	
¥ Ys	31	Paid-in or capital surplus, or land, building, or ed	i i		32	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	come, or other tunds	2,492,441.		4,356,366.
_	33	Total net assets or fund balances	}	2,492,441.	33	4,356,366.
	34	Total liabilities and net assets/fund balances		4,734,441.	34	Earm 990 (2011)

CATAWBA VALLEY COMMUNITY COLLEGE

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

Form	990 (2011) FOUNDATION, INC.	<u>58-159</u>	8131	Pag	ge 12	
Pa	rt XI Reconciliation of Net Assets	_	<u> </u>			
<u>.</u>	Check if Schedule O contains a response to any question in this Part XI				X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	<u>2,360</u>			
2	Total expenses (must equal Part IX, column (A), line 25)	2			26.	
3	Revenue less expenses. Subtract line 2 from line 1	3	1,599			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,49			
5	Other changes in net assets or fund balances (explain in Schedule O)	5			<u>41.</u>	
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	4,35	6 <u>,3</u>	<u>66.</u>	
Pa	rt XIII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII				<u>X</u>	
				Yes	No	
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	Ο.				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					
b	Were the organization's financial statements audited by an independent accountant?		2b	X		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a				
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit				
	Act and OMB Circular A-133?		3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit				

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **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

OMB No 1545-0047

Name of the organization

CATAWBA VALLEY COMMUNITY COLLEGE

Employer identification number

			FOUNDAT	ION, INC.						58	-1238	13T	
Pε	ert I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this par	t.) See inst	ructions.				
The	organ			because it is: (For lines									
1			•	s, or association of chur	-		-		•				
2	$\overline{\Box}$	=		0(b)(1)(A)(ii). (Attach Sc									
3	一			tal service organization			170(b)(1)	(Δ\/iii).					
4	一	•	•	operated in conjunction					/b\/1\/ ∆ \/ii	i) Enter th	e hospitali	s nam	e.
7		city, and stat		operated in conjunction	With a nos	pital ocsol	1000 111 30	01.011 170	(=)(-)()(·/· Linton til	ic moopha	J 11011	,
5		•		benefit of a college or ur	owersity or	wood or or	perated by	2 00/0501	mental uni	t describe	d in		_
5		_	(b)(1)(A)(iv). (Comple		iiveisity Ov	Wiled Oi Of	erated by	a governi	nemai um	t describe	J 111		
				·			470/L\/	11/41/53					
6			~	ent or governmental uni									_
1	X	_	=	eives a substantial part	of its supp	ort from a	governme	ental unit o	r from the	general p	ublic desc	nbea i	n
_			b)(1)(A)(vi). (Comple										
8	=	•		ection 170(b)(1)(A)(vi).		•					_		
9	ш	-	•	eives: (1) more than 33									
				nctions - subject to certa									
				axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	inization at	fter June 3	0, 197	5.
		See section	509(a)(2). (Complete	Part III.)									
10	\square	An organizati	on organized and or	perated exclusively to te	st for publ	ıc safety. S	See sectio	n 509(a)(4	l).				
11		An organizati	on organized and or	perated exclusively for the	ne benefit (of, to perfo	rm the fu	nctions of,	or to carr	y out the p	ourposes o	f one	or
			• • •	ations described in secti		•		2). See sec	ction 509(a)(3). Che	ck the box	that	
		describes the	e type of supporting	organization and compl	ete lines 1	1e through	11h.						
	_	a Type				e III - Func	-	_			Type III - 0		
е	· L	By checking	this box, I certify tha	t the organization is not	controlled	directly o	r indirectly	by one o	r more dis	qualified p	ersons oth	er tha	n
		foundation m	nanagers and other t	han one or more publicly	y supporte	ed organiza	itions des	cribed in s	ection 509	9(a)(1) or s	ection 509	(a)(2).	
f		If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
		supporting o	rganızatıon, check th	nis box									
g	I	Since August	t 17, 2006, has the o	organization accepted ar	ny gift or co	ontribution	from any	of the folk	owing per	sons?			
		(i) A perso	n who directly or ind	irectly controls, either al	one or tog	ether with	persons o	described i	ın (II) and (iii) below,		Yes	No
		the gove	erning body of the si	upported organization?							11g(i)		
		(ii) A family	member of a persor	n described in (i) above?	ı						11g(ii)		
		(iii) A 35% d	controlled entity of a	person described in (i)	or (II) above	e?					11g(iii)		
h	1	Provide the f	ollowing information	about the supported or	ganızatıon	(s).							
			_										
(i)	Name	of supported	(li) EIN	(iii) Type of	(iv) is the c	organization		u notify the	(vi) Is	the	(vil) An	ount o	f
(.,		inization	(,	organization (described on lines 1-9		sted in your			organizáti (i) organiz	ed in the		port	
	•			above or IRC section	governing	document?	(i) of you	r support?	i'' us	?			
				(see instructions))	Yes	No	Yes	No	Yes	No	_		
								[
								<u> </u>	<u> </u>				
								<u> </u>	<u></u>				
Tot:	al												

