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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

A Fo	r the	2009 ca	lendar yea	r, or tax year beginning 07-01	-2009 and ending 06-30-201	LO				
B Ch	eck ıf a	pplicable	Please	C Name of organization PRESBYTERIAN COLLEGE			D Employer iden	tification number		
┌ Add	tress ch	nange	use IRS label or		57-0314408					
┌ _{Na}	me cha	nge	print or	Doing Business As			E Telephone nur	nber		
┌ Init	al retu	rn	type. See Specific	Number and street (or D.O. hove	f mail is not delivered to street addre	ass) Doom/suito	(864) 833-8	206		
	mınate		Instruc- tions.	PO Box 975	i maii is not delivered to street addit	ess) Room/suite	G Gross receipts \$	86,176,192		
_	ended		tions.	City or town, state or country, ar	nd 7ID + 4					
_				Clinton, SC 29325	IU ZIP + 4					
J Api	olication	n pending								
				ne and address of principal of Griffith	ficer	l .	is a group return			
				outh Broad Street		affilia	ates?	⊤Yes ▼ No		
			Clinton	,SC 29325		H(b) Are a	II affiliates include	d?		
						If "N	o," attach a list (see instructions)		
I Ta	x-exem	npt status	✓ 501(c))(3) ◀ (insert no)	1) or 527	H(c) Grou	up exemption num	nber 🟲		
J W	ebsite	e: 🕨 www	v presby ec	du						
K For	n of or	nanization	Corporat	tion Trust Association 7 Othe	r - Non-Profit Organization	l Year of fo	ormation 1880 M	State of legal domicile SC		
	rt I	Sumr		tion Hast Hasociation Other	, r	L real of te	mation 1000 FF	state of legal dofficier 50		
	1			e organization's mission or me	ost significant activities					
		Presbyt	erıan Colle	ege exists to provide an educa	ation in the arts and sciences		•			
					e liberal arts tradition can be					
ቋ					nd through activities which co					
Ĕ		strong n	noral chara	acter The college calls for the	pursuit of learning to take pla	ace in an envir	onment of genuin	e intellectual freedom		
Ě										
Governance										
Ĭ	2	Check t	hıs box ►F		ued its operations or disposed	d of more than	25% of its net as	sets		
26	3		•		y (Part VI, line 1a)			45		
Activities &	4		_		overning body (Part VI, line 1			44		
2	5			nployees (Part V, line 2a)				939		
a ब	6			olunteers (estimate if necessa			6	250		
				•	.,		_	192,628		
		-		iness taxable income from For	rt VIII, column (C), line 12	• •	7a 7b	-23,826		
	В	Net unit	erated busi	miess taxable micome nom For	111 9 90-1, IIIIe 34	D.::		· · · · · · · · · · · · · · · · · · ·		
		C t l		d			or Year	Current Year		
<u>a</u>	8						6,251,282	6,247,279		
Ravenue	9	_					42,141,332	46,277,772		
ž	10				es 3, 4, and 7d)	'	-1,819,452	768,328		
	11		•	art VIII, column (A), lines 5,			88,412	67,038		
	12			dd lines 8 through 11 (must e	qual Part VIII, column (A), lır	ie	46,661,574	53,360,417		
	13			ar amounts paid (Part IX, colu			19,596,603	22,552,859		
	14			or for members (Part IX, colum	,		0			
	15				ts (Part IX, column (A), lines	5-				
83		10)	.,		(,		19,436,560	19,920,936		
Expenses	16a	Profess	sional fund	lraising fees (Part IX, column	(A), line 11e)		185,074	0		
윤	ь	Total fur	ndraising exp	enses (Part IX, column (D), line 25)	1 ,447,381					
ш	17				a-11d, 11f-24f)		15,926,325	16,307,202		
	18	Total e	xpenses A	Add lines 13-17 (must equal		55,144,562	58,780,997			
	19	Revenu	ue less exp	penses Subtract line 18 from	line 12		-8,482,988	-5,420,580		
× 60 ×						Beginnin	g of Current	Ford of Your		
Not Assets or Fund Balances						_	rear	End of Year		
15.55 He H	20			rt X, line 16)			139,878,425	149,296,591		
# E	21	Total lı	iabilities (F	Part X, line 26)			34,999,671	42,269,627		
≅ ≝	22	Netas	sets or fun	d balances Subtract line 21 t	from line 20		104,878,754	107,026,964		
Pai	rt II	Signa	ature Blo	ock						
					d this return, including accompanying					
		and belie	er, it is true, o	correct, and complete Declaration o	f preparer (other than officer) is base	ed on all informat	tion of which prepared	nas any knowledge		
Sigr	1					2011:	-02-10	_		
Her		Signa	ture of office	er		Date	02 10			
		Morri	s Galloway F	Exec VP of Finance						
			or print nam							
		Propagati			Date	Check If	Preparer's identify	ına number		
Paid		Preparer's				self-	(see instructions)	J		
	arer's	F /	F	- L		empolyed 🕨 🦳				
Use (ıf self-em	ame (or yours pmployed),							
J36 (Jilly		and ZIP + 4	r —			Bl			
							Phone no 🕨			
May	the ID	S discus	s this retii	rn with the preparer shown ab	ove? (see instructions)			□Yes □No		

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

Presbyterian College exists to provide an education in the arts and sciences within a distinctly Christian context. The purpose is set forth with the conviction that education in the liberal arts tradition can be achieved successfully only through an academic program which is characterized by excellence and through activities which contribute to growth of able minds, sound bodies, and strong moral character. The college calls for the pursuit of learning to take place in an environment of genuine intellectual freedom. With the approval of the Board of Trustees, the College will open a School of Pharmacy in the Fall of 2010.

e	Total program servi	e expenses►\$	52,761,616		
	, , , , , ,		, , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , ,	·
d	Other program serv	ices (Describe in Sch 0 inc	edule O) luding grants of \$	0) (Revenue \$	0)
c	(Code) (Expenses \$	including grants of	\$) (Revenue \$)
b	(Code) (Expenses \$	ıncludıng grants of	\$) (Revenue \$)
	Higher Education Provis related to opening a Sch		ation for 1193 full time equivalent stu	dents and including room and board for	1108 students, and start-up costs
а	(Code) (Expenses \$	52,761,616 including grants of	f \$ 22,552,859) (Revenue \$	53,374,445)
	Section 501(c)(3) an	d 501(c)(4) organizat		three largest program services rusts are required to report the a gram service reported	
	If "Yes," describe the	se changes on Schedu	ıle O		
		cease conducting, or n	nake significant changes in ho	wit conducts, any program	┌ Yes ┌ No
		se new services on Sc			
	the prior Form 990 or	990-EZ?		· · · · · · · · · · · · · · · · · · ·	┌ Yes ┌ No
	the prior F	orm 990 or	orm 990 or 990-EZ?	orm 990 or 990-EZ?	

