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**Return of Private Foundation  
or Section 4947(a)(1) Nonexempt Charitable Trust  
Treated as a Private Foundation**

OMB No 1545-0052

**2012**Department of the Treasury  
Internal Revenue Service

Note The foundation may be able to use a copy of this return to satisfy state reporting requirements

For calendar year 2012, or tax year beginning Jul 1, 2012, and ending Jun 30, 2013

|                                                                                                                                           |  |                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------|
| Name of foundation<br><b>WILLIAM EDWARD STARNES EDUCATIONAL FUND</b>                                                                      |  | <b>A</b> Employer identification number<br><b>56-6099413</b>                                                            |
| Number and street (or P.O. box number if mail is not delivered to street address)<br><b>3395 AIRPORT ROAD</b>                             |  | <b>B</b> Telephone number (see the instructions)<br><b>(910) 692-6185</b>                                               |
| City or town<br><b>PINEHURST</b>                                                                                                          |  | <b>C</b> If exemption application is pending, check here <input type="checkbox"/>                                       |
| State ZIP code<br><b>NC 28374</b>                                                                                                         |  | <b>D</b> 1 Foreign organizations, check here <input type="checkbox"/>                                                   |
| <b>G</b> Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial Return of a former public charity |  | <b>D</b> 2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>       |
| <input type="checkbox"/> Final return <input type="checkbox"/> Amended return                                                             |  | <b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>    |
| <input type="checkbox"/> Address change <input type="checkbox"/> Name change                                                              |  | <b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/> |
| <b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation                      |  |                                                                                                                         |
| <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation          |  |                                                                                                                         |
| <b>I</b> Fair market value of all assets at end of year (from Part II, column (c), line 16)<br><b>\$ 29,774.</b>                          |  |                                                                                                                         |
| <b>J</b> Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual                                     |  |                                                                                                                         |
| <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)                                                 |  |                                                                                                                         |

| Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)) |                                                                                | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------|---------------------------|-------------------------|-------------------------------------------------------------|
| REVENUE                                                                                                                                                            | 1 Contributions, gifts, grants, etc. received (att sch)                        |                                    |                           |                         |                                                             |
|                                                                                                                                                                    | 2 Ck <input checked="" type="checkbox"/> if the foundn is not req to att Sch B |                                    |                           |                         |                                                             |
|                                                                                                                                                                    | 3 Interest on savings and temporary cash investments                           | 238.                               | 238.                      | 238.                    |                                                             |
|                                                                                                                                                                    | 4 Dividends and interest from securities                                       |                                    |                           |                         |                                                             |
|                                                                                                                                                                    | 5a Gross rents                                                                 |                                    |                           |                         |                                                             |
|                                                                                                                                                                    | b Net rental income or (loss)                                                  |                                    |                           |                         |                                                             |
|                                                                                                                                                                    | 6a Net gain/(loss) from sale of assets not on line 10                          |                                    |                           |                         |                                                             |
|                                                                                                                                                                    | b Gross sales price for all assets on line 6a                                  |                                    |                           |                         |                                                             |
|                                                                                                                                                                    | 7 Capital gain net income (from Part IV, line 2)                               |                                    |                           |                         |                                                             |
|                                                                                                                                                                    | 8 Net short-term capital gain                                                  |                                    |                           |                         |                                                             |
|                                                                                                                                                                    | 9 Income modifications                                                         |                                    |                           |                         |                                                             |
|                                                                                                                                                                    | 10a Gross sales less returns and allowances                                    |                                    |                           |                         |                                                             |
| b Less Cost of goods sold                                                                                                                                          |                                                                                |                                    |                           |                         |                                                             |
| c Gross profit/(loss) (att sch)                                                                                                                                    |                                                                                |                                    |                           |                         |                                                             |
| 11 Other income (attach schedule)                                                                                                                                  |                                                                                |                                    |                           |                         |                                                             |
| 12 Total. Add lines 1 through 11                                                                                                                                   | 238.                                                                           | 238.                               | 238.                      |                         |                                                             |
| ADMINISTRATIVE AND OPERATING EXPENSES                                                                                                                              | 13 Compensation of officers, directors, trustees, etc                          |                                    |                           |                         |                                                             |
|                                                                                                                                                                    | 14 Other employee salaries and wages                                           |                                    |                           |                         |                                                             |
|                                                                                                                                                                    | 15 Pension plans, employee benefits                                            |                                    |                           |                         |                                                             |
|                                                                                                                                                                    | 16a Legal fees (attach schedule)                                               |                                    |                           |                         |                                                             |
|                                                                                                                                                                    | b Accounting fees (attach sch) L-16b Stmt                                      | 625.                               | 625.                      | 625.                    |                                                             |
|                                                                                                                                                                    | c Other prof fees (attach sch)                                                 |                                    |                           |                         |                                                             |
|                                                                                                                                                                    | 17 Interest                                                                    |                                    |                           |                         |                                                             |
|                                                                                                                                                                    | 18 Taxes (attach schedule)(see instrs) EXCISE TAX                              | 12.                                | 12.                       | 12.                     |                                                             |
|                                                                                                                                                                    | 19 Depreciation (attach sch) and depletion                                     |                                    |                           |                         |                                                             |
|                                                                                                                                                                    | 20 Occupancy                                                                   |                                    |                           |                         |                                                             |
|                                                                                                                                                                    | 21 Travel, conferences, and meetings                                           |                                    |                           |                         |                                                             |
|                                                                                                                                                                    | 22 Printing and publications                                                   |                                    |                           |                         |                                                             |
|                                                                                                                                                                    | 23 Other expenses (attach schedule)                                            |                                    |                           |                         |                                                             |
|                                                                                                                                                                    | 24 Total operating and administrative expenses. Add lines 13 through 23        | 637.                               | 637.                      | 637.                    |                                                             |
|                                                                                                                                                                    | 25 Contributions, gifts, grants paid                                           | 21,148.                            |                           |                         | 21,148.                                                     |
| 26 Total expenses and disbursements. Add lines 24 and 25                                                                                                           | 21,785.                                                                        | 637.                               | 637.                      | 21,148.                 |                                                             |
| 27 Subtract line 26 from line 12:                                                                                                                                  |                                                                                |                                    |                           |                         |                                                             |
| a Excess of revenue over expenses and disbursements                                                                                                                | -21,547.                                                                       |                                    |                           |                         |                                                             |
| b Net investment income (if negative, enter -0-)                                                                                                                   |                                                                                | 0.                                 |                           |                         |                                                             |
| c Adjusted net income (if negative, enter -0-)                                                                                                                     |                                                                                |                                    | 0.                        |                         |                                                             |

**Part II Balance Sheets**

Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions.)

