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DLN: 93493320017692

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

Open to Public Inspection

calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012 A For the 2011 D Employer identification number **B** Check if applicable COLLEGE OF CHARLESTON FOUNDATION 23-7069236 Address change E Telephone number Doing Business As Name change (843) 953-3130 ☐ Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite **G** Gross receipts \$ 15,966,245 Terminated City or town, state or country, and ZIP + 4 CHARLESTON, SC 29424 Amended return Application pending Name and address of principal officer Is this a group return for TRACEY BIBLE 66 GEORGE STREET CHARLESTON, SC 29424 H(b) Are all affiliates included? Yes No If "No," attach a list (see instructions) **▽** 501(c)(3) **┌** 501(c) () **◄** (insert no) ☐ 4947(a)(1) or ☐ 527 Group exemption number Website: ► GIVING COFC EDU/FOUNDATION K Form of organization ✓ Corporation ☐ Trust ☐ Association ☐ L Year of formation 1970 M State of legal domicile SC Summary Part I Briefly describe the organization's mission or most significant activities TO PROMOTE EDUCATION, RESEARCH, AND DEVELOPMENT PROGRAMS TO BENEFIT THE COLLEGE OF CHARLESTON Activities & Governance Check this box 🔰 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . 31 Number of independent voting members of the governing body (Part VI, line 1b) . 30 4 4 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) Total number of volunteers (estimate if necessary) 6 32 **7a** Total unrelated business revenue from Part VIII, column (C), line 12 7a 2,970 **b** Net unrelated business taxable income from Form 990-T, line 34 **7**b 1,760 **Prior Year Current Year** 10,747,497 8 Contributions and grants (Part VIII, line 1h) . 8,283,559 9 Program service revenue (Part VIII, line 2g) . 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2,246,520 2,166,866 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,270,994 1,285,060 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 11,801,073 14,199,423 13 2,634,836 2,958,862 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . Benefits paid to or for members (Part IX, column (A), line 4) 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 2,161,219 2,419,351 16a Professional fundraising fees (Part IX, column (A), line 11e) . 55,157 100,924 b Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 1,051,834 3,057,776 3,242,057 **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 7.908.988 8,721,194 19 Revenue less expenses Subtract line 18 from line 12 . 3,892,085 5,478,229 t Assets or ind Balances **Beginning of Current End of Year** Year 79,780,751 85,473,047 20 Total assets (Part X, line 16) . Net / 21 Total liabilities (Part X, line 26) . . 2,069,501 3,454,506 82,018,541 22 Net assets or fund balances Subtract line 21 from line 20 77,711,250 Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. ***** Signature of officer Sign Here TRACEY BIBLE DIRECTOR OF FINANCIAL SERVICES Type or print name and title Date Check if Preparer's taxpayer identification number Preparer's AMY BIBBY (see instructions) P00445891 Paid employed 🕨 🧧 Preparer's DIXON HUGHES GOODMAN LLP Firm's name (or yours

500 RIDGEFIELD COURT

ASHEVILLE, NC 28806

May the IRS discuss this return with the preparer shown above? (see instructions) .

if self-employed), address, and ZIP + 4

Use Only

EIN > 56-0747981

Phone no | (828) 254-2254

Par	t III	Statement of Program S Check if Schedule O contains			ı	.
1	Brief	y describe the organization's m	ssion			
		ON OF THE COLLEGE OF CHA				
510	DENT	DEVELOPMENT, AND FACULT	Y DEVELOPMENT F	OR THE EXCLUSIVE	BENEFIT OF THE COLLEGE	OF CHARLESTON
2	the p	ne organization undertake any si rior Form 990 or 990-EZ? .				┌ Yes ┌ No
		s," describe these new services				
3	servi	ne organization cease conductin ces?		-	onducts, any program	┌ Yes ┌ No
	If "Ye	s," describe these changes on S	Schedule O			
4	exper	ribe the organization's program s nses Section 501(c)(3) and 503 s and allocations to others, the	l(c)(4) organization	s and section 4947(a)(1) trusts are required to rep	
4a	(Cod	e) (Expenses \$	4,411,889	ıncludıng grants of \$	422,053) (Revenue \$)
	VARION DIST: PRES WOR EXCE CENT OF BI INST: SPON EARL DIST:	ORT OF THE FOLLOWING AT THE COLLIDUS OTHER PROGRAMS THESE PROGRINCTIONS - SCHOOL OF THE ARTS BOA ERVATION AND COMMUNITY PLANNING LD AFFAIRS HAS THE MOST COMPREHE LLENCE ALSO RECEIVED FUNDING TO I ER FOR AFRICAN AMERICAN HISTORY ACKS IN THE SOUTH CAROLINA LOWCITUTE OF CONTEMPORARY ART- AS PAISORS LECTURES, FILM SERIES AND PUY CHILDHOOD DEVELOPMENT CENTERY CHILDHOOD EDUCATION TAUGHT IN INGUISHED NOBEL PEACE PRIZE RECIPLITY, WHICH ENDED WITH A COMMUNI	AMS INCLUDE SUPPORT STS ONE OF THE NATION, AS WELL AS A NEW INTO NSIVE UNDERGRADUATE MPROVE OUR CAMPUS A AND CULTURE HOME TOUNTRY, FROM SLAVERY OF THE SCHOOL OF THE SCHOOL OF THE CULLY ACCREDITED INTHE COLLEGES UNDERGIENT AND HUMAN RIGHT	FOR SIX UNDERGRADUATE NS ONLY UNDERGRADUATE FERDISCIPLINARY MAJOR E FOREIGN LANGUAGE PRO ND COMMUNITY THROUGE O 4,000 ARTIFACTS, BOOK Y TO THE RISE OF GULLAH THE ARTS, THE HICA EXHIE ES AS AN INSPIRING LIVING NSTITUTION IS ALSO A DER RADUATE AND GRADUATE	E SCHOOLS TWO OF THESE SCHOOL ARTS MANAGEMENT PROGRAMS WI COMPUTING IN THE ARTS - SCHOOL GRAM IN THE SOUTHEAST THE FOLL I SERVICE, INNOVATION, AND SCHO S AND SOURCE MATERIALS WHICH CULTURE AND ON THROUGH THE C. ITS SOME OF THE FINEST CONTEMP I LABORATORY FOR UNDERGRADUAT HONSTRATION PROGRAM FOR THE I TEACHING PROGRAMS IN ADDITION	S SHARE SPECIAL IICH COMBINES HISTORIC OF LANGUAGES, CULTURES, & OWING THREE CENTERS OF LARSHIP AVERY RESEARCH IELL THE REMARKABLE HISTORY VIL RIGHTS MOVEMENT HALSEY ORARY ART IN THE SOUTHEAST, 'E ART STUDENTS N E MILES NNOVATIVE APPROACHES TO , WE WERE PLEASED TO HOST
4b	FINA FUNE FINA YEAR	E) (Expenses \$ SCHEDULE O FOR A COMPLETE DESCRI NCIAL AID TO SUPPORT STUDENTS AT TOUTION \$125,106 WAS PRO NCIAL AID AND ACADEMIC/MERIT ACHI THIS IS IN ALIGNMENT WITH THE CON NEED-BASED SCHOLARSHIP FUNDING	PTION OF OUR ACCOMPI THE COLLEGE OF CHARLI VIDED IN ACADEMIC AN EVEMENT AWARDS THE	ESTON THIS FINANCIAL AI ID MERIT ACHIEVEMENT AV AMOUNT OF SCHOLARSHIP	D INCLUDES ACADEMIC, MERIT, ANI VARDS NEARLY 1,000 STUDENTS W SUPPORT PROVIDED WAS INCREAS	O TRAVEL ABROAD SCHOLARSHIP ERE BENEFICIARIES OF THE ED BY NEARLY 20% OVER LAST
	(Cod	e) (Expenses \$		ıncludıng grants of \$) (Revenue \$)
		, (,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, (,
	Oth	er program services (Describe i	n Schedule O N			
		enses \$	including grants o	of\$) (Revenue \$)
	Tota	I program service expenses►\$	6.948.69	98		

Part IV Checklist of Required Schedule	ules
----------------------------------------	------

			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 (see instructions)? $^{f 2}$	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, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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? If "Yes," complete Schedule D, Part II	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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c	Yes	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, 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 and IV	15		No
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 and IV	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	Yes	
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		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

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 $\textcircled{\textbf{5}}$	21	Yes	
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	
	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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	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		No
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		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	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	Yes	
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? If "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	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		Νo
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		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	
		F	orm 990	(2011)

Part V	Statements Regarding Other IRS Filings and Tax Compliance	

	Check if Schedule O contains a response to any question in this Part V	•	. ✓	
			Yes	No
а	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
_				
	1a 128			
h	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	
a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements filed for the calendar year ending with or within the year covered by this			
	return	.		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		165	
		.		
a	Did the organization have unrelated business gross income of \$1,000 or more during the	За	Yes	
L	year?			
		3b	Yes	
a	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 or securities	.		
	account)?	4a		No
h	· · · · · · · · · · · · · · · · · · ·			
•	If "Yes," enter the name of the foreign country ►			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
.	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
a L				
D	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	_ [
		5c		
a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		Νo
	organization solicit any contributions that were not tax deductible?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).	_		
а	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	
L	·	7b	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	/ b	res	
С	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			
u	74			
e	Did the organization 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		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a		.,	
	Form 1098-C?	7h	Yes	
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
		8		
	Sponsoring organizations maintaining donor advised funds.	, [
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
а	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			
1	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)			
_				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
_	year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	,		
а	Is the organization licensed to issue qualified health plans in more than one state?			
	Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization	.		
	allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by			
	the states in which the organization is licensed to issue qualified health plans			
c	Enter the aggregate amount of reserves on hand			
_				
1 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
L	If "Vac " has it filed a Form 730 to report these payments? If "No " provide an explanation in Schodule O	اعمدا		į.