Part IV	Check	list of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	ļ		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

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Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	Yes	
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

orm	990 (2009)			Page
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
L				
D	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country 🕨			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νο
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
	Sponsoring organizations maintaining donor advised funds.	8		
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
17-	Section 4947(a)(1) non-exempt charitable trusts. Is the exception filtre form 000 in less of form 10412	12a		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the	ı∠a		
	year			

503 South Broad Street Clinton, SC 29325 (864) 833-8206

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

Se	ction A. Governing Body and Management			
			Yes	No
4_	Enter the number of voting members of the governing body			
1a b	Enter the number of voting members of the governing body			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any			
-	other officer, director, trustee, or key employee?	2		Νo
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo
6	Does the organization have members or stockholders?	6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	ction B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)		24	
10-	Describe and marked have been been been been as efficience.	10-	Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		Νο
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11		11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply			
19	Own website Another's website Vupon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne orga	nızatıor	n)-
	Walter Ridgely	_		

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

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

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

Check this box if the organization did i	not compen	ffice	r, dırector, trustee							
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)				I		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Key employee Officei Institutional Trustee or director		Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations		
See add'l data										

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1b	Total	0		193,97
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶14			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual	3		Νo
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual			
	mulviudal	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5		No
<u>S</u>	ection B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization			
	(A) (B)		(0	2)
	Name and business address Description of services		Compe	
100	/Ington Contractors Sunflower Lane Construction on, SC 29325			275,064
	ıllan Pazdan Smith LLC			
	Box 100199 Architecture mbia, SC 29202			116,940
		\rightarrow		
		-+		
	Total number of independent contractors (including but not limited to those listed above) who received more than	\dashv		

Form **990** (2009)

\$100,000 in compensation from the organization >2

Form 99								Page 9
		Statement o		_	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated camp						
gra	Ь		es 1b	0				
ts, an	C	_	ents 1c	0				
gi iar	d		ations 1d	0				
ns, sím	e	Government grants		401,694				
utio er:	f	All other contribution similar amounts no	ons, gifts, grants, and 1f of included above	5,845,585				
ē	g	Noncash contri	butions included in					
ng p	[lines 1a-1f \$.	6,247,279			
<u> </u>	h	iotal. Add lines	Sia-ir		0,247,279			
en		- .		Business Code				_
меп	2a 	Tuition, room and I		611,310	44,383,196	44,383,196	0	
8	Ь	Summer Conference	ce	532,000	191,947	18,310	173,637	
МСЄ	C	Athletic Revenue		611,310	807,188	775,634	31,554	0
Program Serwce Revenue	d		Bookstore Commissions	721,310	197,118	185,457	11,661	0
ยม	e	Other Revenue		611,310	698,323	698,323	0	
aBo	f	All other progra	im service revenue		0	0	0	0
<u>Ā</u>	g	Total. Add lines	32a-2f		46,277,772			
	3	Investment inc	ome (including dividen	ds, interest				
			aramounts)	-	2,521,303	0	134	, ,
	4		tment of tax-exempt bond	· · · · · · · · · · · · · · · ·	0	0	0	_
	5	Royalties			8,716	0	8,716	0
		Cuara Bamba	(ı) Real 47,345	(II) Personal				
	6а b	Gross Rents Less rental	872	0				
		expenses		0				
	C	Rental income or (loss)	46,473	U				
	d	Net rental incor	me or (loss)		46,473	46,473	0	0
		Gross amount	(ı) Securities 31,047,900	(II) O ther				
	7a	from sales of	31,047,900					
		assets other than inventory						
	Ь	Less cost or other basis and	32,800,875	0				
	c	sales expenses Gain or (loss)	-1,752,975	0				
	d		s)	<u> </u>	-1,752,975	-1,752,975	0	0
	8a	Gross income fi			, ,	, ,		
o		events (not incl	luding					
듔		\$s	0 reported on line 1c)					
eve		See Part IV, lin						
r G			а	31,232				
Other Revenue	ь		penses b	14,028				.]
δ	C O		loss) from fundraising	events 📴	17,204	17,204	0	0
	9a	Gross income fi See Part IV, lin	rom gaming activities					
		,	а					
	ь	· ·	penses b					
	С		loss) from gaming acti	vities				
	10a	Gross sales of returns and allo						
		, scarns and and	a					
	ь	Less cost of go	oods sold b					
	с		loss) from sales of inve	entory ►				
		Miscellaneous	Revenue	Business Code				
	11a	Standard Candy	y K-1	311,000	-32,637	0	-32,637	
	Ь	Laurens County	/ Restaurant	722,100	-437	0	-437	0
	c	Other K-1s		900,099	27,719	27,719	0	0
	d	Other K-1s All other revenu	ue	- 33,533	0	0	0	_
	e		s 11a-11d	<u> </u>				<u> </u>
				•	-5,355			
	12	Total revenue.	See Instructions .	▶↑	53,360,417	44,399,341	192,628	2,521,169
	i				33,300,417	++,377,341	·	Z,521,169 Form 990 (2009)

Form	990 (2009)				Page 10				
Part									
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).									
	ot include amounts reported on lines 6b,	(A)	(B)	(C)	(D)				
	o, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses				
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			<u> </u>				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	22,552,859	22,552,859						
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors, trustees, and								
6	key employees Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	1,195,327	484,524	587,113	123,690				
7	Other salaries and wages	14,602,269	12,204,916	1,671,924	725,429				
8	Pension plan contributions (include section 401(k) and section	, , , , , , ,	, ,	, -, \	-,				
	403(b) employer contributions)	955,152	732,255	157,880	65,017				
9	Other employee benefits	2,101,519	1,675,111	318,222	108,186				
10	Payroll taxes	1,066,669	885,241	120,063	61,365				
11	Fees for services (non-employees)								
а	Management								
b	Legal	71,292		71,292					
c	Accounting	59,950		59,950					
d	Lobbying	350			350				
e	Professional fundraising See Part IV, line 17								
f	Investment management fees	263,970	263,970						
g	Other	1,308,878	1,073,665	209,234	25,979				
12	Advertising and promotion	53,301	44,616	7,060	1,625				
13	Office expenses	1,847,665	1,613,269	129,028	105,368				
14	Information technology	291,592	171,231	105,610	14,751				
15	Royalties								
16	Occupancy	2,253,158	2,111,519	134,937	6,702				
17	Travel	1,531,110	1,461,826	40,159	29,125				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials								
19	Conferences, conventions, and meetings	58,141	30,224	27,061	856				
20	Interest	891,570	876,996	13,900	674				
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	3,026,457	2,828,904	179,166	18,387				
23	Insurance	566,068	360,827	197,061	8,180				
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)								
а	Dining Hall Charges and Food	2,671,124	2,552,904	35,526	82,694				
b	Minor Equipment and Supplies	908,048	685,966	198,667	23,415				
c	Bad Debts	182,255	0	182,229	26				
d	Other Miscellaneous Expenses	322,273	150,793	125,918	45,562				
e									
f	All other expenses								
25	Total functional expenses. Add lines 1 through 24f	58,780,997	52,761,616	4,572,000	1,447,381				
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation								