Beginning of year

End of year

(a) Book Value

(b) Book Value

(c) Fair Market Value

|                                    |                                                                                                                                  |                                                                                                                         |                                                    |         |         |
|------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|---------|---------|
| <b>ASSETS</b>                      | 1                                                                                                                                | Cash — non-interest-bearing                                                                                             | 51,012.                                            | 5,536.  | 5,536.  |
|                                    | 2                                                                                                                                | Savings and temporary cash investments                                                                                  |                                                    | 24,238. | 24,238. |
|                                    | 3                                                                                                                                | Accounts receivable                                                                                                     |                                                    |         |         |
|                                    |                                                                                                                                  | Less: allowance for doubtful accounts                                                                                   |                                                    |         |         |
|                                    | 4                                                                                                                                | Pledges receivable                                                                                                      |                                                    |         |         |
|                                    |                                                                                                                                  | Less: allowance for doubtful accounts                                                                                   |                                                    |         |         |
|                                    | 5                                                                                                                                | Grants receivable                                                                                                       |                                                    |         |         |
|                                    | 6                                                                                                                                | Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) |                                                    |         |         |
|                                    | 7                                                                                                                                | Other notes and loans receivable (attach sch)                                                                           |                                                    |         |         |
|                                    |                                                                                                                                  | Less: allowance for doubtful accounts                                                                                   | 0.                                                 |         |         |
|                                    | 8                                                                                                                                | Inventories for sale or use                                                                                             |                                                    |         |         |
|                                    | 9                                                                                                                                | Prepaid expenses and deferred charges                                                                                   |                                                    |         |         |
|                                    | 10a                                                                                                                              | Investments — U S and state government obligations (attach schedule)                                                    |                                                    |         |         |
|                                    | b                                                                                                                                | Investments — corporate stock (attach schedule)                                                                         |                                                    |         |         |
|                                    | c                                                                                                                                | Investments — corporate bonds (attach schedule)                                                                         |                                                    |         |         |
|                                    | <b>LIABILITIES</b>                                                                                                               | 11                                                                                                                      | Investments — land, buildings, and equipment basis |         |         |
|                                    |                                                                                                                                  | Less: accumulated depreciation (attach schedule)                                                                        |                                                    |         |         |
| 12                                 |                                                                                                                                  | Investments — mortgage loans                                                                                            |                                                    |         |         |
| 13                                 |                                                                                                                                  | Investments — other (attach schedule)                                                                                   |                                                    |         |         |
| 14                                 |                                                                                                                                  | Land, buildings, and equipment basis                                                                                    |                                                    |         |         |
|                                    |                                                                                                                                  | Less: accumulated depreciation (attach schedule)                                                                        |                                                    |         |         |
| 15                                 |                                                                                                                                  | Other assets (describe )                                                                                                |                                                    |         |         |
| 16                                 |                                                                                                                                  | <b>Total assets</b> (to be completed by all filers — see the instructions. Also, see page 1, item I)                    | 51,012.                                            | 29,774. | 29,774. |
| 17                                 |                                                                                                                                  | Accounts payable and accrued expenses                                                                                   |                                                    |         |         |
| 18                                 |                                                                                                                                  | Grants payable                                                                                                          |                                                    |         |         |
| 19                                 | Deferred revenue                                                                                                                 |                                                                                                                         |                                                    |         |         |
| 20                                 | Loans from officers, directors, trustees, & other disqualified persons                                                           |                                                                                                                         |                                                    |         |         |
| 21                                 | Mortgages and other notes payable (attach schedule)                                                                              |                                                                                                                         |                                                    |         |         |
| 22                                 | Other liabilities (describe <u>EXCESS FINANCIAL AID</u> )                                                                        |                                                                                                                         | 309.                                               |         |         |
| 23                                 | <b>Total liabilities</b> (add lines 17 through 22)                                                                               |                                                                                                                         | 309.                                               |         |         |
| <b>NET FUND ASSETS OR BALANCES</b> | <b>Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.</b>                        |                                                                                                                         |                                                    |         |         |
|                                    | 24                                                                                                                               | Unrestricted                                                                                                            |                                                    |         |         |
|                                    | 25                                                                                                                               | Temporarily restricted                                                                                                  |                                                    |         |         |
|                                    | 26                                                                                                                               | Permanently restricted                                                                                                  |                                                    |         |         |
|                                    | <b>Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.</b> <input checked="" type="checkbox"/> |                                                                                                                         |                                                    |         |         |
|                                    | 27                                                                                                                               | Capital stock, trust principal, or current funds                                                                        | 51,012.                                            | 29,465. |         |
|                                    | 28                                                                                                                               | Paid-in or capital surplus, or land, building, and equipment fund                                                       |                                                    |         |         |
|                                    | 29                                                                                                                               | Retained earnings, accumulated income, endowment, or other funds                                                        |                                                    |         |         |
|                                    | 30                                                                                                                               | <b>Total net assets or fund balances</b> (see instructions)                                                             | 51,012.                                            | 29,465. |         |
|                                    | 31                                                                                                                               | <b>Total liabilities and net assets/fund balances</b> (see instructions)                                                | 51,012.                                            | 29,774. |         |

**Part III Analysis of Changes in Net Assets or Fund Balances**

|   |                                                                                                                                                            |   |          |
|---|------------------------------------------------------------------------------------------------------------------------------------------------------------|---|----------|
| 1 | Total net assets or fund balances at beginning of year — Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) | 1 | 51,012.  |
| 2 | Enter amount from Part I, line 27a                                                                                                                         | 2 | -21,547. |
| 3 | Other increases not included in line 2 (itemize)                                                                                                           | 3 |          |
| 4 | Add lines 1, 2, and 3                                                                                                                                      | 4 | 29,465.  |
| 5 | Decreases not included in line 2 (itemize)                                                                                                                 | 5 |          |
| 6 | Total net assets or fund balances at end of year (line 4 minus line 5) — Part II, column (b), line 30                                                      | 6 | 29,465.  |

**Part IV Capital Gains and Losses for Tax on Investment Income**

| (a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shares MLC Company) |  | (b) How acquired<br>P — Purchase<br>D — Donation | (c) Date acquired<br>(month, day, year) | (d) Date sold<br>(month, day, year) |
|------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------|-----------------------------------------|-------------------------------------|
| 1 a                                                                                                                                      |  |                                                  |                                         |                                     |
| b                                                                                                                                        |  |                                                  |                                         |                                     |
| c                                                                                                                                        |  |                                                  |                                         |                                     |
| d                                                                                                                                        |  |                                                  |                                         |                                     |
| e                                                                                                                                        |  |                                                  |                                         |                                     |

| (e) Gross sales price | (f) Depreciation allowed<br>(or allowable) | (g) Cost or other basis<br>plus expense of sale | (h) Gain or (loss)<br>(e) plus (f) minus (g) |
|-----------------------|--------------------------------------------|-------------------------------------------------|----------------------------------------------|
| a                     |                                            |                                                 |                                              |
| b                     |                                            |                                                 |                                              |
| c                     |                                            |                                                 |                                              |
| d                     |                                            |                                                 |                                              |
| e                     |                                            |                                                 |                                              |

| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 |                                      |                                                     | (i) Gains (Column (h)<br>gain minus column (k), but not less<br>than -0-) or Losses (from column (h)) |
|---------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| (i) Fair Market Value<br>as of 12/31/69                                                     | (j) Adjusted basis<br>as of 12/31/69 | (k) Excess of column (i)<br>over column (j), if any |                                                                                                       |
| a                                                                                           |                                      |                                                     |                                                                                                       |
| b                                                                                           |                                      |                                                     |                                                                                                       |
| c                                                                                           |                                      |                                                     |                                                                                                       |
| d                                                                                           |                                      |                                                     |                                                                                                       |
| e                                                                                           |                                      |                                                     |                                                                                                       |

|                                                                                                             |                                                                                       |   |  |
|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---|--|
| 2 Capital gain net income or (net capital loss)                                                             | — [ If gain, also enter in Part I, line 7<br>If (loss), enter -0- in Part I, line 7 ] | 2 |  |
| 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)                              |                                                                                       |   |  |
| If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 | — [ ]                                                                                 | 3 |  |

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes☐ No

If 'Yes,' the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year, see the instructions before making any entries

| (a)<br>Base period years<br>Calendar year (or tax year<br>beginning in) | (b)<br>Adjusted qualifying distributions | (c)<br>Net value of<br>noncharitable-use assets | (d)<br>Distribution ratio<br>(column (b) divided by column (c)) |
|-------------------------------------------------------------------------|------------------------------------------|-------------------------------------------------|-----------------------------------------------------------------|
| 2011                                                                    | 4,539.                                   | 35,434.                                         | 0.128097                                                        |
| 2010                                                                    | 1,727.                                   | 25,448.                                         | 0.067864                                                        |
| 2009                                                                    | 6,601.                                   | 25,520.                                         | 0.258660                                                        |
| 2008                                                                    | 5,538.                                   | 30,865.                                         | 0.179427                                                        |
| 2007                                                                    | 5,400.                                   | 28,597.                                         | 0.188831                                                        |

|                                                                                                                                                                                |   |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|----------|
| 2 Total of line 1, column (d)                                                                                                                                                  | 2 | 0.822879 |
| 3 Average distribution ratio for the 5-year base period — divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years | 3 | 0.164576 |
| 4 Enter the net value of noncharitable-use assets for 2012 from Part X, line 5                                                                                                 | 4 | 40,964.  |
| 5 Multiply line 4 by line 3                                                                                                                                                    | 5 | 6,742.   |
| 6 Enter 1% of net investment income (1% of Part I, line 27b)                                                                                                                   | 6 | 0.       |
| 7 Add lines 5 and 6                                                                                                                                                            | 7 | 6,742.   |
| 8 Enter qualifying distributions from Part XII, line 4                                                                                                                         | 8 | 21,148.  |

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)**

|                                                                                                                                                                                                                                    |     |    |    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----|
| 1 a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter 'N/A' on line 1.<br>Date of ruling or determination letter _____ (attach copy of letter if necessary – see instrs) |     |    |    |
| b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b                                                                       |     | 1  | 0. |
| c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b)                                                                                                        |     |    |    |
| 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)                                                                                                                         |     | 2  | 0. |
| 3 Add lines 1 and 2                                                                                                                                                                                                                |     | 3  | 0. |
| 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)                                                                                                                       |     | 4  | 0. |
| 5 <b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-                                                                                                                                   |     | 5  | 0. |
| 6 Credits/Payments                                                                                                                                                                                                                 |     |    |    |
| a 2012 estimated tax pmts and 2011 overpayment credited to 2012                                                                                                                                                                    | 6 a |    |    |
| b Exempt foreign organizations – tax withheld at source                                                                                                                                                                            | 6 b |    |    |
| c Tax paid with application for extension of time to file (Form 8868)                                                                                                                                                              | 6 c | 0. |    |
| d Backup withholding erroneously withheld                                                                                                                                                                                          | 6 d |    |    |
| 7 Total credits and payments Add lines 6a through 6d                                                                                                                                                                               | 7   |    | 0. |
| 8 Enter any <b>penalty</b> for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached                                                                                                          | 8   |    |    |
| 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed                                                                                                                                                    | 9   |    | 0. |
| 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid                                                                                                                                       | 10  |    | 0. |
| 11 Enter the amount of line 10 to be Credited to 2013 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>                                                                                                     | 11  |    |    |