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

Schedule A (Form 990 or 990-EZ) 2011

Schedule A (Form 990 or 990-EZ) 2011 FOUNDATION, INC. Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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•	(Complete only if you checke fails to qualify under the tests				n failed to qualify u	inder Part III. If the	organization
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	000 007	226 262	202 601	400 004		
_	include any "unusual grants.")	293,807.	206,069.	203,601.	420,834.	2,311,117.	3,435,428.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
•	or expended on its behalf			-			
J	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	293,807.	206,069.	203,601.	420,834.	2,311,117.	3,435,428.
5	The portion of total contributions	230,0011	200,0031	200,0020	120,0011	2,311,111.	
_	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4		,	,,			3,435,428.
Sec	ction B. Total Support	,					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	293,807.	206,069.	203,601.	420,834.	2,311,117.	3,435,428.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	70 022	E 4 4 4 1	40 000	40 214	E1 120	202 000
_	and income from similar sources	79,923.	54,441.	49,000.	48,314.	51,130.	282,808.
9	Net income from unrelated business						
	activities, whether or not the]					
10	business is regularly carried on Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						3,718,236.
	Gross receipts from related activities,	. etc. (see instruction	ons)		h	12	
	First five years. If the Form 990 is for	•	•	d. fourth, or fifth ta	ax vear as a section		
	organization, check this box and stop	=	,,	_,	,		▶□
Se	ction C. Computation of Publ		rcentage				
14	14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))					14	92.39 %
15	Public support percentage from 2010	Schedule A, Part	II, line 14			15	80.31 %
16a	33 1/3% support test - 2011. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				$\triangleright X$
b	33 1/3% support test - 2010. If the	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac					t IV how the organ	ization
	meets the "facts-and-circumstances"	_			_		▶∟
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the						
40	organization meets the "facts-and-circ						
18	Private foundation. If the organization	on did not check a	pox on line 13, 16	a, 100, 1/a, or 1/b	o, cneck this box a	na see instruction	s P

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

Section A. Public Support	NOW, PICASE CUIII	piete Fait II.)				
Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,====	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		15,25	17 10.00
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income					1	
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)		<u> </u>				
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a section	on 501(c)(3) organiz	ation,
check this box and stop here	- Current P-					▶∟
Section C. Computation of Public					45	
15 Public support percentage for 2011 (life		•	column (t))		15	
16 Public support percentage from 2010 Section D. Computation of Inves					16	
			12 -alumn (f)	····	147	
17 Investment income percentage for 201		**	ie is, column (t))		17	
18 Investment income percentage from 2 19a 33 1/3% support tests - 2011 If the c			on line 14 and line	15 is mare than	18 33 1/3% and line 1	
19a 33 1/3% support tests - 2011. If the c						/ IS NOT
more than 33 1/3%, check this box an b 33 1/3% support tests - 2010. If the co	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
line 18 is not more than 33 1/3%, chec						▶ <u></u> _
20 Private foundation. If the organization	did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in	structions	▶

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

CATAWBA VALLEY COMMUNITY COLLEGE FOUNDATION, INC.