Pa	rt X	Balance Sheet						
					(A) Beginning of year		(B) End of year	
	1	Cash—non-interest-bearing			0	1	0	
	2	Savings and temporary cash investments			4,691,875	2	4,811,413	
	3	Pledges and grants receivable, net			5,158,280	3	3,517,383	
	4	Accounts receivable, net			692,795	4	248,204	
	5	Receivables from current and former officers, directors, trustee highest compensated employees. Complete Part II of	irrent and former officers, directors, trustees, key employees, and demployees. Complete Part II of					
		Schedule L	0	5	0			
	6	Receivables from other disqualified persons (as defined under spersons described in section 4958(c)(3)(B) Complete Part II of						
		Schedule L			0	6	0	
Assets	7	Notes and loans receivable, net			920,450	7	831,591	
8	8	Inventories for sale or use			51,551	8	28,925	
٧	9	Prepaid expenses and deferred charges			0	9	0	
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	101,560,077				
	ь	Less accumulated depreciation	10b	38,866,385	56,833,043	10c	62,693,692	
	11	Investments—publicly traded securities			61,026,450	11	67,645,753	
	12	Investments—other securities See Part IV, line 11		860,776	12	986,643		
	13	Investments—program-related See Part IV, line 11		1,500	13	97,473		
	14	Intangible assets		0	14	0		
	15	Other assets See Part IV, line 11		9,641,705	15	8,435,514		
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			139,878,425	16	149,296,591	
	17	Accounts payable and accrued expenses .	6,516,536	17	7,964,792			
	18	Grants payable	0	18	0			
	19	Deferred revenue	erred revenue					
	20	Tax-exempt bond liabilities						
<u> </u>	21	Escrow or custodial account liability Complete Part IV of Schedu	le D		0	21	0	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified	,					
Lie		persons Complete Part II of Schedule L			0	22	0	
	23	Secured mortgages and notes payable to unrelated third parties	. ·		0	23		
	24	Unsecured notes and loans payable to unrelated third parties			0	24	3,500,000	
	25	Other liabilities Complete Part X of Schedule D			778,378	25	804,835	
	26	Total liabilities. Add lines 17 through 25			34,999,671	26	42,269,627	
Fund Balances		Organizations that follow SFAS 117, check here ► ✓ and comp through 29, and lines 33 and 34.	plet e l	ines 27				
สม	27	Unrestricted net assets			17,256,907	27	17,464,812	
Ba	28	Temporarily restricted net assets			8,368,539	28	9,780,988	
F	29	Permanently restricted net assets		79,253,308	29	79,781,164		
Ē		Organizations that do not follow SFAS 117, check here 🕨 🦵 ar	nd con	nplete				
٥٢		lines 30 through 34.						
	30	Capital stock or trust principal, or current funds	•			30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31		
	32	Retained earnings, endowment, accumulated income, or other for	unds			32		
Net	33	Total net assets or fund balances			104,878,754	33	107,026,964	
-	34	Total liabilities and net assets/fund balances			139,878,425	34	149,296,591	

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
C	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both Separate basis Consolidated basis Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Form **990** (2009)

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

h

Public Charity Status and Public Support

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

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

Inspection

Name of the organization PRESBYTERIAN COLLEGE

Employer identification number

Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). $\overline{\mathbf{v}}$ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 7 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% 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 Seesection 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III - Functionally integrated Type III - Other ┌ Type I **b** Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No 11g(i) and (III) below, the governing body of the the supported organization? (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is th organizat col (i) lis your gove docume	e lion in ted in erning	(v) Did you no organizat col (i) of suppor	tify the ion in your	(vi) Is the organization in col (i) organized in the US?		(vii) A mount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Provide the following information about the supported organization(s)

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	÷·/		
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	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) Dublic Support Subtract line F from						
6	Public Support. Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and stop here						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
_	and stop here. The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	▶ □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and stop here. The organization				,		▶
17a	10%-facts-and-circumstances test-	-2009. If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						▶ ┌
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

▶□

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support			<u> </u>	1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	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						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes been	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

Software ID: Software Version:

EIN: 57-0314408

Name: PRESBYTERIAN COLLEGE

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) A verage hours		tion (that a	(che		II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
William D Brearley Board Member	1	Х		•				0	0	0
Jerry W Howington Board Member	1	Х						0	0	0
G Daniel McCall Board Member	1	Х						0	0	0
Allen C McSween Board Member	1	Х						0	0	0
Donnie R Woods Board Member	1	Х						0	0	0
Larry W Massey Board Member	1	Х						0	0	0
Rıchard P Spencer Board Member	1	X						0	0	0
G Anderson Douglas Jr Board Member	1	Х						0	0	0
William A Gray Board Member	1	X						0	0	0
Robert H Hopkins Board Member	1	X						0	0	0
G Richard Query Board Member	1	X						0	0	0
Mary V Suitt Board Member	1	X						0	0	0
Roland F Young Board Member	1	X						0	0	0
J McNeill Singleton Board Member	1	X						0	0	0
Thomas A Whitaker Board Member	1	X						0	0	0
Jeffrey G Reynolds Board Member	1	X						0	0	0
Alvın D Sewell Board Member	1	Χ						0	0	0
William B Shearer Board Member	1	X						0	0	0
E G Lassiter III Board Member	1	X						0	0	0
Mark T Nelson Board Member	1	X						0	0	0
Thomas R Parrish Board Member	1	X						0	0	0
Robert M Hicklin Board Member	1	X						0	0	0
William M Matthews Board Member	1	X						0	0	0
G Patrick Phillips Board Member	1	X						0	0	0
James W Spradley Board Member	1	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (A) (B) (F)

(A) Name and Title	(B) (C) A verage Position (check all hours that apply)			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
	per week	Individual trustee or director	Officer Institutional Trustee	Former Highest compensated employee Key employee	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Thomas L Thomason Board Member	1	Х			0	0	0
Sean P Foley Board Member	1	Х			0	0	0
Welton O'Neal Jr Board Member	1	Х			0	0	0
Paula Harper Bethea Board Member	1	Х			0	0	0
Elaine T Freeman Board Member	1	Х			0	0	0
W Rutledge Galloway Board Member	1	X			0	0	0
Charles C Heyward Sr Board Member	1	X			0	0	0
Joseph E Patrick Jr Board Member	1	X			0	0	0
James H Powell Board Member	1	Х			0	0	0
C Douglas Warner Board Member	1	X			0	0	0
E Lane Alderman Board Member	1	X			0	0	0
David P Berry Board Member	1	X			0	0	0
Susan F DeWyngaert Board Member	1	X			0	0	0
William D Loeble Board Member	1	Х			0	0	0
Eloise F Shepherd Board Member	1	Х			0	0	0
Austin A Adams Board Member	1	Х			0	0	0
Thomas H Milton Board Member	1	X			0	0	0
James D Samples Board Member	1	Χ			0	0	0
David F Parker II Board Member	1	Х			0	0	0
Susan C Reynolds Board Member	1	Х			0	0	0
John V Griffith President	40		Х		224,505	0	67,711
Morris M Galloway EVP Finance & Administration	40		Х		126,068	0	20,310
Robert E Staton EVP External Relations	40		Х		137,838	0	9,628
Robert K Holyer Provost	40		Х		131,926	0	16,419
Richard E Stull Dean of PC School of Pharmacy	40		Х		207,914	0	16,826

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

compensated Employees, and independent contractors										
(A) Name and Title	(B) A verage hours per week		triat institutional Trustee			Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
William M McDonald Vice President	40			Х				97,140	0	15,949
John T Johnson Professor	40					X		149,476	0	12,075
Charles S Asbill Professor	40					X		142,313	0	13,354
L Cliff Fuhrman Professor	40					×		147,736	0	8,578
Laura Fox Professor	40					X		129,027	0	5,162
Harold E Nichols Coach	40					X		112,186	0	7,961

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

,											
	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514						
Tuition, room and board	611,310	44,383,196	44,383,196	0	0						
Summer Conference	532,000	191,947	18,310	173,637	0						
Athletic Revenue	611,310	807,188	775,634	31,554	0						
Food Service and Bookstore Commissions	721,310	197,118	185,457	11,661	0						
Other Revenue	611,310	698,323	698,323	0	0						