**Part VII-A Statements Regarding Activities**

|                                                                                                                                                                                                                                                                                                                                                     | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?                                                                                                                                                                            |     | X  |
| b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?<br><i>If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i> |     | X  |
| c Did the foundation file <b>Form 1120-POL</b> for this year?                                                                                                                                                                                                                                                                                       |     | X  |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year<br>(1) On the foundation <input type="checkbox"/> \$ _____ (2) On foundation managers <input type="checkbox"/> \$ _____                                                                                                                         |     |    |
| e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ _____                                                                                                                                                                            |     |    |
| 2 Has the foundation engaged in any activities that have not previously been reported to the IRS?<br><i>If 'Yes,' attach a detailed description of the activities</i>                                                                                                                                                                               |     | X  |
| 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If 'Yes,' attach a conformed copy of the changes</i>                                                                                                                 |     | X  |
| 4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?                                                                                                                                                                                                                                                     |     | X  |
| b If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?                                                                                                                                                                                                                                                                           |     |    |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?<br><i>If 'Yes,' attach the statement required by General Instruction T</i>                                                                                                                                                                         |     | X  |
| 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either<br>• By language in the governing instrument, or<br>• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?                 | X   |    |
| 7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If 'Yes,' complete Part II, column (c), and Part XV</i>                                                                                                                                                                                                        | X   |    |
| 8 a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/>                                                                                                                                                                                                                     |     |    |
| b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? <i>If 'No,' attach explanation</i>                                                                                                                        | X   |    |
| 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? <i>If 'Yes,' complete Part XIV</i>                                                                                       |     | X  |
| 10 Did any persons become substantial contributors during the tax year? <i>If 'Yes,' attach a schedule listing their names and addresses</i>                                                                                                                                                                                                        |     | X  |

BAA

Form 990-PF (2012)

**Part VII-A Statements Regarding Activities** (continued)

|                                                                                                                                           |                                                                                                                                                                                                                           |    |   |   |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---|---|
| 11                                                                                                                                        | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)                                   | 11 |   | X |
| 12                                                                                                                                        | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If 'Yes,' attach statement (see instructions)                                  | 12 |   | X |
| 13                                                                                                                                        | Did the foundation comply with the public inspection requirements for its annual returns and exemption application?<br>Website address <u>N/A</u>                                                                         | 13 | X |   |
| 14                                                                                                                                        | The books are in care of <u>BRENDA JACKSON AND OR JOE BROWN</u> Telephone no <u>(910) 695-3731</u><br>Located at <u>3395 AIRPORT ROAD</u> <u>PINEHURST</u> <u>NC</u> ZIP + 4 <u>28374</u>                                 |    |   |   |
| 15                                                                                                                                        | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here <input type="checkbox"/><br>and enter the amount of tax-exempt interest received or accrued during the year <u>15</u> |    |   |   |
| 16                                                                                                                                        | At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?                                 | 16 |   | X |
| See the instructions for exceptions and filing requirements for Form TD F 90-22.1 If 'Yes,' enter the name of the foreign country <u></u> |                                                                                                                                                                                                                           |    |   |   |

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Yes                                                                 | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|----|
| 1 a During the year did the foundation (either directly or indirectly)                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                     |    |
| (1) Engage in the sale or exchange, or leasing of property with a disqualified person?                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |    |
| (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |    |
| (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |    |
| (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |    |
| (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |    |
| (6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)                                                                                                                                                                                                                                                   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |    |
| b If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?<br>Organizations relying on a current notice regarding disaster assistance check here <input type="checkbox"/>                                                                                                                                                            | 1 b                                                                 |    |
| c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2012?                                                                                                                                                                                                                                                                                                        | 1 c                                                                 | X  |
| 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))                                                                                                                                                                                                                                                                                                                  |                                                                     |    |
| a At the end of tax year 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2012?<br>If 'Yes,' list the years <u>20</u> <u></u> , <u>20</u> <u></u> , <u>20</u> <u></u> , <u>20</u> <u></u>                                                                                                                                                                                                                                    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |    |
| b Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement - see instructions)                                                                                                                                                                                | 2 b                                                                 |    |
| c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here<br><u>20</u> <u></u> , <u>20</u> <u></u> , <u>20</u> <u></u> , <u>20</u> <u></u>                                                                                                                                                                                                                                                                                               |                                                                     |    |
| 3 a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |    |
| b If 'Yes,' did it have excess business holdings in 2012 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2012) | 3 b                                                                 |    |
| 4 a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?                                                                                                                                                                                                                                                                                                                                                                              | 4 a                                                                 | X  |
| b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2012?                                                                                                                                                                                                                                                              | 4 b                                                                 | X  |

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**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required** (continued)**5 a** During the year did the foundation pay or incur any amount to**(1)** Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?☐ Yes ☒ No**(2)** Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?☐ Yes ☒ No**(3)** Provide a grant to an individual for travel, study, or other similar purposes?☐ Yes ☒ No**(4)** Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions)☐ Yes ☒ No**(5)** Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?☐ Yes ☒ No**b** If any answer is 'Yes' to 5a(1)-(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

5 b

Organizations relying on a current notice regarding disaster assistance check here

☐**c** If the answer is 'Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?☐ Yes ☐ No

If 'Yes,' attach the statement required by Regulations section 53.4945-5(d)

**6 a** Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?☐ Yes ☒ No**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6 b

X

If 'Yes' to 6b, file Form 8870

**7 a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?☐ Yes ☒ No

7 b

**b** If 'Yes,' did the foundation receive any proceeds or have any net income attributable to the transaction?**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1** List all officers, directors, trustees, foundation managers and their compensation (see instructions).

| (a) Name and address                                                                    | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------|---------------------------------------|
| SANDHILLS COMMUNITY COLLEGE FOUNDATION, INC.<br>3395 AIRPORT ROAD<br>PINEHURST NC 28374 | TRUSTEE<br>0.00                                           | 0.                                        | 0.                                                                    | 0.                                    |
|                                                                                         |                                                           |                                           |                                                                       |                                       |
|                                                                                         |                                                           |                                           |                                                                       |                                       |
|                                                                                         |                                                           |                                           |                                                                       |                                       |
|                                                                                         |                                                           |                                           |                                                                       |                                       |
|                                                                                         |                                                           |                                           |                                                                       |                                       |

**2** Compensation of five highest-paid employees (other than those included on line 1 — see instructions). If none, enter 'NONE.'

| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|---------------------------------------------------------------|-----------------------------------------------------------|------------------|-----------------------------------------------------------------------|---------------------------------------|
| NONE                                                          |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |

Total number of other employees paid over \$50,000

None



**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

|   |                                                                                                             |     |         |
|---|-------------------------------------------------------------------------------------------------------------|-----|---------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes  |     |         |
| a | Average monthly fair market value of securities                                                             | 1 a | 8,209.  |
| b | Average of monthly cash balances                                                                            | 1 b | 33,379. |
| c | Fair market value of all other assets (see instructions)                                                    | 1 c |         |
| d | <b>Total</b> (add lines 1a, b, and c)                                                                       | 1 d | 41,588. |
| e | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)   | 1 e |         |
| 2 | Acquisition indebtedness applicable to line 1 assets                                                        | 2   |         |
| 3 | Subtract line 2 from line 1d                                                                                | 3   | 41,588. |
| 4 | Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)   | 4   | 624.    |
| 5 | <b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5   | 40,964. |
| 6 | <b>Minimum investment return.</b> Enter 5% of line 5                                                        | 6   | 2,048.  |

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

|    |                                                                                                           |     |        |
|----|-----------------------------------------------------------------------------------------------------------|-----|--------|
| 1  | Minimum investment return from Part X, line 6                                                             | 1   | 2,048. |
| 2a | Tax on investment income for 2012 from Part VI, line 5                                                    | 2 a | 0.     |
| b  | Income tax for 2012 (This does not include the tax from Part VI)                                          | 2 b |        |
| c  | Add lines 2a and 2b                                                                                       | 2 c | 0.     |
| 3  | Distributable amount before adjustments. Subtract line 2c from line 1                                     | 3   | 2,048. |
| 4  | Recoveries of amounts treated as qualifying distributions                                                 | 4   |        |
| 5  | Add lines 3 and 4                                                                                         | 5   | 2,048. |
| 6  | Deduction from distributable amount (see instructions)                                                    | 6   |        |
| 7  | <b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | 7   | 2,048. |

**Part XII Qualifying Distributions** (see instructions)

|   |                                                                                                                                                      |     |         |
|---|------------------------------------------------------------------------------------------------------------------------------------------------------|-----|---------|
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes                                                            |     |         |
| a | Expenses, contributions, gifts, etc. — total from Part I, column (d), line 26                                                                        | 1 a | 21,148. |
| b | Program-related investments — total from Part IX-B                                                                                                   | 1 b |         |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes                                            | 2   |         |
| 3 | Amounts set aside for specific charitable projects that satisfy the                                                                                  |     |         |
| a | Suitability test (prior IRS approval required)                                                                                                       | 3 a |         |
| b | Cash distribution test (attach the required schedule)                                                                                                | 3 b |         |
| 4 | <b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4                                    | 4   | 21,148. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions) | 5   | 0.      |
| 6 | <b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4                                                                                | 6   | 21,148. |