Part VI 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	ection A. Governing Body and Management			
			Yes	No
4 -	Enterphy wombon of outron wombon of the management bed at the and of the term.			
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
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	Yes	
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
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	
ь	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		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)			ī
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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?			
а	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 15a or 15b, 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		No
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure	100		
17				
	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			

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 made these available. Check all that apply

- 19 Describe in Schedule O whether (and if so, how), the organization made 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 organization FRACEY BIBLE 66 GEORGE ST

CHARLESTON, SC 29424 (843) 953-7458

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

- 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, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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 neither the or	ganization nor any re	lated o	rgan	ızatı	ons	compe	ensat	ted any current or fo	rmer officer, direc	tor, or trustee		
(A) Name and Title	(B) A verage hours per week (describe	mor unles an	(C) Position (do not check more than one box,		Position (do not check more than one box, unless person is both an officer and a					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and related
	hours for related organizations in Schedule O)	Individual trustae or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		MISC) or			
See Additional Data Table												
				\vdash			_					

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title A verage hours per week (describe hours hours (describe hours (descri								(F) Estimated amount of other compensation from the organization and related					
		for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC		organiza	
See A	dditional Data Table													
												\perp		
												4		
												4		
												4		
	Col. Tab.							┢┤		Т		_		
1b c	Sub-Total			· ·	•	<u> </u>								
d	Total (add lines 1b and 1c) .							►		384,968	1,171,4	27		70,561
2	Total number of individuals (incl \$100,000 of reportable compens					ted	above) who	receive	ed more tha	an			
													Yes	No
3	Did the organization list any form on line 1a? <i>If</i> "Yes," complete Sch								r highes		ated employee			
4	For any individual listed on line 1					_					n from the	3	Yes	
	organization and related organization												V	
5	Did any person listed on line 1a	receive or accru	ie comį	- pensa	- ition	fror	n any	- unre	lated org	janızatıon (or individual for	4	Yes	
	services rendered to the organiz	ation? <i>If</i> "Yes,"	complet	e Sch	edul	e J f	or suci	h per	son .		•	5		No
Se	ection B. Independent Con	tractors												
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax y	the organizatio												
	Nan	(A) ne and business add	dress							Desc	(B) ription of services		(C Comper	
	ARK ORGE STREET LESTON, SC 29424									CATERING S	ERVICES			291,928
GREN PO BO	ZEBACH GLIER & ASSOCIATES INC XX 88277 DEPT A AGO, IL 60680									PROFESSION COUNSEL	NAL FUNDRAISING			100,924
										 		-		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►2

Part v	<u> </u>	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
ž ž	1a	Federated campaigns 1a					
亞美	ь	Membership dues 1b					
್ತ್	c	Fundraising events 1c	152,044				
£a	d	Related organizations 1d	_				
ಕ್ಷಾ							
经集	e	Government grants (contributions) 1e					
유끄	f	All other contributions, gifts, grants, and similar amounts not included above	10,595,453				
至等	g	Noncash contributions included in					
Ξç		lines 1a-1f \$ ^{895,552}					
Contributions, gifts, grants and other similar amounts	h	Total. Add lines 1a-1f	. ▶	10,747,497			
O 10							
<u> </u>		Bus	iness Code				
<u>.</u>	2a						
Ž.	b						
9.	l c						
ř	d						
æ							
E	e						
Program Serwce Revenue	f	All other program service revenue					
Ě	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends, int	+				
		and other similar amounts)	. h	2,114,566			2,114,566
	١,	Income from investment of tax-exempt bond proceed		, ,			, ,
	4		-				
	5	Royalties					
	_) Personal				
	6a	Gross rents 820,841					
	Ь	Less rental 0 expenses					
	c	Rental income 820,841					
	d	or (loss) Net rental income or (loss)		820,841			820,841
	"		ıı) Other	,			,
	7a	Gross amount 1,768,994	12,000				
	' a	from sales of	12,000				
		assets other than inventory					
	ь	Less cost or 1,712,384	16,310				
		other basis and sales expenses					
	c	Gain or (loss) 56,610	-4,310				
	d	Net gain or (loss)	►	52,300			52,300
Other Revenue	8a	Gross income from fundraising events (not including \$ 152,044 of contributions reported on line 1c)					
ď		See Part IV, line 18	5. 6				
ā.	ь		51,014				
¥		Net uncome or (loss) from fundraising events	38,128	12,886			12,886
J	C	Net income or (loss) from fundraising events	, , , ,	12,000			12,000
	9a	Gross income from gaming activities See Part IV, line 19					
	Ь	Less direct expenses b					
	С	Net income or (loss) from gaming activities	🔭				
	10a	Gross sales of inventory, less returns and allowances .	4,719				
	ь	Less cost of goods sold b	0				
	c	Net income or (loss) from sales of inventory		4,719			4,719
	<u> </u>		iness Code	·			· ·
	11a	OTHER REVENUE	900099	438,546		2,970	435,576
	_		900099	8,068		_,	8,068
	Ь	LICENSE TAG INCOME	300039	6,008			6,008
	C						
	d	All other revenue					
	e	Total. Add lines 11a-11d	. ▶	446,614			
	12	Total revenue. See Instructions	•	14,199,423	0	2,970	3,448,956
	1		ı	エマノエクフノマとン	٧ı	2,310	3,770,330

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

<u>c</u>	heck if Schedule O contains a response to any question in this Part IX	<u></u>	<u> </u>	<u>l .</u>	
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	2,825,056	2,825,056		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	133,806	133,806		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	294,968	201,128	46,920	46,920
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	1,642,983	1,021,724	249,446	371,813
8	Pension plan contributions (include section $401(k)$ and section $403(b)$ employer contributions)				
9	Other employee benefits	429,243	288,470	49,746	91,027
10	Payroll taxes	52,157		22,596	29,561
11	Fees for services (non-employees)				
а	Management				
ь	Legal	26,493	7,221	19,272	_
С	Accounting	,	,	,	
d	Lobbying				
e	Professional fundraising See Part IV, line 17	100,924			100,924
f	Investment management fees	100,324			100,324
		426 567	224.050	62.256	20.252
g	Other	426,567	334,959	62,356	29,252
12	Advertising and promotion	73,117	64,246	975	7,896
13	Office expenses	751,855	527,405	80,767	143,683
14	Information technology	93,906		16,238	77,668
15	Royalties				
16	Occupancy	287,092	250,815	36,277	
17	Travel	428,232	345,525	6,396	76,311
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	829,524	755,555	16,463	57,506
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	225,770	128,610	87,928	9,232
23	Insurance	18,589		18,589	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	STUDENT DEVELOPMENT	40,516	40,516		
b	RECRUITMENT	28,519	23,662		4,857
С	PROFESSIONAL DEVELOPMEN	11,877		6,693	5,184
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	8,721,194	6,948,698	720,662	1,051,834
26		0,721,134	0,540,030	720,002	1,031,034
20	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
		1	1	<u> </u>	rm 990 (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 772,081 629,356 1 1 132,996 134.858 2 2 Savings and temporary cash investments 3 5,829,927 7,235,219 60.609 58.664 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 7 32.314 8 30.772 52.044 9 250,209 9 Prepaid expenses and deferred charges 7,892,831 10a Land, buildings, and equipment cost or other basis *Complete* Part VI of Schedule D 10a 10b 2,708,350 b Less accumulated depreciation 8,581,112 **10c** 5,184,481 45,813,316 11 48,498,195 11 16,600,280 18,191,920 12 12 Investments—other securities See Part IV, line 11 13 1,651,141 13 5,400,404 Investments—program-related See Part IV, line 11 . . 14 14 56,766 15 57,134 15 79,780,751 85,473,047 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 415,766 17 779,018 17 Accounts payable and accrued expenses . 18 1.354,474 18 1.282.549 19 19 234,145 20 20 21 21 Escrow or custodial account liability $Complete\ Part\ IV\ of\ Schedule\ D$. . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 299,261 25 1,158,794 D 26 2,069,501 26 3,454,506 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 10,039,855 27 10,093,579 Unrestricted net assets 29,969,526 28 37,944,520 28 Temporarily restricted net assets Fund 29 37,701,869 29 33,980,442 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 Total net assets or fund balances 77.711.250 33 82.018.541 34 Total liabilities and net assets/fund balances 79.780.751 34 85.473.047

