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Form **990-EZ****Short Form**  
**Return of Organization Exempt From Income Tax**

OMB No 1545-1150

**2013**

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

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

<b>A</b> For the 2013 calendar year, or tax year beginning		and ending	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>CAPCOMMUNITY FOUNDATION, INC.</b>		<b>D</b> Employer identification number <b>20-8715100</b>
	Number and street (or P.O. box, if mail is not delivered to street address)		<b>E</b> Telephone number
	<b>4208 SIX FORKS ROAD</b>		<b>919-870-6822</b>
	Room/suite		<b>1700</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>RALEIGH, NC 27609</b>		<b>F</b> Group Exemption Number ▶
<b>G</b> Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶			
<b>I</b> Website: ▶ <b>WWW.CAPTRUSTADVISORS.COM/WHO-WE-ARE/OUR-COMMUNITY</b>			
<b>J</b> Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			
<b>L</b> Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ <b>160,755.</b>			

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

<b>Revenue</b>	1	Contributions, gifts, grants, and similar amounts received	1	<b>160,755.</b>
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ <b>48,598.</b> of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c	Less: direct expenses from gaming and fundraising events	6c	<b>26,487.</b>	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	<b>-26,487.</b>	
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	<b>Total revenue</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	<b>134,268.</b>	
<b>Expenses</b>	10	Grants and similar amounts paid (list in Schedule O)	10	<b>138,897.</b>
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	<b>1,450.</b>
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	<b>381.</b>
	17	<b>Total expenses</b> Add lines 10 through 16	17	<b>140,728.</b>
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<b>-6,460.</b>
	<b>Net Assets</b>	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19
20		Other changes in net assets or fund balances (explain in Schedule O)	20	<b>0.</b>
21		Net assets or fund balances at end of year. Combine lines 18 through 20	21	<b>13,873.</b>

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**Part II Balance Sheets** (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II ☐

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	20,333.	22	13,873.
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	20,333.	25	13,873.
26 Total liabilities (describe in Schedule O)	0.	26	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	20,333.	27	13,873.

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III ☒What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
 (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)
**28 TO ENRICH THE LIVES OF CHILDREN IN THE COMMUNITIES WE SERVE.**(Grants \$ ) If this amount includes foreign grants, check here ☐ **28a 167,215.**

29

(Grants \$ ) If this amount includes foreign grants, check here ☐ **29a**

30

(Grants \$ ) If this amount includes foreign grants, check here ☐ **30a****31 Other program services** (describe in Schedule O)(Grants \$ ) If this amount includes foreign grants, check here ☐ **31a****32 Total program service expenses** (add lines 28a through 31a) **32 167,215.****Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated - see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV ☒

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
MONICA HOLTGREWE				
PRESIDENT	1.00	0.	0.	0.
ISAAC BUCK				
VICE PRESIDENT	1.00	0.	0.	0.
HOLLY VICKSTROM				
SECRETARY	1.00	0.	0.	0.
MATTHEW RAINES				
TREASURER	1.00	0.	0.	0.
RYE JOHNSON				
BOARD MEMBER	1.00	0.	0.	0.
MEHEGAN EASLEY				
BOARD MEMBER	1.00	0.	0.	0.
JAMES STAFFORD				
BOARD MEMBER	1.00	0.	0.	0.
ERICA MISHRA				
BOARD MEMBER	1.00	0.	0.	0.
JOHN CURRY				
BOARD MEMBER	1.00	0.	0.	0.
ERROL HAU				
BOARD MEMBER	1.00	0.	0.	0.
AJ SHIMP				
BOARD MEMBER	1.00	0.	0.	0.
PAUL STIBICH				
BOARD MEMBER	1.00	0.	0.	0.