**Note.** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

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**Part XIII** Undistributed Income (see instructions)

|                                                                                                                                                                            | (a)<br>Corpus | (b)<br>Years prior to 2011 | (c)<br>2011 | (d)<br>2012 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2012 from Part XI, line 7                                                                                                                       |               |                            |             | 2,048.      |
| 2 Undistributed income, if any, as of the end of 2012                                                                                                                      |               |                            |             |             |
| a Enter amount for 2011 only                                                                                                                                               |               |                            | 30,810.     |             |
| b Total for prior years 20__, 20__, 20__                                                                                                                                   |               |                            |             |             |
| 3 Excess distributions carryover, if any, to 2012                                                                                                                          |               |                            |             |             |
| a From 2007                                                                                                                                                                | 0.            |                            |             |             |
| b From 2008                                                                                                                                                                | 0.            |                            |             |             |
| c From 2009                                                                                                                                                                | 0.            |                            |             |             |
| d From 2010                                                                                                                                                                | 0.            |                            |             |             |
| e From 2011                                                                                                                                                                | 0.            |                            |             |             |
| f Total of lines 3a through e                                                                                                                                              | 0.            |                            |             |             |
| 4 Qualifying distributions for 2012 from Part XII, line 4 ▶ \$ 21,148.                                                                                                     |               |                            |             |             |
| a Applied to 2011, but not more than line 2a                                                                                                                               |               |                            | 21,148.     |             |
| b Applied to undistributed income of prior years (Election required — see instructions)                                                                                    |               |                            |             |             |
| c Treated as distributions out of corpus (Election required — see instructions)                                                                                            |               |                            |             |             |
| d Applied to 2012 distributable amount                                                                                                                                     |               |                            |             |             |
| e Remaining amount distributed out of corpus                                                                                                                               | 0.            |                            |             |             |
| 5 Excess distributions carryover applied to 2012<br>(If an amount appears in column (d), the same amount must be shown in column (a) )                                     |               |                            |             |             |
| 6 Enter the net total of each column as indicated below:                                                                                                                   |               |                            |             |             |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5                                                                                                                          | 0.            |                            |             |             |
| b Prior years' undistributed income Subtract line 4b from line 2b                                                                                                          |               | 0.                         |             |             |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed |               |                            |             |             |
| d Subtract line 6c from line 6b Taxable amount — see instructions                                                                                                          |               | 0.                         |             |             |
| e Undistributed income for 2011 Subtract line 4a from line 2a Taxable amount — see instructions                                                                            |               |                            | 9,662.      |             |
| f Undistributed income for 2012 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2013                                                                |               |                            |             | 2,048.      |
| 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)                                  |               |                            |             |             |
| 8 Excess distributions carryover from 2007 not applied on line 5 or line 7 (see instructions)                                                                              | 0.            |                            |             |             |
| 9 Excess distributions carryover to 2013. Subtract lines 7 and 8 from line 6a                                                                                              | 0.            |                            |             |             |
| 10 Analysis of line 9                                                                                                                                                      |               |                            |             |             |
| a Excess from 2008                                                                                                                                                         | 0.            |                            |             |             |
| b Excess from 2009                                                                                                                                                         | 0.            |                            |             |             |
| c Excess from 2010                                                                                                                                                         | 0.            |                            |             |             |
| d Excess from 2011                                                                                                                                                         | 0.            |                            |             |             |
| e Excess from 2012                                                                                                                                                         | 0.            |                            |             |             |

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

N/A

**1** a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2012, enter the date of the ruling ▶

**b** Check box to indicate whether the foundation is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

**2 a** Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

| Tax year                                                                                                                                                 | Prior 3 years |          |          | (e) Total |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------|----------|-----------|
| (a) 2012                                                                                                                                                 | (b) 2011      | (c) 2010 | (d) 2009 |           |
| <b>b</b> 85% of line 2a                                                                                                                                  |               |          |          |           |
| <b>c</b> Qualifying distributions from Part XII, line 4 for each year listed                                                                             |               |          |          |           |
| <b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities                                                           |               |          |          |           |
| <b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c                                   |               |          |          |           |
| <b>3</b> Complete 3a, b, or c for the alternative test relied upon                                                                                       |               |          |          |           |
| <b>a</b> 'Assets' alternative test – enter                                                                                                               |               |          |          |           |
| <b>(1)</b> Value of all assets                                                                                                                           |               |          |          |           |
| <b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)                                                                                     |               |          |          |           |
| <b>b</b> 'Endowment' alternative test – enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed                              |               |          |          |           |
| <b>c</b> 'Support' alternative test – enter                                                                                                              |               |          |          |           |
| <b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) |               |          |          |           |
| <b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)                                      |               |          |          |           |
| <b>(3)</b> Largest amount of support from an exempt organization                                                                                         |               |          |          |           |
| <b>(4)</b> Gross investment income                                                                                                                       |               |          |          |           |

**Part XV Supplementary Information** (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year – see instructions.)

**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc, Programs:**

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

**a** The name, address, and telephone number or e-mail of the person to whom applications should be addressed

SANDHILLS COMMUNITY COLLEGE FINANCIAL AID OFFICE  
3395 AIRPORT ROAD  
PINEHURST NC 28374 (910) 695-3743

**b** The form in which applications should be submitted and information and materials they should include

SEE ATTACHED SCHOLARSHIP APPLICATION

**c** Any submission deadlines

SEE ATTACHED SCHOLARSHIP APPLICATION

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

SEE ATTACHED SCHOLARSHIP APPLICATION

**Part XV** Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient<br>Name and address (home or business) | If recipient is an individual,<br>show any relationship to any<br>foundation manager or<br>substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount  |
|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|---------|
| <i>a Paid during the year</i><br>SCHEDULE        | NONE                                                                                                               | NA                                   | SCHOLARSHIPS                        | 21,148. |
| <b>Total</b>                                     |                                                                                                                    |                                      | <b>3 a</b>                          | 21,148. |
| <i>b Approved for future payment</i>             |                                                                                                                    |                                      |                                     |         |
| <b>Total</b>                                     |                                                                                                                    |                                      | <b>3 b</b>                          |         |

**Part XVI-A Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated

| Enter gross amounts unless otherwise indicated |                                                          | Unrelated business income |               | Excluded by section 512, 513, or 514 |               | (e)<br>Related or exempt<br>function income<br>(See instructions ) |
|------------------------------------------------|----------------------------------------------------------|---------------------------|---------------|--------------------------------------|---------------|--------------------------------------------------------------------|
|                                                |                                                          | (a)<br>Business<br>code   | (b)<br>Amount | (c)<br>Exclu-<br>sion<br>code        | (d)<br>Amount |                                                                    |
| 1                                              | Program service revenue.                                 |                           |               |                                      |               |                                                                    |
| a                                              |                                                          |                           |               |                                      |               |                                                                    |
| b                                              |                                                          |                           |               |                                      |               |                                                                    |
| c                                              |                                                          |                           |               |                                      |               |                                                                    |
| d                                              |                                                          |                           |               |                                      |               |                                                                    |
| e                                              |                                                          |                           |               |                                      |               |                                                                    |
| f                                              |                                                          |                           |               |                                      |               |                                                                    |
| g                                              | Fees and contracts from government agencies              |                           |               |                                      |               |                                                                    |
| 2                                              | Membership dues and assessments                          |                           |               |                                      |               |                                                                    |
| 3                                              | Interest on savings and temporary cash investments       |                           |               | 14                                   | 238.          |                                                                    |
| 4                                              | Dividends and interest from securities                   |                           |               |                                      |               |                                                                    |
| 5                                              | Net rental income or (loss) from real estate             |                           |               |                                      |               |                                                                    |
| a                                              | Debt-financed property                                   |                           |               |                                      |               |                                                                    |
| b                                              | Not debt-financed property                               |                           |               |                                      |               |                                                                    |
| 6                                              | Net rental income or (loss) from personal property       |                           |               |                                      |               |                                                                    |
| 7                                              | Other investment income                                  |                           |               |                                      |               |                                                                    |
| 8                                              | Gain or (loss) from sales of assets other than inventory |                           |               |                                      |               |                                                                    |
| 9                                              | Net income or (loss) from special events                 |                           |               |                                      |               |                                                                    |
| 10                                             | Gross profit or (loss) from sales of inventory           |                           |               |                                      |               |                                                                    |
| 11                                             | Other revenue.                                           |                           |               |                                      |               |                                                                    |
| a                                              |                                                          |                           |               |                                      |               |                                                                    |
| b                                              |                                                          |                           |               |                                      |               |                                                                    |
| c                                              |                                                          |                           |               |                                      |               |                                                                    |
| d                                              |                                                          |                           |               |                                      |               |                                                                    |
| e                                              |                                                          |                           |               |                                      |               |                                                                    |
| 12                                             | Subtotal. Add columns (b), (d), and (e)                  |                           |               |                                      | 238.          |                                                                    |
| 13                                             | <b>Total.</b> Add line 12, columns (b), (d), and (e)     |                           |               |                                      | 13            | 238.                                                               |

(See worksheet in line 13 instructions to verify calculations )

**Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes**

[illegible]



Form 990-PF, Page 1, Part I

**Line 16b - Accounting Fees**

| Name of Provider     | Type of Service Provided | Amount Paid Per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|----------------------|--------------------------|-----------------------|-----------------------|---------------------|---------------------------------------|
| MAXTON C MCDOWELL, C | PROFESSIONAL FEES        | 625.                  |                       |                     |                                       |

Total

625.