- Pa	Check if Schedule O contains a response to any question in this Part XI		•	. [고	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		14,1	199,423
2	Total expenses (must equal Part IX, column (A), line 25)	2			721,194
3	Revenue less expenses Subtract line 2 from line 1	3		5,4	178,229
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		77,7	711,250
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-1,1	170,937
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		82,0	18,54
Pai	TEXII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			୮	
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			Yes	No
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 is on a separate basis, consolidated basis, or both	sued			
	▼ Separate basis				
За	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		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

OMB No 1545-0047

Public Charity Status and Public Support

Department of the Treasury Internal Revenue Service

SCHEDULE A

(Form 990 or 990EZ)

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. **Employer identification number**

Inspection

		e organization	Employer ident if	ication n	ımber				
COLL	EGE OF	CHARLESTON FOUNDATION	23-7069236						
Pa	rt I	Reason for Public Charity Status (All organizations must complete this pa		tions					
		zation is not a private foundation because it is (For lines 1 through 11, check only one box							
1	Ē	A church, convention of churches, or association of churches section 170(b)(1)(A)(i).	,						
2	Г	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)							
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).						
4	Γ	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state							
5	굣	An organization operated for the benefit of a college or university owned or operated by a section 170(b)(1)(A)(iv). (Complete Part II)	governmental unit	t describe	d ın				
6	Г	A federal, state, or local government or governmental unit described in section 170(b)(1)	(A)(v).						
7	Ë	An organization that normally receives a substantial part of its support from a governmen described in section 170(b)(1)(A)(vi) (Complete Part II)		e general	public				
8	Г	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)							
9		An organization that normally receives (1) more than 331/3% of its support from contribu	utions, membersh	ıp fees, ar	nd gros	SS			
		receipts from activities related to its exempt functions—subject to certain exceptions, an	d (2) no more tha	n 331/3%	of				
		its support from gross investment income and unrelated business taxable income (less s	ection 511 tax) fr	om busine	esses				
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part	III)						
10	\sqcap	An organization organized and operated exclusively to test for public safety Seesection 5	609(a)(4).						
11	Γ	An organization organized and operated exclusively for the benefit of, to perform the functione or more publicly supported organizations described in section 509(a)(1) or section 5 the box that describes the type of supporting organization and complete lines 11e throug a Type I b Type II c Type III - Functionally integrated	09(a)(2) See sec h 11h		a)(3).	Check			
е	Γ	By checking this box, I certify that the organization is not controlled directly or indirectly other than foundation managers and other than one or more publicly supported organization section 509(a)(2)		-					
f		If the organization received a written determination from the IRS that it is a Type I, Type check this box		oporting o	rganız	ation,			
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of following persons?			W	NI-			
		(i) a person who directly or indirectly controls, either alone or together with persons desc and (iii) below, the governing body of the the supported organization?	ribed III (II)	11g(i)	Yes	No			
		(ii) a family member of a person described in (i) above?		11g(i)					
		(iii) a 35% controlled entity of a person described in (i) or (ii) above?		11g(ii)					
h		Provide the following information about the supported organization(s)		119(111)					
- 11		r rovide the following information about the supported organization(s)							

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	on in ed in rning	(v) Did you not organizati col (i) of suppor	on in your	(vi) Is the organizati col (i) orga in the U	on in anized	(vii) A mount of support?
		ınstructions))	Yes	No	Yes	No	Yes	No	
Total									

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

	ection A. Public Support	e organization	rails to qualify u	naer the tests	iistea peiow, pie	ease co	npiete P	art III.)
	endar year (or fiscal year beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2	011	(f) Total
1	in) Gifts, grants, contributions, and membership fees received (Do not include any "unusual				8,283,559),798,661	39,192,273
2	grants ") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit							
4	to the organization without charge	6,217,96	6,051,221	7,840,868	8,283,559	10	7,798,661	39,192,273
5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a	0,217,50	0,031,221	7,040,000	0,203,333	10	,750,001	35,152,273
	governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column							
6	(f) Public Support. Subtract line 5 from line 4							39,192,273
S	ection B. Total Support	<u> </u>			L			
	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20	11	(f) Total
7	A mounts from line 4	6,217,964	6,051,221	7,840,868	8,283,559	10	,798,661	39,192,273
8	Gross income from interest,							
	dividends, payments received on securities loans, rents, royalties and income from similar sources	1,844,271	-2,622,653	-2,636,274	2,246,520	2,	,935,407	1,767,271
9	Net income from unrelated 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	3,206,839	1,426,356	2,116,648	1,270,994		648,464	8,669,301
11	Total support (Add lines 7 through 10)							49,628,845
12	Gross receipts from related activit					12		4,719
13	First Five Years If the Form 990 is check this box and stop here			, thırd, fourth, or f	ofth tax year as a !	501(c)(3	-	ation, ▶┌
<u> </u>	ection C. Computation of Pul Public Support Percentage for 201			11 column (f))		14		78 970 %
15	Public Support Percentage for 201	-				15		80 560 %
	33 1/3% support test—2011. If the	•	•	on line 13, and l	ıne 14 ıs 33 1/3%		. check ti	
	and stop here. The organization quantum 33 1/3% support test—2010. If the	alıfıes as a public	cly supported orga	nızatıon				► ▼
	box and stop here. The organizatio 10%-facts-and-circumstances test is 10% or more, and if the organization part IV how the organization median	n qualifies as a p — 2011. If the org stion meets the "	oublicly supported ganization did not o facts and circumst	organization check a box on lir cances" test, che	e 13, 16a, or 16b ck this box and st	and line	e 14 Explain	▶ ┌
L	organization	2010 Ifthe co-	annantion did not :	shock a how as !	0 12 160 164 -	r 17	d line	► □
ь	10%-facts-and-circumstances test 15 is 10% or more, and if the organization in Part IV how the organization	nızatıon meets th	ne "facts and circu	mstances" test, o	check this box and	stop he	ere.	⊳ ⊏
18	Private Foundation If the organizations	tion did not chec	k a box on line 13,	16a, 16b, 17a o	17b, check this	box and	see	▶ □

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not

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

33 1/3% support tests-2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

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. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test
	Explanation

Schedule A (Form 990 or 990-EZ) 2011

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Supplemental Financial Statements

DLN: 93493320017692

OMB No 1545-0047

SCHEDULE D (Form 990)

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b Department of the Treasury Internal Revenue Service

Open to Public

писти	F Attach to Fo	orm 990. F See separate instructions.		Inspection
	me of the organization LEGE OF CHARLESTON FOUNDATION		Employer identific	ation number
			23-7069236	
Pa	organizations Maintaining Donor Active organization answered "Yes" to Form 99		unds or Account	s. Complete if the
	organization answered Tes to Form 55	(a) Donor advised funds	(b) Funds and	other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advifunds are the organization's property, subject to the		or advised	┌ Yes ┌ No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit	efit of the donor or donor advisor, or for an	ny other purpose	┌ Yes ┌ No
	rt II Conservation Easements. Complete		o Form 990, Part I	V, line 7.
2	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualic easement on the last day of the tax year	on or pleasure) Preservation of an Preservation of a c	ertified historic stru	=
	casement on the last day of the tax year	Γ	Held at the	e End 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 his	toric structure included in (a)	2c	
d	Number of conservation easements included in (c) ac	cquired after 8/17/06	2d	
3	Number of conservation easements modified, transfe	rred, released, extinguished, or terminated	d by the organization	n during
	the taxable year ▶			
4	Number of states where property subject to conserva	ition easement is located 🛌		
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		dling of violations, an	d Yes No
6	Staff and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation easem	ents during the year	-
7	A mount of expenses incurred in monitoring, inspectings \$	ng, and enforcing conservation easements	during the year	
8	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sect	tion	┌ Yes ┌ No
9	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easen	he footnote to the organization's financial		
Par	Complete of the organization answered		or Other Similar	Assets.
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or researc	h in furtherance of p	
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research in		
	(i) Revenues included in Form 990, Part VIII, line 1		► \$	
	(ii) Assets included in Form 990, Part X		► \$	5,400,404
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFA:			
а	Revenues included in Form 990, Part VIII, line 1		▶ - \$	