DLN: 93493042008111

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

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

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

	1 1 1	01(c)(3)) organizations Complete Pai	rts I-A and C belo	w Do not complete Part I-B	
	ction 527 organizations Complete	-			V = 42 - 242 = = N - 415 = ==
		s," to Form 990, Part IV, Line 4, or have filed Form 5768 (election under		,	•
	, , , ,	have NOT filed Form 5768 (election under	, , , ,	•	•
	, ,, , -	s," to Form 990, Part IV, Line 5 (Pr			•
	ction 501(c)(4), (5), or (6) organiz			, , ,	
	me of the organization			Employer iden	tification number
PRE	SBYTERIAN COLLEGE			57-0314408	
Pari	I-A Complete if the or	ganization is exempt under	section 501(organization.
			_		
1	· · · · · ·	ganızatıon's dırect and ındırect politi	cai campaign act	ivities in Part IV	
2	Political expenditures			•	\$
3	V olunteer hours				
Par	t I-B Complete if the or	ganization is exempt under	section 501(c)(3).	
1		tax incurred by the organization un			\$
2	Enter the amount of any excise	tax incurred by organization manag	ers under sectio	n 4955 🕨	\$
3	If the organization incurred a s	☐ Yes ☐ No			
4a	Was a correction made?				┌ Yes ┌ No
ь	If "Yes," describe in Part IV				
Pari	t I-C Complete if the or	ganization is exempt under	section 501(c) except section 501	.(c)(3).
1	Enter the amount directly expe	nded by the filing organization for se	ction 527 exemp	ot function activities 🕨	\$
2	Enter the amount of the filing o	rganızatıon's funds contrıbuted to ot	her organizations	s for section 527	
	exempt funtion activities			▶	\$
3	Total exempt function expendit	cures Add lines 1 and 2 Enter here	and on Form 112	0-POL, line 17b	\$
4	Did the filing organization file F	orm 1120-POL for this year?			┌ Yes ┌ No
5	State the names, addresses an	ıd employer identification number (E	IN) of all section	527 political organizations	to which payments
	-	on listed, enter the amount paid from			•
		re promptly and directly delivered to littee (PAC) If additional space is no		- ,	separate segregated
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from	(e) A mount of political
				filing organization's	contributions received and promptly and
				funds If none, enter -0-	directly delivered to a
					separate political
					organization If none, enter - 0 -
			1		

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Pa	rt II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c)(3) and file	d Form 5768	(election				
	Check If the filing organization belongs to a Check If the filing organization checked box		d" provisions apply	,						
<u> </u>	Limits on Lobbying E (The term "expenditures" means ar	Expenditures			(a) Filing Organization's Totals	(b) Affiliated Group Totals				
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	ıbyıng)							
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	yıng)							
c	Total lobbying expenditures (add lines 1a and 18	b)								
d	Other exempt purpose expenditures									
e	Total exempt purpose expenditures (add lines 1									
f	Lobbying nontaxable amount Enter the amount f	from the following table	ın both							
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxa 20% of the amount on lir								
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	0						
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,0	000						
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,00	00						
	Over \$17,000,000	\$1,000,000								
		•								
g	Grassroots nontaxable amount (enter 25% of lin	ne 1 f)								
h	Subtract line 1g from line 1a If zero or less, enter	er -0-								
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -								
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file F	orm 4720 repoi	rtıng	┌ Yes ┌ No				
	4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)									
	Lobbying Exp	enditures During	4-Year Averag	ing Period	I	ı				
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total				
2a	Lobbying non-taxable amount									
b	Lobbying ceiling amount (150% of line 2a, column(e))									
c	Total lobbying expenditures									
d	Grassroots non-taxable amount									

Part II-B	Complete if the organization is exempt under section 501(c)(3) a	and has NOT filed Form 5768
	(election under section 501(h)).	

During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? No Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? No Pincet contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Yes Other activities? If "Yes," describe in Part IV No Total lines 1c through 1i	A mount
legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? No Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? No Grants to other organizations for lobbying purposes? No Direct contact with legislators, their staffs, government officials, or a legislative body? No No Cher activities? If "Yes," describe in Part IV No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Yes h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Yes i Other activities? If "Yes," describe in Part IV	
c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes?	
Mailings to members, legislators, or the public? Publications, or published or broadcast statements? No Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Yes Other activities? If "Yes," describe in Part IV	
Publications, or published or broadcast statements? No f Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Yes No No Other activities? If "Yes," describe in Part IV	
f Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? No No No No Other activities? If "Yes," describe in Part IV	200
g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? If "Yes," describe in Part IV No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? If "Yes," describe in Part IV No	
i Other activities? If "Yes," describe in Part IV	150
· · · · · · · · · · · · · · · · · · ·	C
i Total lines 1c through 1i	
,	350
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	
b If "Yes," enter the amount of any tax incurred under section 4912	
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912	
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Dues, assessments and similar amounts from members

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1, Also, complete this part for any additional information

Ident if ier	Return Reference	Explanation
SchC_P2B_S00_L01	Schedule C, Part II-B, Line 1	Presbyterian College, as one of twenty members of South Carolina Independent Colleges and Universities (SCICU) and in conjunction with the South Carolina Higher Education Tuition Grants Commission, participates in the Tuition Grants A wareness program sponsored by these two organizations PC students take part in an annual letter writing campaign, sharing with their respective state legislators the benefits that tuition grants have afforded the students These letters precede South Carolina Independent College and University Day- proclaimed each spring by the governor- when several PC students visit the state house as guests along with other students from SCICU member institutions A reception sponsored by SCICU affords the students an opportunity to meet their legislators, and they are also recognized as special guests in both the house and senate chambers

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DLN: 93493042008111

OMB No 1545-0047

(Form 990)

SCHEDULE D

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

erna	ll Revenue Service ► Attach to Form 990. ► See separate instructions.			Tusbect	ion
	me of the organization ESBYTERIAN COLLEGE	Emplo	yer identificat	on numbe	r
	SOFTENS IN COLLEGE	57-03	314408		
Pa	organizations Maintaining Donor Advised Funds or Other Similar F	unds o	r Accounts.	Complet	e if the
	organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds	/h) Funds and oth	or accour	
I	Total number at end of year	()	, r unus anu oti	iei accoui	11.5
,	Aggregate contributions to (during year)				
- 3	Aggregate grants from (during year)				
1	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in writing that the assets held in don funds are the organization's property, subject to the organization's exclusive legal control?	or advis	e d	☐ Yes	┌ No
5	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds used only for charitable purposes and not for the benefit of the donor or donor advisor, or for all conferring impermissible private benefit	•	purpose	┌ Yes	┌ No
Pa	rt II Conservation Easements. Complete if the organization answered "Yes" t	o Form	990, Part IV,	lıne 7.	
2	Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Protection of natural habitat Preservation of a conservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form easement on the last day of the tax year	certified	historic structi		a
			Held at the E	nd of the	Year
а	Total number of conservation easements	2a			
b	Total acreage restricted by conservation easements	2b			
c	Number of conservation easements on a certified historic structure included in (a)	2c			
d	Number of conservation easements included in (c) acquired after 8/17/06	2d			
3	Number of conservation easements modified, transferred, released, extinguished, or terminate the taxable year 🛌	ed by the	organization d	ırıng	
1 5	Number of states where property subject to conservation easement is located - Does the organization have a written policy regarding the periodic monitoring, inspection, hand enforcement of the conservation easements it holds?	—— dling of v	iolations, and	┌ Yes	┌ No
5	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easem	nents dur	ng the year 🛌		
7	A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements	s during t	the year 🟲 🖇 _		
3	Does each conservation easement reported on line 2(d) above satisfy the requirements of sec 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	tion		┌ Yes	┌ No
•	In Part XIV, describe how the organization reports conservation easements in its revenue and balance sheet, and include, if applicable, the text of the footnote to the organization's financial the organization's accounting for conservation easements	•	•		
ar	t III Organizations Maintaining Collections of Art, Historical Treasures, Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	or Oth	er Similar A	ssets.	
la	If the organization elected, as permitted under SFAS 116, not to report in its revenue stateme art, historical treasures, or other similar assets held for public exhibition, education or researce provide, in Part XIV, the text of the footnote to its financial statements that describes these it	ch ın furt			ı
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statement a historical treasures, or other similar assets held for public exhibition, education, or research i provide the following amounts relating to these items				
	(i) Revenues included in Form 990, Part VIII, line 1		► \$		0
	(ii) Assets included in Form 990, Part X		► \$	8,36	9,213
2	If the organization received or held works of art, historical treasures, or other similar assets for following amounts required to be reported under SFAS 116 relating to these items	or financi			
а	Revenues included in Form 990, Part VIII, line 1		► \$		0