Employer identification number 58-1598131

Pai			s or Accounts. Complete if the		
	organization answered "Yes" to Form 990, Part IV, line	(a) Donor advised funds	(b) Funds and other accounts		
1	Total number at end of year				
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds		
_	are the organization's property, subject to the organization's	=	Yes No		
6	Did the organization inform all grantees, donors, and donor a	*	used only		
_	for charitable purposes and not for the benefit of the donor of		<u>.</u>		
	Impermissible private benefit?		Yes No		
Pa	t It Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, I	Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organizati				
	Preservation of land for public use (e.g., recreation or e		storically important land area		
	Protection of natural habitat	Preservation of a cer	tified historic structure		
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	of a conservation easement on the last		
	day of the tax year.				
	•		Held at the End of the Tax Year		
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easements		2b		
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c		
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struct	ture		
	listed in the National Register		2d		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	e organization during the tax		
	year ▶				
4	Number of states where property subject to conservation ea	sement is located			
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of			
	violations, and enforcement of the conservation easements	t holds?	Yes No		
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year				
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	g the year ▶ \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	O(h)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?		☐ Yes ☐ No		
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expens	e statement, and balance sheet, and		
	include, if applicable, the text of the footnote to the organiza	ition's financial statements that describes	the organization's accounting for		
· ·	conservation easements.				
Pa	t III Organizations Maintaining Collections o		other Similar Assets.		
	Complete if the organization answered "Yes" to Form				
1a	If the organization elected, as permitted under SFAS 116 (AS				
	historical treasures, or other similar assets held for public ext	hibition, education, or research in further	ance of public service, provide, in Part XIV,		
	the text of the footnote to its financial statements that descri				
b	If the organization elected, as permitted under SFAS 116 (AS				
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pu	iblic service, provide the following amounts		
	relating to these items:		<u>.</u> .		
	(i) Revenues included in Form 990, Part VIII, line 1		► \$ ► \$		
	(ii) Assets included in Form 990, Part X				
2	If the organization received or held works of art, historical tre		al gain, provide		
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:			
а	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$		
b	Assets included in Form 990, Part X		▶ \$		

CATAWBA VALLEY COMMUNITY COLLEGE FOUNDATION, INC.

Sche	dule D (Form 990) 2011 FOUNDAT	ION, INC.				58-15	98131	Page 2
	t III Organizations Maintaining C		t, Historical Tre	easures, or Oth	er Simil	ar Asset	S (contin	ued)
3.	Using the organization's acquisition, accession							
	(check all that apply):							
а	Public exhibition	d	Loan or exch	nange programs				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	llections and explain	n how they further th	ne organization's exe	empt purp	ose in Part	XIV.	
5	During the year, did the organization solicit or	r receive donations of	of art, historical treas	sures, or other simila	ır assets			
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's co	llection?		X	Yes	No_
Pa	Escrow and Custodial Arrangereported an amount on Form 990, Par	-	ete if the organization	n answered "Yes" to	Form 990), Part IV, I	ne 9, or	
1a	Is the organization an agent, trustee, custodi	an or other intermed	lary for contribution	s or other assets no	t included		_	
	on Form 990, Part X?						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table:					
							Amount	
c	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?				Yes	L No
<u>b</u>	If "Yes," explain the arrangement in Part XIV.							
Pa	TV Endowment Funds. Complete it	the organization an	swered "Yes" to Fo	rm 990, Part IV, line	10			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Four	years back
1a	Beginning of year balance	1,304,518.	1,175,070.	1,031,975.	1,0	90,588.	· · · · · · · · · · · · · · · · · · ·	
b	Contributions	1,342,230.	23,317.	47,657.		64,667.		
C	Net investment earnings, gains, and losses	-16,336.	106,131.	95,438.	-1	23,280.		· · · · · · · · · · · · · · · · · · ·
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
9	End of year balance	2,630,412.	1,304,518.	1,175,070.	1,0	31,975.		
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g, column (a)) held as:				
а	Board designated or quasi-endowment		_%					
b	Permanent endowment ► 100.00	%						
С	Temporarily restricted endowment ▶	%						
	The percentages in lines 2a, 2b, and 2c should	ild equal 100%.						
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administered for	the organı	zation	_	
	by:							Yes No
	(i) unrelated organizations						3a(i)	X
	(ii) related organizations						3a(ii)	X
b	If "Yes" to 3a(II), are the related organizations	s listed as required o	n Schedule R?				3b	
4	Describe in Part XIV the intended uses of the				·			
Pa	t VI Land, Buildings, and Equipm	ent. See Form 990), Part X, line 10.					
	Description of property	(a) Cost or o		1	Accumulate epreciation	l.	(d) Book	value
1a	Land	627,	625.				627	,625.
b	Buildings							
С	Leasehold improvements							
d	Equipment							
е	Other							
Tota	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line 1	0(c).)		>	627	,625.

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

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

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

01-23-12

286,519.

Schedule D (Form 990) 2011

Total to Schedule D, Part XI, Line 8

CATAWBA VALLEY COMMUNITY COLLEGE FOUNDATION, INC. 58-1598131 Page 5 Schedule D (Form 990) 2011 Part XIV Supplemental Information (continued) Part XIII, Line 2d - Other Adjustments: Unrealized losses on investments Bad debt expense

	he line 1 table	rganizations listed in the line 1 table 1 tabl
and government organizations listed in the line 1 table	and government o	
Enter total number of section 501(c)(3) and government organizations listed in t Enter total number of other organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ar total number of section 501(c)(3) and government or section 501(c)(3) and section the line r Paperwork Reduction Act Notice, see the Instruct	ar total number of section 501(c)(3) sr total number of other organization

COLLEGE
COMMUNITY
VALLEY
CATAWBA

FOUNDATION, INC.

Page 2

58-1598131

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 can be duplicated if additional space is needed. Schedule I (Form 990) (2011)

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (d) Amount of non-cash assistance ó 737,965. (c) Amount of cash grant (b) Number of recipients 103 Grants and scholarships for tuition to Catawba (a) Type of grant or assistance Valley Community College

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

Name of the organization

CATAWBA VALLEY COMMUNITY COLLEGE FOUNDATION, INC.

Employer identification number 58-1598131

Part I **Types of Property** (c) (d) (a) (b) Check if Number of Noncash contribution Method of determining contributions or amounts reported on noncash contribution amounts applicable Form 990, Part VIII, line 1g tems contributed Appraisal X 37,500. Art - Works of art 2 Art - Historical treasures 3 Art - Fractional interests Books and publications 5 Clothing and household goods Cars and other vehicles 6 7 Boats and planes 8 Intellectual property 50,171. New York Stock Excha Х 9 Securities - Publicly traded 10 Securities - Closely held stock Securities · Partnership, LLC, or 11 trust interests 12 Securities - Miscellaneous 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 15 Real estate - Residential 16 Real estate - Commercial 17 Real estate - Other 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other -Other > 26 27 Other 28 Other -Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Ye<u>s</u> 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 Х 30a the entire holding period? **b** If "Yes," describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X 32a contributions? b If "Yes." describe in Part II. If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, 33 describe in Part II.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service 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 Public Inspection

Name of the organization

CATAWBA VALLEY COMMUNITY COLLEGE FOUNDATION, INC.

Employer identification number 58-1598131

Form 990, Part I, Line 1, Description of Organization Mission:					
CATAWBA VALLEY COMMUNITY COLLEGE. THE FOUNDATION PROVIDES A VEHICLE					
THROUGH WHICH ANY INDIVIDUAL OR ORGANIZATION MAY INVEST/PARTICIPATE IN					
THE DEVELOPMENT OF CATAWBA VALLEY COMMUNITY COLLGE.					
Form 990, Part III, Line 1, Description of Organization Mission:					
VALLEY COMMUNITY COLLEGE.					
Form 990, Part VI, Section A, line 7a: MEMBERS OF THE COMMUNITY ARE ASKED					
TO SERVE AS VOLUNTEERS ON THE FOUNDATION'S BOARD OF DIRECTORS. THESE					
MEMBERS ELECT THE INDIVIDUALS TO SERVE AS OFFICERS OF THE BOARD OF					
DIRECTORS.					
Form 990, Part VI, Section A, line 7b: ALL DECISIONS MADE REGARDING THE					
FOUNDATION'S OPERATIONS ARE APPROVED BY THE BOARD OF DIRECTORS.					
Form 990, Part VI, Section B, line 11: THE FINAL TAX RETURN AND AUDITED					
FINANCIAL STATEMENTS ARE PRESENTED TO THE BOARD OF DIRECTORS BY THE					
EXTERNAL AUDITORS. THE BOARD OF DIRECTORS MAY INQUIRE AT THE PRESENTATION					
REGARDING ANY QUESTIONS THEY MAY HAVE PRIOR TO THE FILING OF THE TAX					
RETURN.					
Form 990, Part VI, Section C, Line 19: THE FOUNDATION OPERATES OUT OF THE					
OFFICES OF CATAWBA VALLEY COMMUNITY COLLEGE. ALL INTERESTED PARTIES ARE					
NOTIFIED OF THE AVAILABILITY OF THESE DOCUMENTS WHENEVER AN INQUIRY IS					

MADE.

4* + 1; +4 ?

Schedule O (Form 990 or 99 Name of the organization	OPEZ) (2011) CATAWBA VALLEY COMMUNITY COLLEGE	Page 2 Employer identification number
	FOUNDATION, INC.	58-1598131
Form 990, Part	XI, line 5, Changes in Net Assets:	
Net unrealized	l losses on investments:	-22,178.
Write-off of U	Incollectible Promises to Give	-1,860.
Assets receive	ed through merger	288,379.
Total to Form	990, Part XI, Line 5	264,341.
There has been	no change in the oversight or sele	ction process of the
independent ce	ertified public accountant.	
	 	
	.	
		
	 	