SA 2012

| Id     | Last Name  | Suffix | First Name | Middle Name   | Stu Active | Sa Award | Sa Amount | Person Xssc Address Lines | Person Xssc City | Person Xssc State | Person Xssc Zip | Person Phone | F<br>Personal<br>Phone |
|--------|------------|--------|------------|---------------|------------|----------|-----------|---------------------------|------------------|-------------------|-----------------|--------------|------------------------|
| 797932 | Acorn      |        | Dixie      | Elizabeth     | CONED      | STARN    | 255 5     | 6748 Calloway Rd          | Aberdeen         | NC                | 28315           | 910-281-4909 |                        |
| 798037 | Algazzali  |        | Ahiam      | Mahmood       | A45110G    | STARN    | 600       | 133 S Stephens St         | Southern Pines   | NC                | 28387           | 910-725-0136 |                        |
| 768556 | Ambrosio   |        | John       | Paul          | CONED      | STARN    | 255 5     | 697 Seven Lakes N         | West End         | NC                | 27376           | 910-673-3335 |                        |
| 364005 | Bethune    |        | Daneeta    | Lynette       | CONED      | STARN    | 393.5     | 392 Shaw Ave              | Southern Pines   | NC                | 28387           | 910-315-8890 |                        |
| 755710 | Blrd       |        | Sara       | A             | CONED      | STARN    | 345       | PO Box 1231               | Aberdeen         | NC                | 28315           |              |                        |
| 788101 | Boler      |        | Valeria    | Ma-Shawn      | A10100L    | STARN    | 393 5     | 3714 Mizell Rd Apt C      | Greensboro       | NC                | 27405           | 910-726-6194 |                        |
| 314454 | Brower     |        | Natasha    | Javon         | CONED      | STARN    | 393.5     | 3900 Nc Hwy705            | Robbins          | NC                | 27325           | 910-603-0094 |                        |
| 813197 | Burgess    |        | James      | Donovan       | BSP        | STARN    | 250       | PO Box 612                | Pinehurst        | NC                | 28374           | 704-438-4278 |                        |
| 814582 | Burrus     |        | Alison     | Caitlyn       | A45110G    | STARN    | 600       | 409 Shepherd Trl          | Aberdeen         | NC                | 28315           | 910-944-5940 |                        |
| 410175 | Cadwalader |        | Richard    | Ryan          | A15260     | STARN    | 250       | 30 Inverness Dr           | Pinehurst        | NC                | 28374           | 910-315-2672 |                        |
| 817432 | Calcutt    |        | Christa    | Lauren        | BSP        | STARN    | 250       | 311 Oldham Rd             | West End         | NC                | 27376           | 910-528-0576 |                        |
| 812054 | Callicutt  |        | Rachel     | Lynn          | BSP        | STARN    | 250       | 181 Barber Rd             | Carthage         | NC                | 28327           | 910-947-3589 |                        |
| 314819 | Campbell   |        | Ava        | Kelly         | CONED      | STARN    | 324 5     | 155 Ashleigh Blvd         | Aberdeen         | NC                | 28315           | 910-280-6192 |                        |
| 179254 | Casavant   |        | Ali        | Marie         | CONED      | STARN    | 393 5     | 4085 Seven Lks W          | West End         | NC                | 27376           | 910-585-0071 |                        |
| 563225 | Colter     |        | Catherine  | Renee         | STARN      | STARN    | 324 5     | 73 Heartland Lane         | Cameron          | NC                | 28326           | 919-935-7148 |                        |
| 661589 | Cox        |        | Crystal    | D             | CONED      | STARN    | 250       | 2595 Nc Hwy 73            | West End         | NC                | 27376           | 910-690-7557 |                        |
| 706496 | Crawford   |        | Terrell    | Marie         | T90990     | STARN    | 324.5     | 622 Bradford Dr           | Aberdeen         | NC                | 28315           | 910-603-2711 |                        |
| 814109 | DeSouza    |        | Steven     | Gregory Harry | A10100     | STARN    | 600       | 1269 Mount Carmel Rd      | Carthage         | NC                | 28327           | 910-948-0014 |                        |
| 787584 | Elkins     |        | Mandy      | Elizabeth     | A10100H    | STARN    | 480 5     | 375 US Hwy 1              | Cameron          | NC                | 28326           | 910-691-3191 |                        |
| 712456 | Evans      |        | Christy    | Leigh         | CONED      | STARN    | 393 5     | 225 Collinswood Dr        | Aberdeen         | NC                | 28315           | 910-639-1422 |                        |
| 811997 | Falk       |        | Abigail    | Caroline      | A25120     | STARN    | 400       | 726 Sun Rd.               | Aberdeen         | NC                | 28315           | 919-624-5707 |                        |
| 611059 | Forrest    |        | Joshua     | Ray           | T90990     | STARN    | 393.5     | PO Box 1897               | Carthage         | NC                | 28327           | 910-638-6801 |                        |
| 811654 | Fragoso    |        | Stephanie  | Ann           | A25120     | STARN    | 300       | 1024 Bradford Dr          | Aberdeen         | NC                | 28315           | 443-835-9197 |                        |
| 758715 | Frederick  | Jr.    | Thomas     | E             | BSP        | STARN    | 250       | 555 S Gaines St.          | Southern Pines   | NC                | 28387           | 910-692-8437 |                        |
| 463461 | Gons       |        | Kelmishus  | Duran         | BSP        | STARN    | 250       | 822 South Mechanic St     | Southern Pines   | NC                | 28387           | 910-514-1223 |                        |
| 769816 | Gonzales   |        | Jennifer   | Lynn          | CONED      | STARN    | 531.5     | 330 North Leak St         | Southern Pines   | NC                | 28387           | 910-603-7781 |                        |
| 707837 | Gore       |        | Kimberly   | Ruth          | CONED      | STARN    | 250       | 1302 Eastview Dr          | Aberdeen         | NC                | 28315           | 910-757-0300 |                        |
| 760073 | Graham     |        | Odjuda     | Pershara      | BSP        | STARN    | 250       | 845 S Mechanic St         | Southern Pines   | NC                | 28387           | 910-992-8197 |                        |
| 806213 | Hall       |        | Chelsea    | Leanna        | BSP        | STARN    | 250       | 105 Oakcrest Ct           | West End         | NC                | 27376           | 910-585-9482 |                        |
| 803506 | Hammonds   |        | Pamela     | Leigh         | A25120     | STARN    | 255.5     | PO Box 1204               | Aberdeen         | NC                | 28315           | 910-757-0417 |                        |
| 800606 | Hardison   |        | Brittany   |               | C25210C1   | STARN    | 255.5     | 702 N. Poplar St.         | Aberdeen         | NC                | 28315           | 910-944-3377 |                        |
| 662751 | Harms      |        | Jerry      | Stephen       | CONED      | STARN    | 500       | 106 Elm St                | Aberdeen         | NC                | 28315           | 910-944-1356 |                        |
| 797964 | Harner     |        | Andrew     | William       | CONED      | STARN    | 600       | 296 Heritage Farm Rd      | Carthage         | NC                | 28327           | 910-949-3757 |                        |
| 814050 | Harward    |        | Andrew     | Thomas        | A40140     | STARN    | 400       | 696 Heritage Farm Rd      | Carthage         | NC                | 28327           | 910-585-8060 |                        |
| 315920 | Hoepner    |        | Whitney    | Ann           | A45740     | STARN    | 255 5     | 838 N Leak St.            | Southern Pines   | NC                | 28387           | 910-724-3147 |                        |
| 783707 | Hollyfield |        | Kellie     | R             | CONED      | STARN    | 393 5     | 1115 Foxfire Rd           | Aberdeen         | NC                | 28315           | 910-295-2777 |                        |
| 814176 | Houpe      |        | Jerry      | Frank         | D10400     | STARN    | 207       | 109 Cardinal Ct           | Vass             | NC                | 28394           | 336-970-7311 |                        |
| 781854 | Ireland    |        | Katherine  | Ann           | A15260     | STARN    | 117.5     | 265 Remington Ln          | Carthage         | NC                | 28327           | 910-603-1402 |                        |
| 815104 | Johnson    |        | Jasmine    | Arielle       | BSP        | STARN    | 250       | 146 Sundown Dr            | Vass             | NC                | 28394           | 910-556-1073 |                        |
| 779109 | Jones      |        | Sierra     | Nicole        | A55220     | STARN    | 324 5     | 323 Bradford Dr           | Aberdeen         | NC                | 28315           | 910-778-4812 |                        |
| 813679 | Kennington |        | Alec       |               | A1020D     | STARN    | 500       | 78 Meadowrun Dr           | Cameron          | NC                | 28326           | 910-578-7705 |                        |
| 805579 | Lawson     |        | Heidi      | C             | CONED      | STARN    | 62.5      | PO Box 806                | Southern Pines   | NC                | 28388           | 910-690-9403 |                        |
| 759171 | Lee        |        | Heather    | Ann           | BSP        | STARN    | 117.5     | 2633 Joel Rd              | Carthage         | NC                | 28327           | 910-992-8274 |                        |
| 808681 | Liles      |        | William    | MacKenzie     | A10100B    | STARN    | 600       | 1577 Caviness Town Rd     | Robbins          | NC                | 27325           | 910-783-4174 |                        |
| 775970 | Lordy      |        | Jack       | Alan          | A55180     | STARN    | 250       | 306 John Mcqueen Rd       | Aberdeen         | NC                | 28315           | 910-639-2310 |                        |
| 807613 | Manning    |        | Charles    | Jacob         | STARN      | STARN    | 200       | 110 North Ridge St        | Southern Pines   | NC                | 28387           | 678-983-2285 |                        |
| 810785 | Marsh      |        | Ryan       | Alexander     | A25130     | STARN    | 500       | 6621 S Plank Rd           | Cameron          | NC                | 28326           | 910-986-0160 |                        |
| 368962 | Matthews   |        | Jacob      | Austin        | CONED      | STARN    | 255 5     | 1124 Red Branch Rd        | Carthage         | NC                | 28327           | 910-947-2649 |                        |
| 776935 | McGeachy   |        | Taheerah   |               | T90990     | STARN    | 255 5     | 100 Dean Ave Apt 15       | Southern Pines   | NC                | 28387           | 910-684-0181 |                        |
| 806117 | McGuire    |        | Monica     | Elizabeth     | CONED      | STARN    | 500       | 106 Lewis Ln              | Pinebluff        | NC                | 28373           | 910-696-0093 |                        |
| 93650  | McRae      |        | Mary       | Elizabeth     | CONED      | STARN    | 100       | 209 Armstrong Ln          | Aberdeen         | NC                | 28315           | 910-420-2343 |                        |
| 814945 | Miller     |        | Amanda     | Jean          | A10100R    | STARN    | 500       | 313 Stornoway Dr          | Southern Pines   | NC                | 28387           | 910-944-9372 |                        |
| 795761 | Montgomery |        | Laura      | Lee           | CONED      | STARN    | 1         | 123 Robinhood Ln          | Aberdeen         | NC                | 28315           | 910-995-9667 |                        |