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V ☒ **X**

	Yes	No
<b>33</b> Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		<b>X</b>
<b>34</b> Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		<b>X</b>
<b>35a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		<b>X</b>
<b>b</b> If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	<b>N/A</b>	
<b>c</b> Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		<b>X</b>
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		<b>X</b>
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <span style="float: right;">▶ <b>37a</b> 0.</span>		
<b>b</b> Did the organization file Form 1120-POL for this year?		<b>X</b>
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		<b>X</b>
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved <span style="float: right;"><b>38b</b> N/A</span>		
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9 <span style="float: right;"><b>39a</b> N/A</span>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <span style="float: right;"><b>39b</b> N/A</span>		
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
<b>b</b> Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		<b>X</b>
<b>c</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float: right;">▶ 0.</span>		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <span style="float: right;">▶ 0.</span>		
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		<b>X</b>
<b>41</b> List the states with which a copy of this return is filed <span style="float: right;">▶ <b>NC</b></span>		
<b>42a</b> The organization's books are in care of <span style="float: right;">▶ <b>MATTHEW RAINES</b></span> Telephone no. <span style="float: right;">▶ <b>919-870-6822</b></span> Located at <span style="float: right;">▶ <b>4208 SIX FORKS ROAD SUITE 1700, RALEIGH, NC</b></span> ZIP + 4 <span style="float: right;">▶ <b>27609</b></span>		
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>Yes</b>	<b>No</b>
If "Yes," enter the name of the foreign country: <span style="float: right;">▶</span>		<b>X</b>
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: <span style="float: right;">▶</span>		<b>X</b>
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <span style="float: right;">▶ <input type="checkbox"/></span> and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float: right;">▶ <b>43</b> N/A</span>		
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<b>X</b>
<b>b</b> Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<b>X</b>
<b>c</b> Did the organization receive any payments for indoor tanning services during the year?		<b>X</b>
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<b>X</b>
<b>45b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?

If "Yes," complete Schedule C, Part I

	Yes	No
46		X

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II

	Yes	No
47		X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		X
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		X
-----	--	---

b If "Yes," was the related organization a section 527 organization?

49b		
-----	--	--

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." NONE

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

☒ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

Date

MATTHEW RAINES, TREASURER

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
JAMES K. TILLER, CPA	<i>James K. Tiller</i>	09/30/14		P00449506
Firm's name ▶ THOMAS, JUDY & TUCKER P. A.			Firm's EIN ▶ 56-1965804	
Firm's address ▶ 4700 FALLS OF NEUSE ROAD SUITE 400 RALEIGH, NC 27609			Phone no. 919-571-7055	

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

Form 990-EZ (2013)

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990 or Form 990-EZ.**

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

# 2013

**Open to Public  
Inspection**

Name of the organization

CAPCOMMUNITY FOUNDATION, INC.

Employer identification number

20-8715100

<b>Part I</b>	<b>Reason for Public Charity Status</b> (All organizations must complete this part ) See instructions.
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The organization is not a private foundation because it is: (For lines 1 through 11, check only one box )

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I      b ☐ Type II      c ☐ Type III - Functionally integrated      d ☐ Type III - Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the supported organization(s).

	Yes	No
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

<b>Total</b>								
<b>LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.</b>								<b>Schedule A (Form 990 or 990-EZ) 2013</b>

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	22,836.	27,161.	59,544.	163,190.	160,755.	433,486.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	22,836.	27,161.	59,544.	163,190.	160,755.	433,486.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						143,117.
<b>6 Public support.</b> Subtract line 5 from line 4						290,369.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4	22,836.	27,161.	59,544.	163,190.	160,755.	433,486.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.)						
<b>11 Total support.</b> Add lines 7 through 10						433,486.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	66.98	%
<b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14	<b>15</b>	64.97	%
<b>16a 33 1/3% support test - 2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>			
<b>b 33 1/3% support test - 2012.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
<b>17a 10% -facts-and-circumstances test - 2013.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
<b>b 10% -facts-and-circumstances test - 2012.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>			

Schedule A (Form 990 or 990-EZ) 2013

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

**b 33 1/3% support tests - 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

### Supplemental Information.

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12

Also complete this part for any additional information. (See instructions)

Department of the Treasury  
Internal Revenue Service

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

**▶ Attach to Form 990 or Form 990-EZ.**

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

# 2013

## Open To Public Inspection

Name of the organization

CAPCOMMUNITY FOUNDATION, INC.