b Assets included in Form 990, Part X

Part	•••• Organizations Maintaining Co	llections of Art	<u>, His</u>	tori	<u>cal Tre</u>	<u>asures, or O</u>	<u>the</u>	<u>r Similar Asse</u>	ets (co	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne fol	lowing tha	at are a significa	nt u	se of its collection	n	
а	Public exhibition		d	Γ	Loan or	exchange progr	ams			
b	Scholarly research		e	Γ	Other					
С	✓ Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	ın hov	w the	y further t	the organization	's ex	empt purpose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than to								Yes	✓ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an ar	ements. Comple	ete ıf	the	organiza	ation answere		es" to Form 990),	·
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?						ets r		Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	/ and complete the	follow	ing t	able	Г		Amoi	ınt	
С	Beginning balance					F	1c	Allo	41110	
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. lin	e 21?			L		Г	Yes	□ No
	If "Yes," explain the arrangement in Part XI\							,		,
	rt V Endowment Funds. Complete		n ans	were	ed "Yes"	to Form 990.	Par	t IV. line 10.		
		(a)Current Year) Prior		(c)Two Years Back			e) Four `	Years Back
1a	Beginning of year balance	56,176,452		45	,524,235	44,907,38	3	37,800,850		
b	Contributions	5,314,300		4	,407,649	2,082,90	0	1,557,923		
c	Investment earnings or losses	824,827		8	,142,737	-852,18	5	6,898,508		
d	Grants or scholarships					821,44	.3	706,803		
e	Other expenditures for facilities and programs	2,271,592		1	,898,169	-397,10	4	357,680		
f	Administrative expenses					189,52	4	285,415		
g	End of year balance	60,043,987		56	,176,452	45,524,23	5	44,907,383		
2	Provide the estimated percentage of the yea	r end balance held a	as							
а	Board designated or quasi-endowment 🕨	1 180 %								
b	Permanent endowment 🕨 56 590 %									
c	Term endowment ► 42 230 %									
За	Are there endowment funds not in the posse	ssion of the organiz	ation	that a	are held a	ınd admınıstered	d for	the		
	organization by								Yes	No
	(i) unrelated organizations			•			•	3a(i)		No
	(ii) related organizations						•	3a(ii)	<u> </u>	No
	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the	•					•	3b		
4										
Раг	t VI Land, Buildings, and Equipme	ent. See Follii 99	70, Pa							
	Description of property) Cost or ot is (investm			(c) Accumulated depreciation	(d) Bo	ook value
1a	Land		•			3,043	,067			3,043,067
b	Buildings		•			3,310	,069	1,865,999		1,444,070
c	Leasehold improvements									
d l	Equipment					1,494	,234	842,351		651,883
	Other	<u> </u>					,461			45,461
Tota	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colur	nn (B)), line	10(c).)			▶		5,184,481
								Schedule D (Form 9	90) 2011

Part VII Investments—Other Securities. See	Form 990, Part X, line 1		
(a) Description of security or category (including name of security)	(b)Book value		od of valuation f-year market value
(1)Financial derivatives		Cost of elia-o	i-year market value
(2)Closely-held equity interests (3)Other			
(A) TIFF KEYSTONE FUND	18,191,920		F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	18,191,920		
Part VIII Investments—Program Related. Se	e Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value		od of valuation
	(B) Book Value	Cost or end-o	f-year market value
(1) COLLECTIONS OF ART AND HISTORICAL TREASURES	5,400,404		С
TREASURES	5,400,404		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	5,400,404		
Part IX Other Assets. See Form 990, Part X, III			
(a) Descri			(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line			
Part X Other Liabilities. See Form 990, Part X	(, line 25.		
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes			
ANNUITIES PAYABLE	283,794		
LINE OF CREDIT	875,000		
	<u>'</u>	1	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	1,158,794		

Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Stateme	nts	_
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	14,199,423
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	8,721,194
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	5,478,229
4	Net unrealized gains (losses) on investments	4	-1,118,745
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-52,192
9	Total adjustments (net) Add lines 4 - 8	9	-1,170,937
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	4,307,292
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	er R	
1	Total revenue, gains, and other support per audited financial statements	1	13,045,773
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)		
e	Add lines 2a through 2d	2e	-1,128,740
3	Subtract line 2e from line 1	3	14,174,513
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		
b	Other (Describe in Part XIV) 4b 24,910		
С	Add lines 4a and 4b	4c	24,910
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	14,199,423
	Reconciliation of Expenses per Audited Financial Statements With Expenses	s per	
1	Total expenses and losses per audited financial statements	1	8,738,482
2	A mounts 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		
d	Other (Describe in Part XIV) 2d 42,197		
e	Add lines 2a through 2d	2e	42,197
3	Subtract line 2e from line 1	3	8,696,285
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	_	
b	Other (Describe in Part XIV)	_	
c	Add lines 4a and 4b	4c	24,910
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	8,721,195
Pai	rt 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 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

<u>-</u>		
Identifier	Return Reference	Explanation
P	PART III, LINE 4	THE COLLEGE OF CHARLESTON FRIENDS OF THE LIBRARY'S MISSION IS TO ADVANCE INTELLECTUAL AND CULTURAL EXCELLENCE ON OUR CAMPUS AND THROUGHOUT THE COMMUNITY PART OF THAT MISSION INCLUDES ENHANCING THE HOLDINGS IN SPECIAL COLLECTIONS AT THE MARLENE AND NATHAN ADDLESTONE LIBRARY SPECIAL COLLECTIONS IS COMPRISED OF RARE AND VALUABLE BOOKS, MANUSCRIPTS, AND OTHER COLLECTIBLES THAT SUPPORT RESEARCH BY STUDENTS, FACULTY, AND VISITING SCHOLARS IN RECENT YEARS, SPECIAL COLLECTIONS STAFF IDENTIFIED SEVERAL SIGNIFICANT TITLES THAT WOULD BE STRATEGIC ACQUISITIONS TO CURRENT COLLECTIONS THE STAFF WAS ABLE TO SECURE THESE ACQUISITIONS AND TO DATE ALL HAVE BEEN USED BY STUDENTS OR FACULTY FOR RESEARCH PAPERS AS PART OF SEVERAL ACADEMIC COURSES TAUGHT AT THE COLLEGE OF CHARLESTON THESE ACQUISITIONS WOULD NOT HAVE BEEN POSSIBLE WITHOUT PRIVATE SUPPORT THE IMPACT OF THESE TITLES ON THE ENTIRE CAMPUS AND THE COMMUNITY IS ENDLESS AND IMMEASURABLE IN TIME, WITH SUPPORT OF THE FRIENDS OF THE LIBRARY, THE STAFF IN SPECIAL COLLECTIONS HOPES TO CONTINUOUSLY GROW THE
DESCRIPTION OF INTENDED USE POF ENDOWMENT FUNDS	PART V, LINE 4	THE FOUNDATION'S ENDOWMENT CONSISTS OF APPROXIMATELY 400 INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES INCLUDING BOTH DONOR- RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE BOARD OF DIRECTORS TO FUNCTION AS ENDOWMENTS AS REQUIRED BY GENERALLY ACCEPTED ACCOUNTING PRINCIPLES IN THE UNITED STATES OF AMERICA, NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS, INCLUDING FUNDS DESIGNATED BY THE BOARD OF DIRECTORS TO FUNCTION AS ENDOWMENTS, ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, ACCORDINGLY, THE ACCOMPANYING FINANCIAL STATEMENTS DO NOT REFLECT A PROVISION OR LIABILITY FOR FEDERAL AND STATE INCOME TAXES THE FOUNDATION HAS DETERMINED THAT IT DOES NOT HAVE ANY MATERIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS AS OF JUNE 30, 2012 AND 2011 FISCAL YEARS ON OR AFTER JUNE 30, 2009 REMAIN SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAX AUTHORITIES CONTRIBUTIONS MADE TO THE FOUNDATION QUALIFY FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 509(A)(1) AND 170(B)(1)(A)(IV) OF THE INTERNAL REVENUE CODE
PART XI, LINE 8 - OTHER ADJUSTMENTS		CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS - 48,123 CHANGE IN ALLOWANCE FOR UNCOLLECTIBLE PROMISES TO GIVE -4,069 TOTAL TO SCHEDULE D, PART XI, LINE 8 -52,192
PART XII, LINE 2D - OTHER ADJUSTMENTS		CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT - 48,123 FUNDRAISING EXPENSES INCLUDED IN REVENUE 38,128
PART XII, LINE 4B - OTHER ADJUSTMENTS		INVESTMENT EXPENSES NETTED WITH REVENUE 24,910
PART XIII, LINE 2D - OTHER ADJUSTMENTS		CHANGE IN ALLOWANCE FOR UNCOLLECTIBLE PROMISES TO GIVE 4,069 FUNDRAISING EXPENSES INCLUDED IN
PART XIII, LINE 4B - OTHER		REVENUE 38,128 INVESTMENT EXPENSES NETTED WITH REVENUE 24,910

DLN: 93493320017692

OMB No 1545-0047

SCHEDULE F

(Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

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

Part I General Information on Activities Outside the United States. Complete if the organization answered

Open to Public

Name of the organization COLLEGE OF CHARLESTON FOUNDATION

"Yes" to Form 990, Part IV, line 14b.