b Assets included in Form 990, Part X

Par	Organizations Maintaining Co	ollections of Art	, His	storical Tr	<u>eası</u>	ures, or C	the	<u>r Simila</u>	r Asse	ets (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	y of th	ne following t	hat a	re a significa	ant u	se of its co	ollectio	n	
а	▼ Public exhibition		d	┌ Loan d	rexc	hange progi	ams				
b	Scholarly research		e	C Other							
c	Preservation for future generations										
4	Provide a description of the organization's co Part XIV	ollections and expla	ın hov	w they furthe	r the	organızatıor	ı's ex	cempt purp	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			•				nılar	Г	Yes	√ No
Pai	rt IV Escrow and Custodial Arrang Part IV, line 9, or reported an ar					n answere	d "Y	es" to Fo	rm 990	0,	
1a	Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No										
b	If "Yes," explain the arrangement in Part XI'	V and complete the	follow	ing table		Γ			A mou	unt	
c	Beginning balance						1c				
d	Additions during the year						1d				
e	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fe	orm 990, Part X, line	e 21?			_			Г	Yes	┌ No
ь	If "Yes," explain the arrangement in Part XI\										
Pa	rt V Endowment Funds. Complete		n ans	wered "Yes	s" to	Form 990,	Par	t IV, line	10.		
		(a)Current Year	(l	b) Prior Year	+ • •	Two Years Bac	k (d) Three Years	Back (e	e)Four Ye	ears Back
1a	Beginning of year balance	58,859,154		84,028,567	_						
b	Contributions	3,231,627		2,843,755	+		_				
c	Investment earnings or losses	7,783,731		-22,563,862	_						
d	Grants or scholarships	2,489,344		3,229,583	+		+				
е	Other expenditures for facilities and programs	1,462,695		1,936,877							
f	Administrative expenses	228,240		282,846	5						
g	End of year balance	65,694,233		58,859,154							
2	Provide the estimated percentage of the yea	r end balance held a	is						•		
а	Board designated or quasi-endowment 🕨	49% %									
ь	Permanent endowment ► 951% %)									
с	Term endowment ► 0 % %										
3a	Are there endowment funds not in the posse	ssion of the organiza	ation	that are held	and	admınıstere	d for	the			
	organization by									Yes	No
	(i) unrelated organizations				•		٠		3a(i) 3a(ii)	Yes	N o
h	(ii) related organizations If "Yes" to 3a(ii), are the related organization				•		•		3a(11)	<u> </u>	NO
4	Describe in Part XIV the intended uses of th				•		•				
Par	rt VI Investments—Land, Buildings				90, P	art X, line	10.				
	Description of investment	,		(a) Cost or o	ther	(b)Cost or o	ther	(c) Accumu depreciat		(d) Boo	ok value
1a	Land				0	4,154	,518				4,154,518
ь	Buildings				0	78,941	,347	31,8	84,666	47	7,056,681
c	Leasehold improvements				0		0		0		0
d	Equipment				0	9,274	,068	6,9	81,719	:	2,292,349
е	Other				0	9,190	,144		0	ç	9,190,144

62,693,692

Part VII Investments—Other Securities. Se (a) Description of security or category		(c) Method of valuation
(including name of security)	(b)Book value	Cost or end-of-year market value
Financial derivatives	0	F
Closely-held equity interests Other	755,490	F
Cash Surrender Value of Life Insurance	231,153	F
Tabl. (Caling (b) about a surf Fam. 000, Dark V, and (0) to a 12.)	986.643	
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	555/575	
Part VIII Investments—Program Related. S		(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
Investment in Real Estate Held for Sale	97,473	C
	·	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	97,473	
Part IX Other Assets. See Form 990, Part X,		
(a) Desc	ription	(b) Book value
Trust Fund Assets		4,528,751
Contribution Receivable from Trusts		2,904,969
Other Assets		1,001,794
		► 8,435,514
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part		▶ 8,435,514
		▶ 8,435,514
Part X Other Liabilities. See Form 990, Part	X, line 25.	▶ 8,435,514
Part X Other Liabilities. See Form 990, Part (a) Description of Liability	(b) A mount	▶ 8,435,514
Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes Advances from Federal Government	(b) A mount 0 799,698	▶ 8,435,514
Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes Advances from Federal Government	(b) A mount 0	▶ 8,435,514
Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes Advances from Federal Government	(b) A mount 0 799,698	8,435,514
Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes Advances from Federal Government	(b) A mount 0 799,698	▶ 8,435,514
Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes	(b) A mount 0 799,698	8,435,514
Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes Advances from Federal Government	(b) A mount 0 799,698	8,435,514
Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes Advances from Federal Government	(b) A mount 0 799,698	▶ 8,435,514
Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes Advances from Federal Government	(b) A mount 0 799,698	8,435,514
Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes Advances from Federal Government	(b) A mount 0 799,698	8,435,514
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Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes Advances from Federal Government	(b) A mount 0 799,698	8,435,514
Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes Advances from Federal Government	(b) A mount 0 799,698	► 8,435,514
Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes Advances from Federal Government	(b) A mount 0 799,698	▶ 8,435,514
Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes Advances from Federal Government	(b) A mount 0 799,698 5,137	► 8,435,514

I G	Reconcination of Change in Net Assets from Form 990 to Financial Statemen	11.5	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	53,360,417
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	58,780,997
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-5,420,580
4	Net unrealized gains (losses) on investments	4	5,280,024
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)	8	2,350,827
9	Total adjustments (net) Add lines 4 - 8	9	7,630,851
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	2,210,271
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	38,188,607
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	-17,200,159
3	Subtract line 2e from line 1	3	55,388,766
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 263,970		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	-2,028,349
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	53,360,417
	Reconciliation of Expenses per Audited Financial Statements With Expenses	<u>per</u>	
1	Total expenses and losses per audited financial statements	1	35,978,336
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIV) 2d 24,643	1	
e	Add lines 2a through 2d	2e	24,643
3	Subtract line 2e from line 1	3	35,953,693
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 263,970		
b	Other (Describe in Part XIV)]	
c	Add lines 4a and 4b	4с	22,827,304
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	58,780,997

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
SchD_P03_S00_L04	Schedule D, Part III, Line 4	The College's collections are made up of library books, artifacts of historical significance and art objects. These collections are held for public exhibition, education and research
SchD_P05_S00_L04	Schedule D, Part V, Line 4	The College's endowment consists of approximately 725 individual funds established for a variety of purposes including scholarships and the support of academic and sports programs
SchD_P10_S00_L00	Schedule D, Part X	The Internal Revenue has determined that the College is exempt from federal income taxes under section 501(a) of the Internal Revenue Code as an organization described in Section 501(c) (3) Due to this determination, the College is also exempt from state income taxes. The College is subject to federal and state income tax on its net unrelated business income. The College adopted the provision of FASB guidance on income taxes related to the accounting for uncertainty in income taxes. This guidance clarifies accounting for uncertainty in a tax position taken or expected to be taken by an entity and hence in the income taxes recognized in financial statements. Essentially, the College would record a liability if it took a position about taxes due that was likely to be disputed and had a reasonable chance of being overruled by a taxing authority. Management believes there are no such positions as of June 30, 2010 and 2009 and accordingly, no liability has been accured.
SchD_P11_S00_L08	Schedule D, Part XI, Line 8	K-1 revenue and expenses are not reported on the College financial statements Foundation revenue and expenses are not reported on the College's 990 They are filed as separate entities
SchD_P12_S00_L02d	Schedule D, Part XII, Line 2d	Financial Aid is reported as contra revenue in the financial statement. Gains from PC Foundation and PC RE Foundation are included in the financial statements, but these foundations are separate tax entities.
SchD_P12_S00_L04b	Schedule D, Part XII, Line 4b	K-1 losses are not reported on the financial statements Fundraising event expenses reported as expenses on financial statement
SchD_P13_S00_L02d	Schedule D, Part XIII, Line 2d	Tranfers from PC Foundation are included in the financial statements but not reported on the College's tax return, since the Foundation is a separate tax entity Expenses related to fundraising events listed as offset to revenue on 990
SchD_P13_S00_L04b	Schedule D, Part XIII, Line 4b	Financial Aid is reported as a contra revenue on the financial statements K-1 expenses are not reported on the financial statements

Employer identification number

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

PRESBYTERIAN COLLEGE

Name of the organization

Schools

►Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2009

Open to Public

	57-0314408			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No,"	_		
	please explain The College publishes in official recruiting literature the following Presbyterian College does not discriminate against any applicant or student on the basis of race, sex, religion, national origin or handicap	3	Yes	
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Schedule O (Form 990)			
	Does the organization discriminate by race in any way with respect to Students' rights or privileges?	5a		No
	otacino inglito di pininegeo			
b	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		No
d	I Scholarships or other financial assistance?	5d		No
е	Educational policies?	5e		No
f	Use of facilities?	5f		No
g	Athletic programs?	5g		No
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990)	5h		No
62	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
	Has the organization's right to such aid ever been revoked or suspended?	6b	163	No
7	If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990) Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05			
	of Rev Proc 75-50, 1975-2 CB 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form 990)	7	Yes	İ

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DLN: 93493042008111

OMB No 1545-0047

Inspection

Open to Public

SCHEDULE F (Form 990)

Internal Revenue Service

Totals .

Department of the Treasury

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ See separate instructions.

Statement of Activities Outside the United States

Name of the organization

Employer identification number

PRE	SBYTERIAN COLLEGE							
	OF TENTINE COLLEGE					57-0314408	3	
Pa	General Infor "Yes" to Form 9			de the United States	s. Complete	ıf the organ	ization answered	
1				ecords to substantiate	the amount	of the grants		
_	_	_		assistance, and the se		_		
			_					No
	-						, ,	
2	For grant makers. Descri United States	be in Part IV the	organization's pr	ocedures for monitoring th	ne use of gran	t funds outside	e the	
3	Activites per Region (Us	se Schedule F-1	(Form 990) if add	ditional space is needed)				
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	ıs a progra describe sp	ry listed in (d) am service, ecific type of) in region	(f) Total expenditu for region	res
Eas	t Asia and the Pacific	0	2	Program Services	Travel expenstudents and members as educational;	nses for I faculty part of their	51	,996
	ope (including Iceland and enland)	0	6	Program Services	Travel expenstudents and to various Eudestinations	nses for I faculty going uropean		,443
	itral America and the ibbean	0	3	Program Services	Semester tra for students members as educational p	part of their	69	,285
Mıd	dle East and North Africa	0	2	Program Services	Travel expenstudents and members as educational p	l faculty part of their	72	,082
Sub	-Saharan Africa	0	1	Program Services	Travel expenstudents and part of their expressions	l faculty as	21	,940

337,746

Part IV	, line 15, for an	sistance to Orgar y recipient who recensional	eived more than \$5	es Outside the Ur ,000. Check this box	nited States. Composite of the composite	plete if the organiza received more that	tion answered "Yes' n \$5,000	'to Form 990, ► 厂
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2 Enter total n tax-exempt	number of recipions by the IRS, or f	ent organizations lis or which the grante	ted above that are e or counsel has pr	recognized as chari ovided a section 50	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . ►	
3 Enter total n	Enter total number of other organizations or entities							

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. (c) Number of (b) Region (d) A mount of (e) Manner of cash (a) Type of grant or (f) A mount of (g) Description (h) Method of assistance cash grant disbursement of non-cash valuation recipients non-cash (book, FMV, assistance assistance appraisal, other)

Schedule F (Form 990) 2009

Part IV Supplemental Complete this p	Information Part to provide the information requ	ııred ın Part I, lıne 2, and any addıtıonal ınformatıon.
Identifier	ReturnReference	Explanation
SchF_P01_S00_L03	Schedule F, Part I, Line 3	The College pays travel agents and travel costs for Maymesters and Semester Abroad trips Travel costs may be paid directly to hotels, restaurants, etc in foreign countries as part of the educational trip

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DLN: 93493042008111

OMB No. 1545-0047

Supplemental Information Regarding SCHEDULE G (Form 990 or 990-EZ)

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

Internal Revenue Service Name of the organization PRESBYTERIAN COLLEGE

licensing

Department of the Treasury

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. **Employer identification number**

				57-0314408			
Part I Fundraising Activities. Complet Form 990-EZ filers are not required				to Form 990, Part IV	, line 17.		
L Indicate whether the organization raised funds	through a	ny of the	following activities Ch	eck all that apply			
a Mail solicitations		e	Solicitation of nor	Solicitation of non-government grants			
b Internet and e-mail solicitations		f	_				
c Phone solicitations		g	_				
d In-person solicitations							
 Did the organization have a written or oral agre or key employees listed in Form 990, Part VII If "Yes," list the ten highest paid individuals or to be compensated at least \$5,000 by the org.) or entity · entities (ın conne fundraise	ection with professional ers) pursuant to agreem	fundraising activities? ents under which the fur			
					T		
(i) Name of individual or entity (fundraiser) (ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization		
	Yes	No					
otal		>					
I list all states in which the organization is rec							

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form	plete if the organizati 990-EZ, line 6a. List	on answered "Yes" to events with gross rece	Form 990, Part IV, line ipts greater than \$5,	ne 18, or 000.	repor	ted
			(a) Event #1 Scotsman Club PC Invitational Golf Tournament (event type)	(b) Event #2 Elliott Poss Golf Tournament (event type)	(c) O ther Events 0 (total number)	(d) To	tal Eve (a) th	
Φ	1	Gross receipts	23,880	7,352			3	1,232
Revenue	2	Less Charitable contributions	(0				0
	3	Gross income (line 1 minus line 2)	23,880	7,352			3	1,232
	4	Cash prizes		0				0
မှာ	5	Non-cash prizes	(0				0
esue	6	Rent/facility costs		0				0
d Expenses	7	Food and beverages	7,862	2 0				7,862
Direct	8	Entertainment		0				0
Δ	9	Other direct expenses .	6,166	0				6,166
	10 Direct expense summary Add lines 4 through 9 in column (d)							4,028
	11	Net income summary Combine lir	nes 3, column d, and line	10			1	7,204
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lin		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted mo	re thai	า
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(Add co	tal gan (a) th ol (c))	
		Gross revenue						
Ses	2	Cash prizes						
Direct Expenses	3	Non-cash prizes						
	4	Rent/facility costs						
<u>ā</u>	5	Other direct expenses						
	6	Volunteer labor	∀es	Г Yes	│ Yes% │ No			
	7	Direct expense summary Add lines	s 2 through 5 in column (d)				
	8	Net gaming income summary Com	bine lines 1, column d, a	nd line 7				
9 a		er the state(s) in which the organiza he organization licensed to operate				· 9a	Yes	No
b		No," Explain						
10a b		ny of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a						
11 12	Is th	s the organization operate gaming a he organization a grantor, beneficial	ry or trustee of a trust or			11	<u> </u> 	

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
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?	,	
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		
	Name 🟲		
	Address •		
16			
16	Gaming manager information		
	Name 🟲		
	Name F		
	Gaming manager compensation 🕨 \$		
	Description of services provided -		
	Director/officer Employee Independent contractor		
	I Director/officer I Employee I Independent contractor		
.7	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent		
	in the organization's own exempt activities during the tax year ▶ \$	1	

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Schedule I

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990

OMB No 1545-0047

DLN: 93493042008111

Open to Public **Inspection**

Department of the Treasury Internal Revenue Service

(Form 990)

Name of the organization

Employer identification number

PRESBYTERIAN CULLEGE						57-0314408	
Part I General Info	rmation on Grants	and Assistance				•	
the selection criteria u	sed to award the grants	stantiate the amount of t or assistance? res for monitoring the us				•	▽ Yes
Form 990, Par	t IV, line 21 for any	O Governments and recipient that receive 0) if additional space	d more than \$5,000	. Check this box if no	o one recipient receiv	ed more than \$5,00	0. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	, . . ,	(h) Purpose of grant or assistance

2	Enter tota	l number o	fsection	501(c)(3)	and	government	organizations
---	------------	------------	----------	-----------	-----	------------	---------------

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Scholarships to attend Presbyterian College	1207	22,552,859	0		
See Additional Data Table					

Ident if ier	Return Reference	Explanat ion
SchI_P01_S00_L02	Schedule I, Part I, Line 2	Presbyterian College awards scholarships to its students Scholarships are awarded by the Office of Financial Aid who is responsible for matching recipients with the eligible scholarship awards Scholarships are reviewed annually to monitor compliance with the terms of the scholarship

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DLN: 93493042008111

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization PRESBYTERIAN COLLEGE

Employer identification number

57-0314408

Pa	It I Questions Regarding Compensation	<u>1</u>				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III					
	First-class or charter travel	া	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	굣	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the or reimbursement orprovision of all the expenses desc			1b	Yes	
2	Did the organization require substantiation prior to rofficers, directors, trustees, and the CEO/Executive			2	Yes	
3	Indicate which, if any, of the following the organizationganization's CEO/Executive Director Check all the	at apply	y			
	Compensation committee	<u> </u>	Written employment contract			
	Independent compensation consultant	<u> </u>				
	Form 990 of other organizations	▽	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII	, Section A , line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	paymen	t?	4a		Νo
Ь	Participate in, or receive payment from, a supplement	ntal non	qualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mu	st comp	olete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a,	did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a,	did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes," of			7		No
8	Were any amounts reported in Form 990, Part VII, p	aıd or a	ccured pursuant to a contract that was			
	subject to the initial contract exception described in	Regs :	section 53 4958-4(a)(3)? If "Yes," describe			l
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow the section 53 4958-6(c)?	e rebutta	able presumption procedure described in Regulations	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	,	(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
John V Griffith	(ı) (ıı)	209,005 0	0	15,500 0	19,550	48,161 0	292,216	
Morris M Galloway	(ı) (ıı)	106,977 0	0	19,091 0	9,466	10,844 0	146,378	
Robert E Staton	(ı) (ıı)	131,838 0	0	6,000 0	7,453	2,175 0	147,466 0	
Robert K Holyer	(ı) (ıı)	118,813 0	0	13,113		7,586 0	3 148,345 0 0	
Richard E Stull	(ı) (ıı)	200,340	0	7,574 0	9,390	7,436 0	224,740	
John T Johnson	(ı) (ıı)	142,782 0	0	6,694 0	5,744	6,331 0	. 161,551) 0	
L Cliff Fuhrman	(ı) (ıı)	141,211 0	0	6,525 0	5,979 0	2,599 0	156,314	
Charles S Asbill	(ı) (ıı)	135,842	0	6,471 0	5,553	7,801	155,667	
	'	-						
	'							
				-			+	
	'		<u> </u>					
	'	'	1	'				

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
SchJ_P01_S00_L01a		The President is a minister. As part of his call in lieu of a manse, he is provided a housing allowance. Club membership is used for entertaining donors and others on College business.
		The President's compensation is determined by the Executive Committee of the Board of Trustees after reviewing the end of the year evaluation. The process is part of a two day meeting in August. The salary is compared with CUPA data for a comparison set of schools.

Schedule J (Form 990) 2009

Are there any lease arrangements with respect to the financed property

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

which may result in private business use?

Schedule K

(Form 990)

DLN: 93493042008111

OMB No 1545-0047

Schedule K (Form 990) 2009

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ► Attach to Form 990. ► See separate instructions.

Open to Public

Department of the Treasury Inspect ion Internal Revenue Service Name of the organization **Employer identification number** PRESBYTERIAN COLLEGE 57-0314408 **Bond Issues** (h) 0 n (g) Defeased Behalf of (a) Issuer Name (b) Issuer EIN (c) CUSIP # (d) Date Issued (e) Issue Price (f) Description of Purpose Issuer No Yes No Education Facilities Authority for Pharmacy School building 6,500,000 Х Private Non-Profit 57-6000286 CUSIPNONE 04-01-2009 Х renovation Institution of Higher Education Education Facilities Authority for Refund \$27,000,000 bond Private Non-Profit 57-6000286 CUSIPNONE 08-05-2009 23.500.000 Х partially Institution of Higher Education Proceeds Α В С D Е Total proceeds of issue 6.500.000 23,500,000 Gross proceeds in reserve funds 2 0 Proceeds in refunding or defeasance escrows 23,500,000 3 Other unspent proceeds Issuance costs from proceeds 78,775 54,754 Working capital expenditures from proceeds Capital expenditures from proceeds 7 6,421,225 0 Year of substantial completion 2010 2009 Yes Yes No No Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue? Χ Χ Were the bonds issued as part of an advance refunding issue? Х Х 10 Has the final allocation of proceeds been made? Χ Χ 11 Does the organization maintain adequate books and records to support 12 Χ Х the final allocation of proceeds? **Private Business Use** Part III Е Α В С D Yes No Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, 1 Χ Χ which owned property financed by tax-exempt bonds?

Х

Х

Cat No 50193E

Page 2 Part Private Business Use (Continued) С E В D Α Yes No Yes No Yes No Yes No Yes No Are there any management or service contracts with respect to the За Х Х financed property which may result in private business use? Are there any research agreements with respect to the financed property 3Ь Х Х which may result in private business use? Does the organization routinely engage bond counsel or other outside 3с counsel to review any management or service contracts or research Х Х agreements relating to the financed property? Enter the percentage of financed property used in a private business use 4 by entities other than a section 501(c)(3) organization or a state or local 0 % 0 % government Enter the percentage of financed property used in a private business use 5 as a result of unrelated trade or business activity carried on by your 0 % organization, another section 501(c)(3) organization, or a state or local government Total of lines 4 and 5 0 % 0 % 6 Has the organization adopted management practices and procedures to 7 Χ Х ensure the post-issuance compliance of its tax-exempt bond liabilities? Part IV Arbitrage Α В C D Ε Yes No Yes No Yes No Yes No Yes Nο Has a Form 8038-T. Arbitrage Rebate, Yield Reduction and 1 Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? Х Χ Is the bond issue a variable rate issue? 2 Χ Χ Has the organization or the governmental issuer identified a 3a hedge with respect to the bond issue on its books and records? Х Х SunTrust SunTrust Name of provider Term of hedge 5 5 Were gross proceeds invested in a GIC? Х Х 4a Name of provider Term of GIC Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? Were any gross proceeds invested beyond an available 5 temporary period? Х Χ Did the bond issue qualify for an exception to rebate? 6 Х Х

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OMB No 1545-0047

Open to Public Inspection

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Transactions with Interested Persons ► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,

> or Form 990-EZ, Part V lines 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Internal Revenue Service Name of the organization

PRESBYTERIAN COLLEGE

Employer identification number

57-0314408

Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

(a) Name of disqualified person 1

(b) Description of transaction

(c) Corrected?

Yes No

2	2 Enter the amount of tax imposed on the organization managers or disqualified pers	ons	dur	ıng	the	yea	ar ur	nder		
	section 4958								\$ 	_
3	B Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.							-	\$	

Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and or from the purpose

(b) Loan to organization?

From

Τо

(c)O riginal principal amount

(d)Balance due

(e) In default?

No

Yes

Approved by board or

(f)

(g)Written agreement?

committee?

Yes Yes No

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person

(b) Relationship between interested person and the organization

(c)A mount of grant or type of assistance

Scholarships and Tuition Remission

Children of Officers received tuition remission under standard employee policy

29,178

Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person

(b) Relationship between interested person and the organization

(c) A mount of transaction

(d) Description of transaction

(e) Sharing of organization's revenues?

Yes

BB&T Insurance Service Thomas R Parrish - Regional Manager

Board of Trustees

454,332 Premiums paid on Insurance for the College

No Νo

OMB No 1545-0047

SCHEDULE M NonCash Contributions (Form 990)

> Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

Name of the organization PRESBYTERIAN COLLEGE

Employer identification number

	T				57-0314408			
Рa	rt I Types of Property	1		Ι				
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d Method of d rever	etermı	ning	
1	Art—Works of art	аррисавис		1 19				
	Art—Historical treasures .							
	Art—Fractional Interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	25	387,258	FMV			
	Securities—Closely held stock .							
	Securities—Partnership, LLC, or trust interests							
	Securities—Miscellaneous	X	1	13,131	FMV			
13	Q ualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
	Real estate—Residential .	Х	1	56,581	New-Cost			
16	Real estate—Commercial							
	Real estate—Other							
	Collectibles							
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Archeological artifacts							
27	Business							
	travel not							
25	Other ► (reimbursed)	X	6	2,492	IRS standard milea	ge rate	orcos	st
	Supplies and location for		_	2.454	Cast			
26	Other ► (events) Donated	X	5	3,454	Cost			
	supplies and							
27	Other ► (equipments)	Х	2	3,493	Cost			
	Donated							
28	professional Other ► (construction)	x	6	58,730	Cost			
29	Number of Forms 8283 received							
	for which the organization compl		——————————————————————————————————————		29	ı		0
20	Down a the great ded of		- h.,h., b., b., .	ako ararako don Bolos I	1 20 45 - 5 - 5	$\overline{}$	Yes	No
30a	During the year, did the organiza							
	must hold for at least three year			on, and which is not require	d to be used			
_	for exempt purposes for the entire					30a		No
b	If "Yes," describe the arrangeme	ent in Part I	11					
31	Does the organization have a gif					31	Yes	
	Does the organization hire or use contributions?	· · ·		· · · · · · · · · · · ·		32a		No
	If "Yes," describe in Part II							
33	If the organization did not report describe in Part II	revenuesı	n column (c) for a type of p	roperty for which column (a) is checked,			

Page 2

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2009

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service **Supplemental Information to Form 990**

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

Attach to Form 990.

2009

Open to Public Inspection

Name of the organization
PRESBYTERIAN COLLEGE

Employer identification number

57-0314408

ldentifier	Return Reference	Explanation
F990_P06_S0B_L11	Form 990, Part VI, Section B, Line 11	Form 990 is made available to the Finance Committee and all Trustees for review prior to filling
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	Board of Trustees, College officers and other employees complete a Conflict of Interest Form on an annual basis. Forms are reviewed by the College President and the Executive Vice President of Finance and Administration. Board members with conflicts recuse themselves from these decisions.
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	The President's compensation is determined by the Executive Committee of the Board of Trustees after review ing the end of the year evaluation. The process is part of two day meeting in August. The salary is compared with CUPA data for a comparison set of schools. Officer salaries are determined by the College President based on a mid-year and end-of-year evaluation of the satisfactory achievement of goals and objectives. CUPA data for a comparison group of schools for similar positions is considered. Officer salaries and comparative CUPA data are presented to both the Executive and Human Resource. Committee of the Board. All of these decisions are documented in the agendas and records of the appropriate committee and in the personnel files.
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	The College's governing documents, conflicts of interest policy, and audited financial statements are available for inspection

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DLN: 93493042008111

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R

(Form 990)

Related Organizations and Unrelated Partnerships ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service

Clinton, SC 29325 57-1021641

Name of the organization PRESBYTERIAN COLLEGE

Employer identification number

57-0314408

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a)
Name, address, and EIN of disregarded entity

Primary activity

(c) Legal domicile (state or foreign country)

Total income

End-of-year assets

Direct controlling entity

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
Presbyterian College Foundation					
P O Box 975	Foundation exists to benefit Presbyterian College which	SC	501(c)(3)	11-Type II	N/A
Clinton, SC 29325 57-1021640	provides higher education to 1194 students				
Presbyterian Real Estate Foundation					
P O Box 975	Foundation exists to benefit Prebyterian College which provides higher education	SC	501(c)(3)	11-Type II	N/A
Clinton, SC 29325	to 1194 students				

Part IIII Ident	fication of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes	" on Form 990,	Part IV, line 34
	e it had one or more related organizations treated as a partnership during the tax year.)		

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets		1) prtionate tions?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener mana	(j) General or managing partner?	
							Yes	No		Yes	No	
Laurens County Restaurant Project LLC												
P O Box 299 Clinton, SC29325 01-0766346	Restaurant	SC	N/A	Unrelated	-433	206,492		No	0		No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) (b) Name, address, and EIN of related organization Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of-year assets	(h) Percentage ownership
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Part V	Transactions With Related Organizations (Complete if the organization	on answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)
raitv	Transactions with Related Organizations (Complete in the organization	manswered res on form 330, rare IV, line 34, 33, or 30.)

	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No		
1 [During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?					
а	a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity					
b	Gift, grant, or capital contribution to other organization(s)	1b		No		
c	Gift, grant, or capital contribution from other organization(s)	1 c		No		
d	d Loans or loan guarantees to or for other organization(s)					
е	Loans or loan guarantees by other organization(s)	1e		No		
f	Sale of assets to other organization(s)	1f		No		
g	g Purchase of assets from other organization(s)					
h	Exchange of assets	1h	Yes			
i Lease of facilities, equipment, or other assets to other organization(s)		1i		No		
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		No		
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		No		
I	Performance of services or membership or fundraising solicitations by other organization(s)	11		No		
n	m Sharing of facilities, equipment, mailing lists, or other assets					
n	Sharing of paid employees	1n	Yes			
0	Reimbursement paid to other organization for expenses	10		No		
p	Reimbursement paid by other organization for expenses	1р		No		
_	O ther transfer of cash or property to other organization(s)	1q		No		
	Other transfer of cash or property to other organization(s) Other transfer of cash or property from other organization(s)	1r		No		
•	Other transfer of cash of property from other organization(s)	L	<u> </u>	1		
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds					
	(b) Transaction		(c)			
	Name of other organization type(a-r)	noun	t involv	ed		
1) F	Presbyterian College Foundation			0		
2) F	Presbyterian Real Estate Foundation			0		
3) F	Presbyterian College Foundation			10,615		

(5)

(4)

(6)

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a)
Name, address, and EIN of entity

(b) Primary activity (c) Legal domicile (state or foreign country) (d)
Are all
partners
section
501(c)(3)
organizations?

Yes No

(e) Share of end-of-year assets **(f)** Disproprtionate allocations?

No

Yes

(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (h) General or managing partner?

Yes No