|        |                 |             |          |          |       |      |                       |                 |    |       |              |
|--------|-----------------|-------------|----------|----------|-------|------|-----------------------|-----------------|----|-------|--------------|
| 813528 | Morris          | Kendall     | Anne     | A45110G  | STARN | 600  | 122 Heather Ln        | Southern Pines  | NC | 28387 | 703-843-8626 |
| 802106 | Ostmann         | Gelia       | Chanaha  | CONED    | STARN | 200  | 1390 Longleaf Dr East | Pinehurst       | NC | 28374 | 443-542-8990 |
| 800292 | Passen          | Christopher | S        | A25120   | STARN | 38   | 302 Saunders Blvd     | Southern Pines  | NC | 28387 | 910-461-9379 |
| 781633 | Smaali          | Yosra       |          | BSP      | STARN | 1000 | 306 Crestview Rd      | Southern Pines  | NC | 28387 | 757-726-3325 |
| 804996 | Stone           | Johnny      | Lee      | A10400MD | STARN | 207  | 73 Hollywood Rd       | Cameron         | NC | 28326 | 919-478-2730 |
| 757409 | Warnock         | Jaelene     | Nicole   | CONED    | STARN | 1000 | 547 Ivan Rd           | Jackson Springs | NC | 27281 | 910-639-9189 |
| 267609 | Williams-Austin | Katherine   | Langston | CONED    | STARN | 500  | 215-A Daffodil Rd     | Southern Pines  | NC | 28387 | 910-585-8418 |

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-\$21,148.50

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**SANDHILLS COMMUNITY COLLEGE FOUNDATION, INC. – BOARD OF DIRECTORS****UPDATED APRIL, 2013****CLASS OF 2013**

|                                                                                                                         |                                                   |                                            |
|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|--------------------------------------------|
| Mr. Stephen Hurst (Jane)<br><a href="mailto:sthurst@nc.rr.com">sthurst@nc.rr.com</a>                                    | 30 Dunvegan Court<br>Pinehurst, NC 28374          | (910) 295-1244 (h)<br>(917) 587-7525 (c)   |
| Mr. J. J. Jackson (Nancy)<br><a href="mailto:jjjackson@nc.rr.com">jjjackson@nc.rr.com</a>                               | 90 Inverrary Road<br>Pinehurst, NC 28374          | (910) 255-0751 (h)<br>(910) 603-7191 (c)   |
| Mrs. Kathy Johnson (Jim)<br><a href="mailto:kackyj@earthlink.net">kackyj@earthlink.net</a>                              | 150 Brookline Drive<br>Pinehurst, NC 28374        | (910) 295-4585 (h)<br>(910) 639-9666 (c)   |
| Mrs. Susie Leader (Gus)<br><a href="mailto:susieleader@yahoo.com">susieleader@yahoo.com</a>                             | Post Office Box 1714<br>Pinehurst, NC 28370       | (910) 215-0964 (h)<br>(910) 690-0313 (c)   |
| Mr. R. Emmet Logan (Mary)<br><a href="mailto:loganre@aol.com">loganre@aol.com</a>                                       | 35 Linville Drive<br>Pinehurst, NC 28374          | (910) 692-5811 (h)                         |
| Mrs. Mary Margaret McNeill (Larry)<br><a href="mailto:jimmwm@embargmail.com">jimmwm@embargmail.com</a>                  | 105 Haldane Drive<br>Southern Pines, NC 28387     | (910) 692-2529 (h)                         |
| Mrs. Kathy McPherson (Tom)<br><a href="mailto:kathy@clanmcpherson.com">kathy@clanmcpherson.com</a>                      | Post Office Box 1239<br>Pinehurst, NC 28370       | (910) 420-0413 (h)                         |
| Mr. Greg Muldoon (Kappa)<br><a href="mailto:doon854@gmail.com">doon854@gmail.com</a>                                    | 95 Quail Hollow Drive<br>Pinehurst, NC 28374      | (910) 693-0999 (h)<br>(910) 986-2129 (c)   |
| Mr. William L. Rammes (Bill & Mary)<br><a href="mailto:wlr@nc.rr.com">wlr@nc.rr.com</a>                                 | 840 Lake Dornoch Drive<br>Pinehurst, NC 28374     | (910) 295-6926 (h)<br>(772) 345-2302 (c)   |
| Mr. William K. Russell (Bill & Carol)                                                                                   | 8 Canyon Fairway Drive<br>Newport Beach, CA 92660 | (910) 692-4775 (NC)<br>(949) 759-3395 (CA) |
| Mr. David Weiss (Dave & Dorene)<br><a href="mailto:cornerstone-res-bladr@nc.rr.com">cornerstone-res-bladr@nc.rr.com</a> | 5405 Bluebell Court<br>Holly Springs, NC 27540    | (919) 387-4944 (w)<br>(919) 868-1336 (c)   |

**CLASS OF 2014**

|                                                                                                                           |                                                      |                                                      |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|------------------------------------------------------|
| Mr. Stanley J. Bradshaw (Stan & Jean)<br><a href="mailto:stan@bradshawcapital.com">stan@bradshawcapital.com</a>           | 75 Brookhaven Road<br>Pinehurst, NC 28374            | (910) 295-1657 (h)<br>(910) 295-7029 (w)             |
| Mr. C. Foster Brown (Terry & Susan)<br><a href="mailto:tbrown@forestcreekgolfclub.com">tbrown@forestcreekgolfclub.com</a> | 4072 Airport Road<br>Pinehurst, NC 28374             | (910) 693-1996 (w)<br>(910) 724-7724 (c)             |
| Mr. William B. Clement (Bill & Ruffles)<br><a href="mailto:bill@clementcapitalgroup.com">bill@clementcapitalgroup.com</a> | 135 W. Connecticut Ave<br>Southern Pines, NC 28387   | (919) 692-5005 (h)<br>(910) 693-0032 (w)             |
| Mr. Jon Giles (Jackie)<br><a href="mailto:jgiles1225@gmail.com">jgiles1225@gmail.com</a>                                  | Post Office Box 612<br>West End, NC 27376            | (910) 673-0389 (h)<br>(910) 673-0633 (w)             |
| Mrs. Lin Hilton (Herb)<br><a href="mailto:linhilton2@gmail.com">linhilton2@gmail.com</a>                                  | 215 Inverrary Road<br>Pinehurst, NC 28374            | (910) 215-5530 (h)<br>(954) 240-6196 (c)             |
| Mr. Charles G. Meyer (Charlie & Diana)<br><a href="mailto:charlesgmeyer@gmail.com">charlesgmeyer@gmail.com</a>            | Post Office Box 1910<br>Pinehurst, NC 28370          | (910) 692-3768 (h)<br>(516) 673-8989 (c)             |
| Mrs. Helen Probst Mills (Stuart)<br><a href="mailto:hprobstmills@gmail.com">hprobstmills@gmail.com</a>                    | Post Office Box 1479<br>Pinehurst, NC 28370          | (910) 295-3969 (h)                                   |
| Capt. Dale K. "Pete" Peterson                                                                                             | Post Office Box 340<br>Pinehurst, NC 28370           | (910) 695-2677 (h)                                   |
| Mr. Richard J. Phelps (Dick & Sally)<br><a href="mailto:sallyphelps@aol.com">sallyphelps@aol.com</a>                      | 599 North Avenue Ste 8-4<br>Wakefield, MA 01880-1622 | (617) 923-1175 (MA)<br>(561) 743-9944 (Sally's cell) |
| Mrs. Elizabeth Skvarla (John & Liz)<br><a href="mailto:eskvarla@nc.rr.com">eskvarla@nc.rr.com</a>                         | 615 Linden Road<br>Pinehurst, NC 28374               | (910) 215-0205 (h)<br>(919) 623-3815 (c)             |
| Mrs. Rebecca R. "Becky" Smith<br><a href="mailto:sjsmithy84@nc.rr.com">sjsmithy84@nc.rr.com</a>                           | Post Office Box 849<br>Pinehurst, NC 28370           | (910) 725-1330 (h)                                   |
| Mr. Jeff Yow<br><a href="mailto:chatleel@windstream.net">chatleel@windstream.net</a>                                      | 408 Camelot Lane<br>Sanford, NC 27330                | (919) 774-7295 (w)<br>(919) 776-1184 (h)             |