Employer identification number

23-7069236

1	For grantmakers. Does the dassistance, the grantees' eligible the grants or assistance?	gibility for the	grants or assis	stance, and the selec	tion criteria used to awa	
2	For grantmakers. Describe in Pa United States	rt V the organiz	atıon's procedui	res for monitoring the us	e of grant funds outside tl	he
3	Activites per Region (Use Part	V ıf addıtıonal s	pace is needed)		
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	region (by type) (e.g.,	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
	EUROPE			PROGRAM SERVICE	A PROPERTY IN TRUJILLO, SPAIN, WAS DONATED TO THE COLLEGE OF CHARLESTON FOR USE IN THE STUDY ABROAD PROGRAM THE PROPERTY IS NOW BEING USED AS THE RESIDENCE FOR THE PROFESSORS INVOLVED IN THIS PROGRAM IT HAS BECOME THE FOUNDATION'S DUTY TO MAINTAIN AND MANAGE THE PROPERTY, SO THAT IT MAY BENEFIT MANY GENERATIONS TO COME	56,783
	Sub-total	0	0			56,783
	Total from continuation sheets to Part I	0	0			0
•	: Totals (add lines 3a and 3b)	0	0			56,783

Pai	Part IV,	line 15, for any	sistance to Organ recipient who recesspace is needed.	nizations or Entiti erved more than \$5,	es Outside the Ur ,000. Check this box	nited States. Comp x if no one recipient	plete if the organiza received more thai	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 nur tax-exempt by	mber of recipie y the IRS, or fo	ent organizations lis or which the grante	ted above that are e or counsel has pro	recognized as chari ovided a section 50	ties by the foreign of 1(c)(3) equivalency	country, recognized letter	as . •	
3	Enter total nur	mber of other o	organizations or en	tities					(Form 990) 2011

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 Part V if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
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						1	dula E (Earry 000) 2011

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	Γ	Yes	굣	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	굣	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	Г	Yes	[ত	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	্ব	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	Г	Yes	্ব	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	ন	Νo

Schedule F (Form 990) 2011

Identifier	ReturnReference	uctions) required in Part I, line 2, and any Explanation
		<u>'</u>
	1	

DLN: 93493320017692

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

Department of the Treasury

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.

Open to Public

Internal Revenue Service	► Attach	to Form 990 oi	r Form 990	0-EZ. 🟲 See separate instruct	ions.		Inspection
Name of the organization	N FOUNDATION					Employer iden	tification number
COLLEGE OF CHARLESTO	NFOUNDATION					23-7069236	
Part I Fundraising	Activities. Complete	e if the ord	——— ganızat	ion answered "Yes"	to Form	990. Part IV.	. line 17.
	rganization raised funds						
a Mail solicitations	rgamzation raisea lanas	tinough un	•	Solicitation of nor			
b Internet and e-ma	ıl solicitations		f	Solicitation of gov	_	-	
c Phone solicitations			g	Special fundraisin		=	
d 🔽 In-person solicitat	tions						
	ave a written or oral agre ed in Form 990, Part VII						Ves □ Nes □ Ne
	ghest paid individuals or least \$5,000 by the orga						
(i) Name and address of ındıvıdual or entity (fundraiser)	(ii) Activity	(iii) D fundraise custod contro	r have y or	(iv) Gross receipts from activity	(or re fundra	nount paid to etained by) iser listed in col (i)	(vi) Amount paid to (or retained by) organization
		contribut					
GRENZEBACH GLIER & ASSOCIATES 401 N MICHIGAN AVE STE 2800 CHICAGO, IL 60611	COMPREHENSIVE CAMPAIGN CONSULTATION, E NO SOLICITATION OF FUND	Yes	No No	0		100,924	-100,924
Total			>			100,924	-100,924
3 List all states in which licensing	the organization is regis	tered or lıc		o solicit funds or has be	een notifi	ed it is exempt	from registration or

Pai	rt II	Fundraising Events. Com more than \$15,000 on Form				
			(a) Event #1 REACH PROGRAM	(b) Event #2 AWAKEN FOR THE	(c) Other Events	(d) Total Events (Add col (a) through
			GALA & GOLF TOURNAMEN (event type)	ARTS (event type)	(total number)	col (c))
₽	1	Gross receipts	117,234	85,824		203,058
Revenue	2	Less Charitable contributions	82,420	69,624		152,044
	3	Gross income (line 1 minus line 2)	34,814	16,200		51,014
	4	Cash prizes				_
ရှ	5	Non-cash prizes				
Expenses	6	Rent/facility costs	3,150	993		4,143
ă	7	Food and beverages	9,360	3,231		12,591
Direct	8	Entertainment				
ā	9	Other direct expenses .	6,092	15,302		21,394
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)		(38,128)
	11	Net income summary Combine li			🗲	12,886
Par	t III	Gaming. Complete if the oi \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	rt IV, line 19, or repo	
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
ш.	1 (Gross revenue				
မှ	2 (Cash prizes				
benses	3 1	Non-cash prizes				
Direct Exper	4	Rent/facility costs				
즈	5 (Other direct expenses				
	6 \	Volunteer labor	Г Yes	Г Yes	┌ Yes	
	7 [Direct expense summary Add line:	s 2 through 5 ın column (d)		()
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)	<u> ► </u>	
9 a b	Is th	er the state(s) in which the organization licensed to operate	gaming activities in each	h of these states?		· Fyes FNo
	Were	e any of the organization's gaming es," Explain	licenses revoked, susper	nded or terminated during	the tax year?	· · Fyes FNo

Sche	dule G (Form 990 or 990-EZ) 20	11			Page 3
11	Does the organization operate ga	aming activities with nonmembers? .		Г _{Yes} Г	- No
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mem	per of a partnership or other entity		
	formed to administer charitable (gamıng?		· · · · F Yes F	- No
13	Indicate the percentage of gamii	ag activity operated in		1 1	
a				13a	
b					
14		f the person who prepares the organiza		<u> </u>	
	Name ►				
	Address ►				
	revenue?	ntract with a third party from whom the			- No
		ed by the third party 🟲 \$			
С	If "Yes," enter name and address	S			
	Name 🟲				
	Address ►				
16	Gaming manager information				
	Name 🟲				
	Gaming manager compensation I	\$ \$			
	Description of services provided	>			
17 a		Employee er state law to make charitable distribu		· · ·	- No
b	Enter the amount of distributions	required under state law distributed to	o other exempt organizations or sp		-
_		activities during the tax year > \$		hadala C /	
Par	t IV Complete this part to proceed instructions.)	provide additional information for	responses to quuestion on Sc	nedule G (see	
	Identifier	ReturnReference	Explana	tion	
		•	•		

(Form 990)

OMB No 1545-0047

2011

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

Department of the Treasury		mplete if the organizati		Form 990, Part IV, line			Open to Public Inspection
nternal Revenue Service lame of the organization COLLEGE OF CHARLESTON	FOUNDATION					Employer identi	fication number
Part I General Infor 1 Does the organization m			he grants or assistance	the grantees' eligibil	ity for the grants or a	l	
the selection criteria use Describe in Part IV the	ed to award the grants	orassistance?					Yes T
Form 990, Part	IV, line 21 for any r		d more than \$5,000.	Check this box if n	o one recipient re	organization answere ceived more than \$5,	
(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)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) COLLEGE OF CHARLESTON66 GEORGE ST CHARLESTON,SC 29424	57-6000265	IRC 115	2,525,289		otner)		COLLEGE OF CHARLESTON GRANTS PROVIDED TO THE COLLEGE OF CHARLESTON ARE USED TO PROMOTE PROGRAMS OF EDUCATION, RESEARCH, STUDENT DEVELOPMENT, AND FACULTY DEVELOPMENT IN ACCORDANCE WITH THE MISSION STATEMENT OF THE
(2) COLLEGE OF CHARLESTON ALUMNI ASSOCIATIONPO BOX 20216 CHARLESTON, SC 29413	57-0640443	501C3	100,000				FOUNDATION COLLEGE OF CHARLESTON ALUMNI ASSOCIATION PER A MEMORANDUM OF UNDERSTANDING (MOU) WITH THE ALUNMI ASSOCIATION OF THE COLLEGE OF CHARLESTON, THE COLLEGE OF CHARLESTON FOUNDATION PROVIDED SUPPORT IN THE AMOUNT OF \$100,000 FOR THE 2011 YEAR THE MOU WAS EXECUTED ON OCTOBER 9, 2009 FOR A THREE-YEAR PERIOD, AND APPROVED BY THE FOUNDATION BOARD OF DIRECTORS AND THE ALUMNI ASSOCIATION BOARD OF DIRECTORS FOR THE FISCAL YEAR JULY 1, 2011 - JUNE 30, 2012 THE FOUNDATION PAID THE ALUMNI ASSOCIATION \$100,000 IN ACCORDANCE WITH THE MOU
(3) COLLEGE OF CHARLESTON COUGAR CLUB307 MEETING ST CHARLESTON, SC 29401	57-0640443	501C3	40,300				COLLEGE OF CHARLESTON COUGAR CLUB AT THE COUGAR CLUB AT THE COLLEGE OF CHARLESTON IS THE FUND-RAISING ORGANIZATION FOR THE DEPARTMENT OF ATHLETICS, PROVIDING SUPPORT FOR STUDENT ATHLETES IN MEETING THEIR ACADEMIC AND ATHLETIC GOALS THE COLLEGE OF CHARLESTON FOUNDATION MANAGES ENDOWMENT FUNDS WHICH ARE DESIGNATED FOR THE BENEFIT OF ATHLETICS A GRANT FOR \$35,000 REPRESENTS THE AMOUNT APPROPRIATED FOR SAILING PROGRAM OPERATIONS AND \$5,300 FOR THE SOCCER PROGRAM, WHICH WAS TRANSFERRED TO THE COUGAR CLUB TO PROVIDE OVERSIGHT IN DISBURSEMENT