Employer identification number

20-8715100

## Part I

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply

- a ☐ Mail solicitations
- b ☐ Internet and email solicitations
- c ☐ Phone solicitations
- d ☐ In-person solicitations
- e ☐ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- g ☐ Special fundraising events

**2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☐ No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b>						

**Total**

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

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
		VARIOUS (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	48,598.			48,598.
	2 Less Contributions	48,598.			48,598.
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	26,487.			26,487.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				26,487.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-26,487.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue				
1 Gross revenue				
Direct Expenses	2 Cash prizes			
	3 Noncash prizes			
	4 Rent/facility costs			
	5 Other direct expenses			
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7 Direct expense summary. Add lines 2 through 5 in column (d)				
8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization operates gaming activities. \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states?

☐ Yes ☐ No

b If "No," explain. \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

☐ Yes ☐ No

b If "Yes," explain. \_\_\_\_\_

- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity operated in
- |                               |     |   |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility         | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?
- ☐
- Yes
- ☐
- No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_

c If "Yes," enter name and address of the third party.

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

## 16 Gaming manager information.

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

☐ Director/officer☐ Employee☐ Independent contractor

## 17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**Part IV** Supplemental information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

CAPCOMMUNITY FOUNDATION, INC.

Employer identification number

20-8715100

FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:

ACTIVITY CLASSIFICATION:

GRANTEE NAME: SEE ATTACHED

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 12/31/13

AMOUNT GIVEN: 138,897.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
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BANK FEES	226.
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OFFICE EXPENSE	155.
----------------	------

TOTAL TO FORM 990-EZ, LINE 16	381.
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FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - CAPCOMMUNITY FOUNDATION  
SUPPORTS LOCAL AND NATIONAL CHARITIES, PARTICULARLY THOSE THAT FOCUS ON  
ENRICHING THE LIVES OF CHILDREN IN COMMUNITIES WE SERVE.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,  
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,  
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

CAPCOMMUNITY FOUNDATION, INC.

20-8715100

<b>Part IV</b>	<b>List of Officers, Directors, Trustees, and Key Employees.</b> List each one even if not compensated (see the instructions for Part IV )
----------------	--

[illegible]