**CLASS OF 2015**

|                                                                                                    |                                                 |                                           |
|----------------------------------------------------------------------------------------------------|-------------------------------------------------|-------------------------------------------|
| Mrs. Adair Beutel<br><a href="mailto:adairbeutel@aol.com">adairbeutel@aol.com</a>                  | 535 Lake Dornoch Drive<br>Pinehurst, NC 28374   | (910) 692-7403 (h)<br>(910) 638-8234 (c)  |
| Mrs. Anne Ellis (Earl)<br><a href="mailto:aseeellis6@gmail.com">aseeellis6@gmail.com</a>           | 19 Cumberland Drive<br>Pinehurst, NC 28374      | (910) 693-0064 (h)<br>(561) 691-1467 (FL) |
| Dr. Nancy Ellis (John)<br><a href="mailto:nborelellis@pinehurst.net">nborelellis@pinehurst.net</a> | 100 Apawamis Circle<br>Pinehurst, NC 28374      | (910) 692-8927 (h)<br>(910) 695-5765 (c)  |
| Mr. Thomas Kelly (Tom & Polly)<br><a href="mailto:Tlkjr36@yahoo.com">Tlkjr36@yahoo.com</a>         | 130 Brookline Drive<br>Pinehurst, NC 28374      | (910) 235-4576 (h)<br>(203) 550-8920 (c)  |
| Mr. George W. Little (Wanda)<br><a href="mailto:gwlittle51@gmail.com">gwlittle51@gmail.com</a>     | Post Office Box 629<br>Southern Pines, NC 28388 | (910) 215-4538 (h)<br>(910) 692-6881 (w)  |

|                                                      |                                                |                                          |
|------------------------------------------------------|------------------------------------------------|------------------------------------------|
| Mr. Bob.Lovell (Connie)<br>RLovell48009@yahoo.com    | 45 Cypress Point Drive<br>Pinehurst, NC 28374  | (910) 215-0458 (h)                       |
| Mr. S. Michael Martone (Mike)<br>smmartone@gmail.com | PO Box 267<br>Southern Pines, NC 28388         | (910) 692-0881 (h)<br>(973) 718-1783 (c) |
| Mr. John W. McKean<br>john.sandy@mindspring.com      | PO Box 309<br>Pinehurst, NC 28370              | (910) 295-6743 (h)                       |
| Mr. Art Medeiros (Joey)<br>amedeiros1@nc.rr.com      | 65 Southern Hills Place<br>Pinehurst, NC 28374 | (910) 246-0321(h)<br>(910) 528-0038 (c)  |

#### EXECUTIVE COMMITTEE

|                                          |                  |
|------------------------------------------|------------------|
| <b>BOARD CHAIR</b>                       | STAN BRADSHAW    |
| <b>BOARD VICE CHAIR</b>                  | SUSIE LEADER     |
| <b>BOARD SECRETARY / TREASURER</b>       | DR. JOHN DEMPSEY |
| <b>TRUSTEE CHAIR</b>                     | GEORGE LITTLE    |
| <b>DEVELOPMENT COMMITTEE CHAIR</b>       | STEPHEN HURST    |
| <b>DONOR RECOGNITION COMMITTEE CHAIR</b> | BECKY SMITH      |
| <b>INVESTMENT COMMITTEE CHAIR</b>        | CHARLIE MEYER    |

#### COMMITTEE LISTS

##### **DEVELOPMENT COMMITTEE**

###### **Stephen Hurst, Chair**

Adair Beutel  
Anne Ellis  
Susie Leader  
Bob Lovell  
Mike Martone  
Art Medeiros  
Charlie Meyer  
Helen Probst Mills  
Capt. Pete Peterson  
Dick Phelps  
Bill Russell  
Dave Weiss

##### **DONOR RELATIONS COMMITTEE**

###### **Becky Smith, Chair**

Adair Beutel  
Terry Brown  
Nancy Ellis  
Jon Giles  
Lin Hilton  
Kathy Johnson  
Susie Leader  
Mary Margaret McNeill  
Kathy McPherson  
Liz Skvarla  
Dave Weiss  
Jeff Yow

##### **FINANCE COMMITTEE**

###### **Charlie Meyer, Chair**

Stan Bradshaw  
Bill Clement  
J. J. Jackson  
Tom Kelly  
George Little  
Emmet Logan  
John McKean  
Art Medeiros  
Greg Muldoon  
Bill Rammes

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Educational Opportunity  
Grant \(FSEOG\)](#)[Academic Competitiveness  
Grant \(ACG\)](#)[North Carolina Student  
Incentive Grant \(NCSIG\)](#)[North Carolina Community  
College Grant \(NCCCG\)](#)[North Carolina Education  
Lottery Scholarship  
\(NCELS\)](#)[Education Access Rewards  
North Carolina Scholars  
Fund Program \(EARN\)](#)[Federal Work Study \(FWS\)](#)[Institutional Work Study](#)[Scholarships](#)[Veterans Educational  
Benefits](#)[Child Care Grants](#)[Loans](#)**Scholarship Application**

Fields marked with \* are required.

\*Complete and file the [Free Application for Federal Student Aid \(FAFSA\)](#)\*Forward a [Scholarship Recommendation Form](#) (pdf) to two faculty or staff members for completion (you must forward these, they will not be sent by the Financial Aid Office).**Section 1: Personal Information****Identification**First Name:\* Last Name:\* Middle Name. SCC Student  
ID. County: 

Date of Birth \*

  **Address**Street.\* City.\* 

State \*

Zip \*

**Contact**

Main Phone \*

 -  -   
(ex 555-555-5555)

2nd Phone

 -  -   
(ex. 555-555-5555)

Email \*

Students will receive confirmation that the Scholarship Application has been received

Scholarships are funded by private donors through the Sandhills Community College Foundation Office and are administered through the SCC Financial Aid Office. A list of scholarships can be seen [here](#).

**Section 2: Educational History****High School**High School Name.\* Graduation Date \*   

If you received a GED, did you receive your GED from Sandhills Community College?

☐ Yes ☐ No**Sandhills**Current Major at SCC.\* Expected SCC Graduation Date:\*   

Do you plan to transfer to a four-year college?

☐ Yes ☐ No ☐ UndecidedName of College? 

Are you the first in your family to attend college?

☐ Yes ☐ No**Section 3: Personal Achievements / Accomplishments**

High School or College Activities and Involvement (List clubs, athletics, honors, offices held, etc )

(Maximum characters 200)

You have  characters left.

Volunteer Experiences and Community Activity

(Maximum characters 200)

You have  characters left.

**Section 4: Financial Need Analysis**

Please file The Free Application for Federal Student Aid (FAFSA)

*Students who do not file a FAFSA will only be considered for merit based scholarships*

Are you receiving funds from other scholarships, loans, grants, NAFTA, MYCAA, VA, WIA or Childcare?

If yes, give name(s) and amount(s).

(Maximum characters 200)

You have  characters left.

Number of persons in your household? Adults  Children

Are you a single Parent?

☐ Yes ☐ No

Where are you now employed?

Are you employed by St Joseph of the Pines?

☐ Yes ☐ No

Are you a current Moore County law enforcement officer?

☐ Yes ☐ No

Are you the child of a Moore County law enforcement officer?

☐ Yes ☐ No

Are you active military or a Veteran?

☐ Yes ☐ No

Military spouse?

☐ Yes ☐ No

Are you a Business or Accounting student currently working on obtaining a Concentration in or Certificate in Banking and Finance?

☐ Yes ☐ No

Give any additional information to show financial need and general worthiness (Please be specific )

(Maximum characters 200)

You have  characters left.

Are you a member or a child of a member of Central Electric Membership Corp?

☐ Yes ☐ No

Members Name

**Section 5: Personal Goals**

Please explain your future goals related to your college degree education:

(Maximum characters 200)

You have  characters left.

**Section 6 (optional): SCC Student Ambassador Interest**

Would you be interested in being an SCC Student Ambassador? Answering this question will include your application in consideration for the SCC Ambassadors Program. Please leave this question blank if not interested.