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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
(1) ACADEMIC & ACHIEVEMENT AWARDS FOR STUDENTS AND FACULTY	252	133,806		FMV	

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 GRANTS TO ORGANIZATIONS THROUGH ITS REPRESENTATIVES ON THE ALUMNI
MONITORING GRANTS		BOARD AND THE COUGAR CLUB BOARD, THE FOUNDATION IS ABLE TO MONITOR FINANCIAL AND PROGRAM
IN THE U S		ACTIVITY FOR EACH OF THESE RESPECTIVE ORGANIZATIONS WITH REGARD TO THE COLLEGE OF CHARLESTON,
		THE FOUNDATION WAS ESTABLISHED TO PROMOTE PROGRAMS OF EDUCATION, RESEARCH, STUDENT
		DEVELOPMENT, AND FACULTY DEVELOPMENT FOR THE EXCLUSIVE BENEFIT OF THE COLLEGE OF CHARLESTON
		IN ADDITION, THE FOUNDATION AND THE COLLEGE OF CHARLESTON HAVE EXECUTED A MEMORANDUM OF
		AGREEMENT TO GUIDE EXPECTATIONS BETWEEN THE TWO ORGANIZATIONS GRANTS/ASSISTANCE TO
		INDIVIDUALS ACADEMIC & ACHEIVEMENT AWARDS ARE DISTRIBUTED BASED ON SPECIFIC CRITERIA
		ESTABLISHED IN DONOR GIFT AGREEMENTS AS WELL AS BY ACADEMIC UNITS AT THE COLLEGE OF CHARLESTON
		THE ACADEMIC UNITS ARE RESPONSIBLE FOR SELECTING RECIPIENTS BASED ON ESTABLISHED CRITERIA

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DLN: 93493320017692

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**

Compensation Information

► 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 o	orga niza (tion
COLLEGE C	OF CHA	ARLESTON	FOUNDATIO

Employer identification number

23-7069236

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	▼ Travel for companions			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?			
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 14.	2	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	Compensation committee Written employment contract			
	✓ Independent compensation consultant			
	Form 990 of other organizations A pproval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line $1a$, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		No
b	Any related organization?	5b		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		Νo
b	Any related organization?	6b		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in Regs-section 53 4958-4(a)(3)? If "Yes," describe in Part III			
		8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns (B)(ı)-(D)	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits		reported in prior Form 990 or Form 990-EZ
(1) GEORGE P WATT JR	(ı) (ıı)	90,000 168,686	0	3,840 0	0	0 6,314		
(2) P GEORGE BENSON	(ı) (ıı)	200,000 162,895	0 0		35,000 0	0 10,013	236,128 173,728	
(3) ALAN SHAO	(ı) (ıı)	65,000 214,709	0 0	_	0	0 5,291	65,000 220,000	
(4) CHRISTOPHER FOBIN	(1) (11)	0 157,246	0 0	· ·	0 0	0 3,240		
(5) GEORGE HYND	(ı) (ıı)	25,000 234,778	0 0	_	0 0	0 8,786	,	
(6) SUE SOMMER- KRESSE	(I) (II)	0 149,548	0		0	0 1,690	_	

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

Identifier	Return Reference	Explanation
	· '	THE PRESIDENT USED CHARTER AIR SERVICE FOR THREE FLIGHTS PAYMENT FOR THE PRESIDENT'S SPOUSE TO TRAVEL WAS FOR ONE FLIGHT ONLY THIS SPOUSE TRAVEL PAYMENT WILL BE INCLUDED IN THE PRESIDENT'S 2012 COMPENSATION
	4B ,	THE COLLEGE OF CHARLESTON (THE INSTITUTION) OFFERS A 457(F) NON-QUALIFIED RETIREMENT PLAN TO ITS EXECUTIVE EMPLOYEES AS DESIGNATED BY ITS BOARD OF TRUSTEES FROM TIME TO TIME THE PLAN IS OWNED BY THE COLLEGE OF CHARLESTON AND THE COLLEGE OF CHARLESTON FOUNDATION FUNDS THE PLAN THE TERMS OF THE RETIREMENT PLAN INCLUDE THE FOLLOWING THE INSTITUTION SHALL NOT PAY THE AMOUNT OF THE PARTICIPANT'S DEFERRED SALARY ACCOUNT TO THE PARTICIPANT OR THE PARTICIPANT'S DESIGNATED BENEFICIARY UNTIL 60 DAYS AFTER THE EARLIEST OF (1) THE DATE RELATIVE TO CONTINUOUS FULL TIME EMPLOYMENT AS DESIGNATED IN THE AGREEMENT, (2) THE PARTICIPANT'S DEATH, (3) THE PARTICIPANT'S DISABILITY AS DEFINED IN IRC SECTION 409A(A)(2)(C), OR (4) THE PARTICIPANT'S INVOLUNTARY TERMINATION OF EMPLOYMENT FROM THE INSTITUTION FOR REASONS OTHER THAN JUST CAUSE THE PARTICIPANT WILL HAVE NO RIGHTS IN THE DEFERRED SALARY ACCOUNT UNLESS HE OR SHE REMAINS EMPLOYED BY THE INSTITUTION UNTIL ATTAINMENT OF THE DATE RELATIVE TO CONTINUOUS FULL TIME EMPLOYMENT AS DESIGNATED IN THE AGREEMENT UNLESS TERMINATION OF EMPLOYMENT IS DUE TO THE PARTICIPANT'S DEATH OR TOTAL DISABILITY OR THE PARTICIPANT'S EMPLOYMENT IS INVOLUNTARILY TERMINATED FOR REASONS OTHER THAN JUST CAUSE IF TERMINATION IS FOR ANY OTHER REASON, THEN NO PAYMENT SHALL BE DUE UNDER THE AGREEMENT THE DEFERRED SALARY ACCOUNT SHALL BE PAID BY THE INSTITUTION TO THE PARTICIPANT OR DESIGNATED BENEFICIARY IN A LUMP SUM PAYMENT OF THE SINGLE SUM VALUE OF THE DEFERRED SALARY ACCOUNT THE FOLLOWING INDIVIDUAL PARTICIPATED IN A SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN FOR 2011, AS FOLLOWS P GEORGE BENSON \$35,000
SUPPLEMENTAL INFORMATION	PART III	P GEORGE BENSON, PRESIDENT OF THE COLLEGE OF CHARLESTON, BECAME FULLY VESTED IN THE 457F PLAN DURING 2012 AND RECEIVED FULL PAYMENT OF \$191,458 77 THIS AMOUNT WILL BE INCLUDED ON HIS 2012 FORM W-2

Schedule J (Form 990) 2011

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Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

2011

Open to Public Inspection

	f the organization OF CHARLESTON FOUNDATION							E	mployer id	dent if ica	tion numb	er	
							23-7069236						
Part I	Excess Benefit Trar Complete of the organizat										ine 40b		
	oomproto ii tiio organizat					<u> </u>	, <u></u> ,		<i>,</i>			(c)	
1	(a) Name of disqu	of disqualified person				(b) Description of transaction						Corrected?	
											Yes	No	
	er the amount of tax impose tion 4958	ed on tl	ne orgar	nization man	agers or	disqualified perso			ear under	r · &			
	er the amount of tax, if any,	on line			ed by th					→ 			
J Line	er the amount of tax, if any,	, 011 11116	2, 400	ve, reilliburs	ed by til	e organización :	• •			→			
Part I													
	Complete if the organiz	ation a	nswered	"Yes" on F	orm 990	, Part IV, line 26	, or Forr	n 990-E		, lıne 38	a		
(b) Loan to						(a) I =		(f) Approved		(a)\\/ritt	(a)\//ritton		
(a) Name of interested person and or from t				(c) 0 rıg	gınal amount	(d)Balance due	(e) In default?		by board or		(g)Written agreement?		
purpose		organization?		principal a					commit				
		То	From				Yes	No	Yes	No	Yes	No	
								-					
								1	1				
T - + - I					. .								
Total .	Cuamta au Assistan				* \$	2000							
Part II	Grants or Assistan Complete if the orga						. line 2	27.					
	a) Name of interested pers					en interested per			ount of a		pe of assi		
	a) Name of interested pers	OII		an	d the or	ganızatıon		(C)AII	iount or g		/pe or assi:	stance	
			\perp										
			-										
			_										
			_										
			1										

Part IV	Business	Transactions	Involvina	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	(c) A mount of	(d) Description of transaction	(e) Sharing of organization's	
(a) Traine of interested person	person and the organization	transaction	(a) Description of drains according	Yes	No No
(1) A WEINGARTEN	DAUGHTER OF 20,583 FOUNDATION BOARD DIRECTOR WEINGARTEN		COMPENSATION REIMBURSED BY THE FOUNDATION TO THE COLLEGE OF CHARLESTON FOR SERVICES PERFORMED		No

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
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Schedule L (Form 990 or 990-EZ) 2011

DLN: 93493320017692

OMB No 1545-0047

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SCHEDULE M (Form 990)

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.

NonCash Contributions

Name of the organization COLLEGE OF CHARLESTON FOUNDATION

Employer identification number

23-7069236

Pa	Types of Property							
		(a) Check If applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de contribution	etermi		
1	Art—Works of art			- 5				
	Art—Historical treasures							
	Art—Fractional interests							
	Books and publications							
	Clothing and household goods	Х		48,150	APPRAISAL			
6	Cars and other vehicles							
7	Boats and planes	Х	1	143,216				
	Intellectual property			·				
9	Securities—Publicly traded .	Х	18	495,647	FAIR MARKET VAL	UE		
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—O ther							
18	Collectibles	Х	1	99,625	APPRAISAL			
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts	X	1		APPRAISAL			
25	Other► (HORSES)	X	3	45,500	APPRAISAL			
	FURNITURE AND							
26	Other►(FIXTURES)	Х	1	4,460	APPRAISAL			
	MUSICAL							
27	Other►(<u>INSTRUMENTS</u>)	X	2	11,750	APPRAISAL			
	MACHINERY &							
28	Other►(<u>EQUIPMENT</u>)	X	1	19,538	APPRAISAL			
	OFFICE			,				
	Other►(<u>SUPPLIES</u>)	X	7	10,996	EXPERT OPINION			
29	Number of Forms 8283 received				29			
	for which the organization comp	eted Form 8	3283, Part IV, Donee Ackr	owledgement	29		l I	
20-	Duman the warm did the common			uku ususuksi us Dauk I lussa	4 20 45-4.4		Yes	No
Sua	During the year, did the organiza			·				
	must hold for at least three year			on, and which is not require	a to be used			NI-
	for exempt purposes for the enti					30a		No
	If "Yes," describe the arrangem					_		
31	Does the organization have a gif					31	Yes	
32a	Does the organization hire or us contributions?	e third part	ies or related organizations	to solicit, process, or sell i	non-cash	32a		No
h	If "Yes," describe in Part II					J_4		.10
33	If the organization did not report	t revenues i	n column (c) for a type of p	roperty for which column (a) is checked.			
	describe in Part II		(-, 2 4, pa 61 p	,,	,,			

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) 2011

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DLN: 93493320017692

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization COLLEGE OF CHARLESTON FOUNDATION	Employer identifi	cation number
	23-7069236	

ldentifier	Return Reference	Explanation
TOTAL NUMBER OF EMPLOYEES		THE FOUNDATION COMPENSATED 31 EMPLOYEES DURING THE YEAR 4 OF THOSE EMPLOYEES WERE PAID IN PART BY THE COLLEGE OF CHARLESTON FOUNDATION, AND WERE REFLECTED ON THE FOUNDATION'S FORM W-3 THE REMAINDER OF THE EMPLOYEES FOR THE FOUNDATION WERE PAID BY THE COLLEGE OF CHARLESTON, AND THEIR SALARY EXPENSE WAS REIMBURSED BY THE FOUNDATION TO THE COLLEGE OF CHARLESTON

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	ROBBIE FREEMAN, FOUNDATION BOARD MEMBER, IS THE SON-IN-LAW OF CHARLES WAY, FOUNDATION BOARD MEMBER CHARLES WAY, FOUNDATION BOARD MEMBER, IS THE FATHER-IN-LAW OF ROBBIE FREEMAN, FOUNDATION BOARD MEMBER

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 4	THERE SHALL BE ADDED TO PARAGRAPH C OF SECTION 4 2 OF ARTICLE IV OF THE BY LAWS A NEW ITEM 8, WHICH SHALL READ AS FOLLOWS "8 DIRECTORS EMERITUS ELECTED PURSUANT TO SECTION 4 6 OF THIS ARTICLE IV SO LONG AS ANY SUCH DIRECTOR IS NOT OTHERWISE SERVING AS A VOTING OR NON-VOTING DIRECTOR" THERE SHALL BE ADDED TO ARTICLE IV OF THE BY LAWS A NEW SECTION 4 6, WHICH SHALL READ AS FOLLOWS "SECTION 4 6 DIRECTORS EMERITUS A UPON THE RECOMMENDATION OF THE EXECUTIVE COMMITTEE THE BOARD MAY FROM TIME TO TIME, BY THE AFFIRMATIVE VOTE OF THREE-QUARTERS OF THE DIRECTORS PRESENT AND VOTING, ELECT ONE OR MORE DIRECTORS EMERITUS IN EXCEPTIONAL CASES TO RECOGNIZE EXTRAORDINARY LONG-TERM SERVICE AND SUPPORT FOR THE FOUNDATION AND THE COLLEGE OF CHARLESTON B ONLY A PERSON WHO HAS SERVED AT LEAST TWO FULL TERMS AS A VOTING DIRECTOR MAY BE ELECTED A DIRECTOR EMERITUS A PERSON WHO IS SERVING AS A VOTING DIRECTOR OR OTHERWISE SERVING AS A NON-VOTING DIRECTOR MAY NOT BE ELECTED TO SERVE CONCURRENTLY AS A DIRECTOR EMERITUS C A DIRECTOR EMERITUS SHALL SERVE EX-OFFICIO AS A NON-VOTING DIRECTOR SUBJECT TO SECTION 4 4 OF THIS ARTICLE IV THE TERM OF EACH DIRECTOR EMERITUS SHALL BE UNLIMITED D A DIRECTOR EMERITUS MAY BE APPOINTED BY THE BOARD AS A NON-VOTING MEMBER OF ONE OR MORE COMMITTEES OF THE BOARD FROM TIME TO TIME APPOINTMENT OF A DIRECTOR EMERITUS TO A COMMITTEE OF THE BOARD SHALL BE MADE AT THE TIME OF COMMITTEE APPOINTMENTS MADE PURSUANT TO PARAGRAPH A OF SECTION 7 1 OF ARTICLE VII AND SHALL BE FOR A TERM OF ONE YEAR E NOTHING IN THESE BY LAWS SHALL REQUIRE THE BOARD TO ELECT DIRECTORS EMERITUS OR TO FILL ANY VACANCY WHICH MAY OCCUR AMONG THE DIRECTORS EMERITUS."

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE RETURN WAS PREPARED BY AN INDEPENDENT ACCOUNTANT WITH ASSISTANCE AND OVERSIGHT BY MANAGEMENT. THE FULL BOARD IS PROVIDED A LINK TO ACCESS THE COMPLETE FORM 990, ONLINE, PRIOR TO THE PRESENTATION TO THE MEMBERS OF THE AUDIT AND FINANCE COMMITTEES. THE AUDIT AND FINANCE COMMITTEES MEMBERS REVIEW THE FORM AND SUPPORTING SCHEDULES. FOLLOWING REVIEW BY THE COMMITTEES, THE CHAIR OF THE AUDIT COMMITTEE PRESENTS A SUMMARY REVIEW OF THE 990 TO THE BOARD. THE BOARD DOCUMENTS THIS REVIEW IN THE MEETING MINUTES. THE FORM 990 IS FILED WITH THE IRS FOLLOWING. THE BOARD REVIEW.

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF HIS OR HER FINANCIAL INTEREST AND ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF COMMITTEES WITH BOARD-DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE OR SHE SHALL LEAVE THE BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS PROCEDURES FOR ADDRESSING THE CONFLICT OF INTEREST A AN INTERESTED PERSON MAY MAKE A PRESBITATION AT THE BOARD OR COMMITTEE MEETING, BUT AFTER SUCH PRESENTATION, HE'SHE SHALL LEAVE THE BOARD OR COMMITTEE MEETING, BUT AFTER SUCH PRESENTATION, HE'SHE SHALL LEAVE THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT THAT RESULTS IN THE CONFLICT OF INTEREST B. THE CHAIRPERSON OF THE BOARD OR COMMITTEE SHALL FARMORIZED THE BOARD OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT C. AFTER EXERCISING DUE DILIGENCE, THE BOARD OR COMMITTEE SHALL DETERMINE WHETHER THE FOUNDATION CAN OBTAIN A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT WITH REASONABLE EFFORTS FROM A PERSON OR BITTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST D. IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY ATTAINABLE UNDER CIRCUMSTANCES THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST D. IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY ATTAINABLE UNDER CIRCUMSTANCES THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST D. IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IN CONFORMITY WITH SUCH DETERMINATION OR ARRANGEMENT IS NOT HE FOUNDATIONS BEST INTEREST AND FOR ITS TOWN BENEFIT AND WHETHER THE TRANSACTION OR ARRANGEMENT ON THE FOUNDATION ON THE PROPOSES AND THAT THE POUNDATION AND THAT IN ORDER TO ENTIRE THE TRANSACTION

	Return Reference	Explanation
PAI SEC	ECTION B, NE 15	THE FOUNDATION'S EMPLOYEES ARE HIRED AND PAID BY THE COLLEGE OF CHARLESTON THE FOUNDATION THEN REIMBURSES THE COLLEGE FOR PORTIONS OF THE EMPLOYEES' SALARY COSTS THE HIRING PROCESS IS MONITORED BY THE HUMAN RESOURCES DEPARTMENT OF THE COLLEGE OF CHARLESTON AND IS SUBJECT TO THE COLLEGE'S POLICIES AND PROCEDURES IN RECENT YEARS WHEN HIRING OFFICERS AND KEY EMPLOYEES, THE FOUNDATION HAS CONTRACTED WITH AN OUTSIDE EXECUTIVE SEARCH FIRM WHO ASSISTS IN LOCATING AND INTERVIEWING CANDIDATES THE FOUNDATION CONSULTS WITH THE SEARCH FIRM AND USES THE FIRM'S EXPERIENCE AND EXPERTISE IN DETERMINING COMPENSATION PACKAGES FOR THESE INDIVIDUALS THAT ARE COMPARABLE TO THOSE OF SIMILAR ORGANIZATIONS COMPENSATION FOR THE TOP EXECUTIVE, THE EXECUTIVE DIRECTOR OF THE FOUNDATION, IS APPROVED BY THE CHAIR OF THE BOARD, PRIOR TO HIRING

Identifie	Return Reference	Explanation
		PHOTOCOPIES OF THE FORM 990 ARE AVAILABLE UPON REQUEST AT THE ORGANIZATION'S ACCOUNTING OFFICE. IN ADDITION, RECENT FILINGS OF THE FORM 990 ARE AVAILABLE ONLINE AT WWW. GUIDESTAR ORG AND ON THE FOUNDATION'S WEBSITE.

Identifier	Return Reference	Explanation
	1 ' '	COPIES OF THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE FOUNDATION'S WEBSITE AND UPON REQUEST AT THE ORGANIZATION'S ADMINISTRATIVE OFFICES

ldentifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -1,118,745 CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS -48,123 CHANGE IN ALLOWANCE FOR UNCOLLECTIBLE PROMISES TO GIVE -4,069 TOTAL TO FORM 990, PART XI, LINE 5 -1,170,937

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DLN: 93493320017692

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.

OMB No 1545-0047

Open to Public

Department of the Treasury

(Form 990)

Internal Revenue Service					Ir	nspectio	n
Name of the organization COLLEGE OF CHARLESTON FOUNDATION				Employer i	dentification number		
				23-70692	36		
Part I Identification of Disregarded Entities (Com	nplete if the organizati	on answered "Yes" — I	on Form 990, Pa	irt IV, line 33.)			
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Orga or more related tax-exempt organizations during		ıf the organization		on Form 990, F	art IV, line 34 becau		(a)
(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 stati (if section 501(c)(3	us Direct controlling entity	Section 5 cont organ	512(b)(13 trolled nization
(1) COLLEGE OF CHARLESTON	+					Yes	No
66 GEORGE ST CHARLESTON, SC 29424 57-6000265	HIGHER EDUCATION	SC	IRC 115	LIN	E 2 N/A		No
57-0000203							
For Privacy Act and Paperwork Reduction Act Notice, see the Instru	ctions for Form 990.	Cat No 50	135Y	•	Schedule R (Form 990	2011

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line	e 34
	because 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)	, ·	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h Disprop allocat	prtionate Code V—UBI General Code V—UBI man		(j Gene mana parti	ral or nging	(k) Percentage ownership
							Yes	No		Yes	No	
												i

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) Name, address, and EIN of related organization	(b) Рптагу 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

(6)

•	Note. Complete line 1 if any entity is listed in Parts II, III or IV	GITTOTITI 550, FAI	114, IIIIE 3 4 , 33, 3	JA, 01 JU.)	Yes	No
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organ	izations listed in Parts	s II-IV?			
	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a		No
	Gift, grant, or capital contribution to related organization(s)			1b	Yes	
	Gift, grant, or capital contribution from related organization(s)			1c		No
	Loans or loan guarantees to or for related organization(s)			1d		No
	Loans or loan guarantees by related organization(s)			1e	Yes	
f	Sale of assets to related organization(s)			1f		No
g	Purchase of assets from related organization(s)			1 g		No
h	Exchange of assets with related organization(s)			1h		No
i	Lease of facilities, equipment, or other assets to related organization(s)			1i	Yes	
j	Lease of facilities, equipment, or other assets from related organization(s)			<u>1j</u>		No
k	Performance of services or membership or fundraising solicitations for related organization(s)			1k		No
ı	Performance of services or membership or fundraising solicitations by related organization(s)			11		No
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1m		No
n	Sharing of paid employees with related organization(s)			1n	Yes	
0	Reimbursement paid to related organization(s) for expenses			10	Yes	
р	Reimbursement paid by related organization(s) for expenses			1р		No
q	Other transfer of cash or property to related organization(s)			1 q	Yes	
r	O ther transfer of cash or property from related organization(s)			1r	Yes	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, in	cluding covered relati	onships and transact	ion thresholds		
	(a)	(b)	(c)	(d) Method of determin	una am	nt
	Name of other organization	Transaction type(a-r)	Amount involved	involved		Junt
1)						
2)						
3)						
٠,						
4)						
-						
5)						

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) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		of-year amount in boosets 20 of Schedule		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	j) eral or aging ener?	(k) Percentage ownership
			,	Yes	No			Yes	No		Yes	No			

Schedule R (Form 990) 2011

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier Return Reference Explanation

Schedule R (Form 990) 2011

Software ID: Software Version:

EIN: 23-7069236

Name: COLLEGE OF CHARLESTON FOUNDATION

Form 990, Special Condition Description:

Special Condition Description

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

(A) Name and Title	(B) Average hours		that a		y)			(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
DR RENEE ANDERSON DIRECTOR	1 00	Х						0	0	0
CHARLES BAKER III DIRECTOR	1 00	Х						0	0	0
WILLIAM G BROWN JR DIRECTOR	1 00	Х						0	0	0
JACKSON L DAVIS IV DIRECTOR	1 00	Х						0	0	0
DR NEIL W DRAISIN DIRECTOR	1 00	Х						0	0	0
RICHARD D ELLIOTT DIRECTOR	1 00	Х						0	0	0
DENNIS J ENCARNATION DIRECTOR	1 00	Х						0	0	0
ROBERT L FREEMAN DIRECTOR	1 00	Х						0	0	0
KENNETH S GUSTAFSON CHAIR	1 00	Х		х				0	0	0
H THOMAS HALLBERG DIRECTOR	1 00	Х						0	0	0
DOROTHY G HARRISON DIRECTOR	1 00	Х						0	0	0
A J HEATH DIRECTOR	1 00	Х						0	0	0
TAPLEY O JOHNSON DIRECTOR	1 00	Х						0	0	0
JEFFERY E KINARD TREASURER	1 00	Х		х				0	0	0
SHARON B KINGMAN VICE CHAIR	1 00	Х		х				0	0	0
EDWARD E LEGACY DIRECTOR	1 00	Х						0	0	0
ERNEST L MASTERS JR DIRECTOR	1 00	Х						0	0	0
JOHN E POWELL DIRECTOR	1 00	Х						0	0	0
RENEE ROMBERGER DIRECTOR	1 00	Х						0	0	0
HELLENE S RUNTAGH DIRECTOR	1 00	Х						0	0	0
R KEITH SAULS DIRECTOR	1 00	Х						0	0	0
HILTON C SMITH JR DIRECTOR	1 00	Х						0	0	0
GEORGE G SPAULDING DIRECTOR	1 00	Х						0	0	0
STEVE D SWANSON DIRECTOR	1 00	Х						0	0	0
JOHN H TILLER SECRETARY	1 00	х		х				0	0	0

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) Average hours		(ition that a		y)			(D) Reportable compensation from the	(E) Reportable compensation	(F) Estimated amount of other			
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations			
DAVID M HAY DIRECTOR	1 00	Х						0	0	0			
CHARLES S WAY JR DIRECTOR	1 00	Х						0	0	0			
JEFFREY M WEINGARTEN DIRECTOR	1 00	Х						0	0	0			
TOMI G YOUNGBLOOD DIRECTOR	1 00	Х						0	0	0			
MARGARET FRIERSON DIRECTOR (REPLACED BY CHARLES BAKER DURING YEAR)	1 00	X						0	0	0			
AMY L HEYEL DIRECTOR	1 00	Х						0	0	0			
STEPHEN R KERRIGAN DIRECTOR	1 00	Х						0	0	0			
GEORGE P WATT JR EVP-C OF C/EXEC DIR OF	40 00			х				93,840	168,686	6,314			
K TRACEY BIBLE DIRECTOR OF FINANCIAL SERV	40 00			х				0	82,738	227			
P GEORGE BENSON PRESIDENT, C OF C	40 00				х			201,128	163,715	45,013			
ALAN SHAO DEAN, SCHOOL OF BUSINESS C	40 00					Х		65,000	214,709	5,291			
CHRISTOPHER TOBIN VP OF DEVELOPMENT, C OF C	40 00					Х		0	157,246	3,240			
GEORGE HYND PROVOST- C OF C	40 00					Х		25,000	234,785	8,786			
SUE SOMMER-KRESSE FORMER CEO	40 00						х	0	149,548	1,690			