CAP Community Foundation, Inc.  
 EIN# 20-8715100

Date	Name	Address	City	State	Zip	Amount
1/3/2013	YMCA of the Triangle	801 Corporate Center Drive, Suite 200	Raleigh	NC	27607	\$ 1,000.00
1/3/2013	Central VA Food Bank	1415 Rhoadmiller Street	Richmond	VA	23220	\$ 250.00
1/4/2013	The Salvation Army	615 Slaters Lane, PO Box 269	Alexandria	VA	22313	\$ 250.00
1/7/2014	SafeChild	864 W Morgan St	Raleigh	NC	27603	\$ 1,000.00
1/7/2014	Triangle Aquatic Center	275 Convention Drive	Cary	NC	27511	\$ 1,000.00
1/7/2013	Childrens Home Society	1605 Eustis Street	St. Paul	MN	55108	\$ 500.00
1/11/2013	The Miracles of Mitch Foundation	7835 Telegraph Road	Bloomington	MN	55438	\$ 500.00
1/30/2013	WJHS BPA	65 Glen Road PMB 225	Garner	NC	27529	\$ 1,000.00
2/5/2013	The Zoo Club of Wake County					\$ 1,000.00
2/6/2013	The Frankie Lemmon School	2301 Stonehedge Drive #102	Raleigh	NC	27615	\$ 70.00
2/7/2013	Assistance League of Triangle	PO Box 98477	Raleigh	NC	98477	\$ 1,000.00
2/11/2013	MYCO	158 Towerview Court	Cary	NC	27513	\$ 880.00
2/22/2013	MeFine Foundation	5100 Us Hwy 70E	Princeton	NC	27569	\$ 2,500.00
2/28/2013	East Coast Migrant Head Start Project	2700 Wycliff Road	Raleigh	NC	27607	\$ 500.00
3/1/2013	MDA Association	222 S. Riverside Plaza Suite 1500	Chicago	IL	60606	\$ 750.00
3/6/2013	JOA, Inc.	5715 Bunker Road	North Royalton	OH	44133	\$ 800.00
3/7/2013	St. Baldrick Foundation	1333 South Mayflower Avenue Ste 400	Monrovia	CA	91016	\$ 500.00
3/11/2013	Seedlings Braille Books for Children	PO Box 51924	Livonia	MI	48151	\$ 500.00
3/12/2013	Lucy Daniels Center	9003 Weston Parkway	Cary	NC	27513	\$ 1,000.00
3/13/2013	Starfish Family Services	30000 Hiveley Street	Inkster	MI	48141	\$ 2,500.00
3/13/2013	Big Brothers Big Sisters of the Triangle	909 Aviation Parkway Ste 1500	Morrisville	NC	27560	\$ 500.00
3/19/2013	Boys and Girls Club of Las Vegas	2850 Lindell Road	Las Vegas	NV	89146	\$ 2,500.00
3/21/2013	NC Coalition Against Sexual Assault	811 Spring Forest Road	Raleigh	NC	27609	\$ 1,000.00
3/26/2013	American Liver Foundation	39 Broadway, Ste 2700	New York	NY	10006	\$ 500.00
3/28/2013	Special Olympics of North Carolina	2200 Gateway Centre Blvd, Ste 201	Morrisville	NC	27560	\$ 744.00
3/29/2013	Autism Society of Ohio	470 Glenmont Avenue	Columbus	OH	43214	\$ 1,000.00
4/4/2013	Junior Achievement of Eastern NC	4900 Waters Edge Drive #175	Raleigh	NC	27606	\$ 1,000.00
4/12/2013	Junior Achievement of Central Virginia	7217 W Broad Street	Richmond	VA	23294	\$ 500.00
4/16/2013	SafeHouse of Shelby County	PO Box 620	Columbiana	AL	35051	\$ 500.00
4/22/2013	Sawyer Smiles 5K	1601 Lynn Road	Raleigh	NC	27612	\$ 500.00
4/22/2013	Duke Angels Among Us	DUMC 3624	Durham	NC	27710	\$ 500.00
4/29/2013	SafeChild	864 W Morgan St	Raleigh	NC	27603	\$ 2,500.00
5/1/2013	Starfish Family Services	30000 Hiveley Street	Inkster	MI	48141	\$ 2,500.00
5/7/2013	Ronald McDonald House	One Kroc Drive	Oak Brook	IL	60523	\$ 800.00
5/10/2013	The Salvation Army of Wake County	1863 Capital Blvd	Raleigh	NC	27604	\$ 1,000.00

## CAP Community Foundation, Inc.

EIN# 20-8715100

5/14/2013	Angleman Syndrome	4255 Westbrook Drive Ste 219	Aurora	IL	60504	\$	500.00
5/15/2013	Youth Homes of Mid America	7085 NW Beaver Drive	Johnston	IA	50131	\$	1,000.00
5/17/2013	Ronald McDonald House	One Kroc Drive	Oak Brook	IL	60523	\$	2,500.00
5/20/2013	Arthritis Foundation	1330 W Peachtree Street Ste 100	Atlanta	GA	30309	\$	100.00
5/28/2013	National MS Society	3101 Industrial Drive #210	Raleigh	NC	27609	\$	1,000.00
6/3/2013	Big Brothers Big Sisters of the Triangle	909 Aviation Parkway Ste 1500	Morrisville	NC	27560	\$	750.00
6/6/2013	Hit it Far For Kirby	123 E Trefalgar Ct	Clayton	NC	27520	\$	425.00
6/10/2013	St. Baldrick Foundation	1333 South Mayflower Avenue Ste 400	Monrovia	CA	91016	\$	500.00
6/13/2013	The Salvation Army Sponsorship	1863 Capital Blvd	Raleigh	NC	27604	\$	1,000.00
6/13/2013	The American Heart Association	7272 Greenville Avenue	Dallas	TX	75231	\$	1,000.00
6/17/2013	The Upper Room Christian Academy	3330 Idlewood Village Drive	Raleigh	NC	27610	\$	500.00
6/26/2013	Hope Reins	2201 Fullwood Place	Raleigh	NC	27614	\$	1,000.00
7/2/2013	North Hills 5K	4815 Six Forks Road	Raleigh	NC	27609	\$	500.00
7/16/2013	Central Children's Home of NC	211 w Antioch Drive	Oxford	NC	27565	\$	150.00
7/17/2013	The Masonic Home for Children	600 College Street	Oxford	NC	27565	\$	350.00
7/29/2013	Camp Copneconic	10407 North Fenton Road	Fenton Township	MI	48430	\$	1,000.00
8/8/2013	A Child's Place	601 E 5th Street Ste 230	Charlotte	NC	28202	\$	1,000.00
8/15/2013	Hayme Serrato's Martial Arts	4 N Ortonville Road Ste B	Ortonville	MI	48462	\$	500.00
8/15/2013	All 4 Youth Golf	525 East 9th Street	Des Moines	IA	50309	\$	1,000.00
8/19/2013	Interfaith Food Shuttle	PO Box 14638	Raleigh	NC	27620	\$	1,050.00
8/23/2013	MDA Association	222 S. Riverside Plaza Suite 1500	Chicago	IL	60606	\$	240.00
9/5/2013						\$	775.00
9/6/2013	Child Guidance and Family Solutions	2305 E Aurora Road A12	Twinsburg	OH	44087	\$	1,000.00
9/11/2013	UNC Lineberger Cancer Center	880 MLK Jr. Boulevard CB#7565	Chapel Hill	NC	27514	\$	1,000.00
9/13/2013	The V Foundation for Cancer Research	106 Towerview Ct	Cary	NC	27513	\$	2,000.00
9/16/2013	The Great Trial Council	1601 S Main Street	Akron	OH	44301	\$	500.00
9/18/2013	The Kelly Brush Foundation	7 Aspen Drive	South Burlington	VT	5403	\$	500.00
9/23/2013	Dice, Inc.					\$	500.00
9/26/2013	Hopeline, Inc.	PO Box 10490	Raleigh	NC	27605	\$	1,000.00
9/30/2013	SafeChild	864 W Morgan St	Raleigh	NC	27603	\$	1,000.00
10/1/2013	Ronald McDonald House	One Kroc Drive	Oak Brook	IL	60523	\$	1,000.00
10/1/2013	The Council for Children's Rights	601 E Fifth Street Ste 510	Charlotte	NC	28202	\$	1,000.00
10/3/2013	The Boys and Girls Club	701 Raleigh Blvd	Raleigh	NC	27610	\$	500.00
10/3/2013	The Boys and Girls Club	701 Raleigh Blvd	Raleigh	NC	27610	\$	500.00
10/7/2013	New Alternatives for Children	37 W 26th Street #6	New York	NY	10010	\$	1,000.00
10/8/2013	Olympus Foundation	4912 Creekside Drive	Clearwater	FL	33760	\$	1,095.00
10/10/2013	Foundation of Hope for Research & Mental Illness	9401 Glenwood Avenue	Raleigh	NC	27617	\$	60.00
10/10/2013	Gary and Karen Taylor Family Foundation	325 Springside Drive	Akron	OH	44333	\$	500.00

## CAP Community Foundation, Inc.

EIN# 20-8715100

VARIOUS	Foundation of Hope for Research & Mental Illness	9401 Glenwood Avenue	Raleigh	NC	27617	\$	780.00
10/15/2013	Hope Rens	2201 Fullwood Place	Raleigh	NC	27614	\$	1,000.00
10/15/2013	Atlanta Community Ministries	3525 Piedmont Road NE	Atlanta	GA	30305	\$	300.00
10/22/2013	Samartan's Purse	PO Box 3000	Boone	NC	28607	\$	105.00
10/23/2013	The Friendship Circle	6892 W Maple Road	West Bloomfield To MI	MI	48322	\$	500.00
10/29/2013	The Broughton Caps Club	723 St. Mary's Street	Raleigh	NC	27605	\$	1,000.00
10/31/2013	The Broughton Caps Club	723 St. Mary's Street	Raleigh	NC	27605	\$	556.00
11/4/2013	Habitat for Humanity of Summit County	2301 Romig Road	Akron	OH	44320	\$	500.00
11/5/2013	The Boys and Girls Club of Raleigh	701 Raleigh Blvd	Raleigh	NC	27610	\$	500.00
11/7/2013	Godspeed, Inc	200-A Forsyth Hall Dr	Charlotte	NC	28273	\$	500.00
11/8/2013	Super Cooper Little Red Wagon Foundation	710 Market Street, Ste 45	Chapel Hill	NC	27516	\$	1,000.00
11/14/2013	House of Providence	PO Box 07266	Detroit	MI	48207	\$	500.00
11/15/2013	YMCA of the Triangle	801 Corporate Center Drive, Suite 200	Raleigh	NC	27605	\$	200.00
11/26/2013	Covenant Minded Ministries	4344 Magellan Court	Ayden	NC	28513	\$	500.00
12/3/2013	Wildwood Hills Ranch	2552 Union Lane	St. Charles	IA	50240	\$	45,000.00
12/9/2013	Archbishop Hoban High School	1 Holy Cross Blvd	Akron	OH	44306	\$	500.00
12/10/2013	Gleaners Community Food Bank	2131 Beaufait	Detroit	MI	48207	\$	500.00
12/17/2013	Trinity Baptist Church	4815 Six Forks Road	Raleigh	NC	27609	\$	1,105.00
12/20/2013	Covenant Minded Ministries	4344 Magellan Court	Ayden	NC	28513	\$	500.00
12/23/2013	Southstreet Dbt					\$	1,136.00
12/24/2013	Razoodonations Organizations	1020 19th Street, NW Ste 800	Washington	DC	20036	\$	1,136.00
12/24/2013	Maine Medical	22 Bramhall Street	Portland	ME	4102	\$	1,136.00
12/24/2013	Depelchin Children's Center	4950 Memorial Dr	Houston	TX	77007	\$	1,136.00
12/24/2013	Children's Home Society	1605 Eustis Street	St. Paul	MN	55108	\$	1,136.00
12/24/2013	Communities in School	2345 Crystal Drive Ste 700	Arlington	VA	22202	\$	1,136.00
12/24/2013	Faiths Lodge	4080 W Broadway Avenue	Minneapolis	MN	55422	\$	1,136.00
12/26/2013	A Child's Place	4600 Carnegie Avenue	Fairfield	AL	35064	\$	1,136.00
12/26/2013	Children's Place	601 E 5th Street Ste 230	Charlotte	NC	28202	\$	1,136.00
12/26/2013	Orchard Place Foundation	2116 Grand Avenue	Des Moines	IA	50312	\$	1,136.00
12/26/2013	Halos	3366 Rivers Ave	N. Charleston	SC	29405	\$	1,136.00
12/26/2013	All Stars Project	543 West 42nd Street	New York	NY	10036	\$	1,136.00
12/26/2013	CHS of Florida	1485 S Semoran Blvd Ste 1448	Winter Park	FL	32792	\$	1,136.00
12/30/2013	Youth for tomorrow	11835 Hazel Circle Drive	Bristow	VA	20136	\$	1,136.00
12/30/2013	Friends Association for Children	1004 Saint John Street	Richmond	VA	23220	\$	1,136.00
12/30/2013	House of Providence	PO Box 07266	Detroit	MI	48207	\$	500.00
12/31/2013	Arts Access Inc.	401 Oberlin Road	Raleigh	NC	27605	\$	1,136.00
12/31/2013	Wolverine Human Services	15100 Mach Avenue	Grosse Pointe Park	MI	48230	\$	1,136.00

CAP Community Foundation, Inc.  
EIN# 20-8715100

\$ 138,897.00