The Ambassadors are a small, select group of students chosen to represent the college at special events on campus and in the community. Students will be selected based on several criteria including, but not limited to, academic performance, leadership, speaking ability, presentation, and ability to represent the diverse student body at Sandhills Community College. This program is a significant and serious commitment of approximately 15-20 hours a month. Ambassadors will be expected to participate in all required events and as many optional events as class and work schedules allow.

**Additional Question (Open answer):**

Please write a brief autobiography of yourself and explain why you believe you would make an effective Ambassador at Sandhills.

(Maximum characters 1000)

You have  characters left.

**Student Responsibilities**

These items must also be submitted to be considered for a scholarship:

- Complete and file the Free Application for Federal Student Aid (FAFSA).
- Current high school students must submit a High School Transcript from their High School to the Financial Aid Office.
- Forward a Scholarship Recommendation Form (pdf) to two faculty or staff members for completion (you must forward these, they will not be sent by the Financial Aid Office).
- Students who receive a scholarship are expected to acknowledge to their donor their appreciation of the scholarship by sending their donor a Thank You note.
- Scholarship recipients are expected to attend any scholarship functions planned by the Foundation Office if their donor will attend. Adequate notice will be given in advance to the student of any event.

**Terms and Conditions**

☐ \* I certify that the information given in this application is complete, accurate and true. This application grants the Financial Aid Office permission to release any information deemed appropriate for use in advertising, printed materials, news releases, correspondence with donors, or other legitimate use deemed proper including, but not limited to grades, success stories, photographs, biographies, etc. I also hereby authorize Sandhills Community College to put any scholarship funds in my student account to cover any outstanding charges, and the disbursement date of remaining funds is at the school's discretion. I will contact the school and the **Scholarship Coordinator** if I will not be attending classes in the 2013-2014 school year.

[For Faculty & Staff](#) | [Employment](#) | [Library](#) | [Security](#) | [Terms of Use](#) | [YouTube](#) | [f](#) | [t](#) | [shutterfly](#)

Sandhills Community College | 3395 Airport Road, Pinehurst, NC 28374 | (910) 692-6185 | (800) 338-3944

5. *Verification that the books are still in the care of Brenda Jackson and/or Joe Brown @  
3395 Airport Road, Pinehurst, NC 28374*

The books/financial records are maintained by:

The Sandhills Community College Accounting Office  
Brenda Jackson, Assoc VP for Business and Administrative Services (695-3731)  
Joe Brown, Director of Finance (246-4957)  
3395 Airport Road  
Pinehurst, NC 28374

Files on the Scholarship Trust Funds are maintained in:

The Sandhills Community College Foundation/Development Office  
Germaine Elkins, Director of Foundation Operations (695-3706)  
3395 Airport Road  
Pinehurst, NC 28374



## *Scholarship Worksheet*

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**Date of Establishment:** 03/31/2012      **Accounting Dept. CODE:** 08-830/02-830  
**New Account Number:** 90238  
**Financial Aid CODE:** 02-830-00-560000-90238

**Name of Scholarship:** The William Edward Starnes Educational Fund

**Source:** The Estate of William Edward Starnes

**Contact Person:** Mrs. Germaine Elkins

**Address:** Sandhills Community College

**Phone:** 3706

**E-mail:** [elkinsg@sandhills.edu](mailto:elkinsg@sandhills.edu)

**Selection Deadline:** April

**RMD FY2012-13 Amount:** \$TBD  
(Required Minimum Distribution)

**Amount-1:** up to \$1,000.00 per student

**Amount-2:** \$2,000.00 (each for 2 scholarships)

☐ Annual

☒ Investment/Endowment Interest

**Allocation Instructions-1:** Up to \$1,000.00 per semester per student for tuition, fees, books, supplies up to that amount – **ALL distributions to be made by 06/30/2013**

**Allocation Instructions-2:** \$2,000.00 per student / \$1000 Fall/Spring semesters for tuition, fees, books, supplies up to that amount – **ALL distributions to be made by 06/30/2013**

**Selection Criteria-1:** 1) Award to a Moore County Resident deserving student enrolling in any degree program at SCC; 2) Selection based on merit and/or need (**does not have to demonstrate need**)

**Selection Criteria-2:** 1) Award to a Moore County Resident deserving student enrolling full-time in any degree program at SCC; 2) Selection based on merit and/or need; 3) May receive 2nd yr., if qualified; 4) Award every other year if same student receives their 2nd yr. (depend. on funds).

**Selection of Recipient-1:** Student Services Financial Aid Staff; Director of Financial Aid, Lindsey Farmer, primary distribution officer

**Selection of Recipient-2:** Scholarship Selection Committee

Sandhills Community College Foundation, Inc.  
Fund Authority

NAME OF FUND: WILLIAM EDWARD STARNES EDUCATIONAL FUND

Fund Account No: 02-830-90238

**Donor(s) Name:** Trusteeship transfer from College Foundation, Inc. to Sandhills Community College Foundation, Inc.

**Purpose of Fund:** Purpose is to provide educational assistance financial aid to needy and/or deserving students from Moore County.

**Source of Receipts:** Fund originally created by The Estate of William Edward Starnes. Trusteeship transfer from College Foundation, Inc. to Sandhills Community College Foundation, Inc.

**Nature of Disbursements:**

☒ Restricted ☐ Unrestricted

**Nature of Restrictions (if applicable):** Financial aid: to provide educational assistance financial aid to needy and/or deserving students from Moore County enrolled at Sandhills Community College. SCC / SCCF is authorized to lend, pay, distribute, or apply the **net income/or principal** of the trust to assist needy and/or deserving students of Moore County, North Carolina attending college or institutions of higher learning or technical training.

**FUND STATUS:**

☐ Non-endowed fund. Principal and interest may be disbursed as needed.

☐ Endowed Fund (interest only)

☐ Quasi-Endowed Fund (interest only)

☒ Interest limited to: ☒ Net income AND PRINCIPAL as determined by annually filed 990-pf -- every effort should be made to meet the Required Minimum Distribution (RMD) determined to avoid taxes on the trust. Trust may spend in excess of the RMD. Trust will require annual 990-pf and annual report filing with the Moore County Clerk of Court.

**Approving Authority for Making Disbursements:**

☐ President

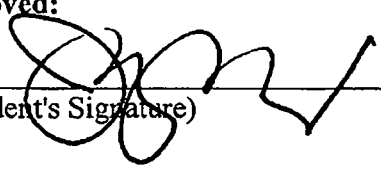
☒ Vice President / Dean of Student Services

☒ Director of Fnd. Operations

☐ Vice President of Instructional Services

☒ Other: Director of Financial Aid

Approved:

  
(President's Signature)

21/5/12  
(Date)

\_\_\_\_\_  
(Donor's Signature - if applicable)

\_\_\_\_\_  
(Date)

**Reference Documentation:** On file in Foundation Office.

**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No. 1545-1709

Department of the Treasury  
Internal Revenue Service► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns***Enter filer's identifying number, see instructions**

|                      |                                                                                         |  |                                         |
|----------------------|-----------------------------------------------------------------------------------------|--|-----------------------------------------|
| <b>Type or print</b> | Name of exempt organization or other filer, see instructions                            |  | Employer identification number (EIN) or |
|                      | <b>WILLIAM EDWARD STARNES EDUCATIONAL FUND</b>                                          |  | <b>56-6099413</b>                       |
|                      | Number, street, and room or suite number. If a P.O. box, see instructions               |  | Social security number (SSN)            |
|                      | <b>3395 AIRPORT ROAD</b>                                                                |  |                                         |
|                      | City, town or post office, state, and ZIP code. For a foreign address, see instructions |  |                                         |
|                      | <b>PINEHURST</b>                                                                        |  | <b>NC 28374</b>                         |

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

**04**

| Application Is For                          | Return Code | Application Is For       | Return Code |
|---------------------------------------------|-------------|--------------------------|-------------|
| Form 990 or Form 990-EZ                     | 01          | Form 990-T (corporation) | 07          |
| Form 990-BL                                 | 02          | Form 1041-A              | 08          |
| Form 4720 (individual)                      | 03          | Form 4720                | 09          |
| Form 990-PF                                 | 04          | Form 5227                | 10          |
| Form 990-T (section 401(a) or 408(a) trust) | 05          | Form 6069                | 11          |
| Form 990-T (trust other than above)         | 06          | Form 8870                | 12          |

- The books are in the care of ► **BRENDA JACKSON AND OR JOE BROWN**

Telephone No. ► **(910) 695-3731**

FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **Feb 18**, 20 **14**, to file the exempt organization return for the organization named above. The extension is for the organization's return for

► ☐ calendar year 20 \_\_\_\_ or► ☒ tax year beginning **Jul 1**, 20 **12**, and ending **Jun 30**, 20 **13**

- 2 If the tax year entered in line 1 is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

|                                                                                                                                                                                             |           |    |           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|-----------|
| <b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions                                   | <b>3a</b> | \$ | <b>0.</b> |
| <b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit | <b>3b</b> | \$ | <b>0.</b> |
| <b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions             | <b>3c</b> | \$ | <b>0.</b> |

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions