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DLN: 93493355003372

Form **990**

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)

OMB No 1545-0047

Open to Public

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

_											
			C Name of org	or tax year begin	ning 07-01-2011	and ending 00	5-30-2012	<u>!</u>	D Emplo	yer id	dentification number
_		pplicable	Columbia Co							•	
Add —	dress ch	nange	Doing Busine	ss As				_	57-03 E Teleph		
Na	me chai	nge	Doing Busine	33 7 13							
– Inıt	ial retu	rn -	Number and	street (or P O box i	f mail is not delivere	ed to street address)	Room/sui	te			-3966
– Ter	mınate	d		oia College Drive		··· ·· ·· ·· · · · · · · · · · · · · ·			G Gross r	eceıpt	s \$ 33,596,021
- _{Δm}	ended i	return .	City or town	, state or country, ar	nd 7IP + 4						
_			Columbia, SC		M ZII I I						
App	dication	pending									
			F Name Elizabeth	and address of p	rıncıpal officer				his a group	retu	
			Elizabetii	Diffiliaofi				affi	liates?		⊤Yes ▼ No
								H(b) Are	all affiliates	inclu	ıded?
											t (see instructions)
Та	x-exem	npt status	▽ 501(c)(3)	501(c)() •	(insert no)	4947(a)(1) or 🗀 !	527		oup exempt		
w	ebsite	e: ► www	columbiacol	llegesc edu				. ,			
							l	1.			
			•	Trust Associa	tion Other 🟲			L Year of	formation 18	54	M State of legal domicile SC
Pa	rt I	Sumr	mary								
				rganızatıon's mıs							
										ht ar	nd expression, life-long
<u>3</u>	<u>'</u>	learning,	acceptance	of personal respo	onsibility, and co	minitinent to sei	ivice allu	Social Justi	ce		
ACHYNNES & GOVENNANCE											
2											
Ę	2 (Check thi	ıs box ► ıf	the organization	discontinued its	operations or di	sposed o	f more than	25% of its	net	assets
e e	1 8	Number o	of voting mem	nbers of the gove	rning body (Part	VI, line 1a) .				3	27
Ø.	4 1	Number o	of independer	nt voting member	s of the governu	ng body (Part VI	, line 1b)			4	27
į				duals employed i	_					5	679
3				teers (estimate i			,			6	200
₹				ess revenue from			_			7a	0
	1			ss taxable income						7b	
						.,	<u> </u>		ior Year		Current Year
	8	Contrib	uitions and a	ranto (Dart VIII	lino 1 h)			<u> </u>		211	3,839,125
<u>o</u>			ntributions and grants (Part VIII, line 1h)						4,613,31		·
en	9							28,312,65		\rightarrow	27,230,310
Revenue	10		vestment income (Part VIII, column (A), lines 3, 4, and 7d)						176,17		45,301
	11			t VIII, column (A					449,9	920	378,336
	12			lines 8 through :				;	33,552,	270	31,493,072
	13			amounts paid (Pa					10,081,4		9,963,550
	14			or members (Par	,	•					0
	15			pensation, emplo							
8	13	5-10)	s, other com	pensacion, empie	yee bellelits (F	ire ix, column (A	, iiies		13,299,	36	13,135,289
S E	16a	Profess	sional fundrai	ısıng fees (Part I	X, column (A), lı	ne 11e)					0
Expenses	ь			ses (Part IX, column							
Ш	17			art IX, column (A					9,596,6	583	9,309,514
	18			d lines 13-17 (n					32,977,		32,408,353
	19			nses Subtract lir							
, en	19	Revenu	ie iess expei	ises Subtract III	ie 18 iioiii iiile 1			Paninni	574,8		-915,281
net Assets of Fund Balances								beginni	ng of Curre Year		End of Year
5 <u>4</u>	20	Totala	ssets (Part)	X, line 16)					62,924,	897	59,794,352
1 1 1 1 1 1 1 1	21			rt X, line 26) .					19,601,		18,086,058
E E	22			balances Subtra					43,323,		41,708,294
	72 73 (1)		ature Bloc		CC IIIIC Z I II O III II		• •		. 5,525,		11,700,234
Jnde (now	r penal	ties of pe	rjury, I declar	e that I have exan							to the best of my of which preparer has any
		T k						ı			
		*****	* ure of officer						2012-12-20 Date		
Sign		F Signat	are or orncer						Date		
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		F Type o	ог ринк натпе а	na uue			1				
		Preparer s	- 144 H	Douncoy		Date		Check If elf-	Preparer' (see inst		payer identification number
Paid		signature	William T	rouncey			_	mployed 🕨 🎵		iactiUl	13 <i>)</i>
^o repa	arer's		me (or yours	J W HUNT AND CO	DMPANY	1		<u> </u>	t		
Jse (Only	ıf self-em address.	iployed), and ZIP + 4	PO BOX 265					– EIN ▶		
	_	4441635,	and ZII T T						Phone no		(803) 254-8196
				COLLIMBIA SC 30	330303CE						

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

es," describe the cribe the organizations Section 50 ts and allocations de ent Aid - Includes extended to the critical ex	sease conducting, o se changes on Sche ation's program serv 01(c)(3) and 501(c) s to others, the tota) (Expenses \$ expenditures for all forms) (Expenses \$ expenditures in this offices (Describe in Sciences)	r make significan cultive dule O lice accomplishm (4) organizations I expenses, and 9,963,550 of financial aid to str 8,995,592 nal departments with 3,880,383 ce are for the Admis	s and section 4947(a) revenue, if any, for each including grants of \$ udents Including grants of \$ hin the College Including grants of \$ sions Office, Financial Aid (a)	onducts, any program	port the amount of
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he organization o	cease conducting, o		nt changes in how it co	onducts, any program	┌ Yes ┌ No
es," describe the	se new services on	Schedule O			
	se new services on	c			
he organization u prior Form 990 or		icant program se	ervices during the yea	r which were not listed on	┌ Yes ┌ No
				for critical thought and exp	ression, life-long learning,
•	-				
	ly describe the d	ly describe the organization's mission follege provides educational opportu		ly describe the organization's mission	ollege provides educational opportunities that develop students' capacity for critical thought and exp

Checklist of Required Schedule

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i> complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	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? If "Yes," complete Schedule C, Part II	4	Yes	
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		No
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? <i>If</i> "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, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? <i>If "Yes," complete Schedule D, Part VI.</i>	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		No
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		No
	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		N o
е	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? If "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	Yes	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
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? <i>If</i> "Yes," complete Schedule G, Part I	17		N o
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
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		Νo
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 \Box	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		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		No
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		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
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		Νο
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		No
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?	20	Yes	

Form 990 (2011)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V	•		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	111 111			
h	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	1b			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	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			
Ь	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)	20	1 03	
_				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		No
h	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		No
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
-r a	over, a financial account in a foreign country (such as a bank account or securities			
	account)?	4a		Νo
b	If "Yes," enter the name of the foreign country 🛌			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	EL		No
		5b		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		Νo
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		
Ja	organization solicit any contributions that were not tax deductible?	va		INU
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		Νo
7	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	7a	Yes	
	services provided to the payor?			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	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 7d 0			
		ı		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	7e		No
_	contract?			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N o
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	7g		No
	required?	79		-110
n	Form 1098-C?	7h		No
8	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		No
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		No
_	•			
10	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
_	facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other			
	sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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	13a		No
	allocated to each state			
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			
_	Enter the aggregate amount of reserves on hand			
	13c			
				Į.
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo

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.

Check if Schedule O contains a response to any question in this Part VI . . .

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax			
Ia	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		No
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		Νo
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
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	Yes	
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	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	ction B. Policies (This Section B requests information about policies not required by the Internal			
Re	venue Code.)			
10-	Did the consequent of the consequent to the consequent to the consequence of the conseque	10-	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
ь	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		Νo
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
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		No
b	Other officers or key employees of the organization	15b		No
	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
b	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		No
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			

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

Own website Another's website Upon request

- 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
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 20 John D Jones

1301 Columbia College Dr

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 organization	•	ated or	ganız	zatio	ns c	ompe	ensat	ted any current or f	ormer officer, direct	or, or trustee
(A) Name and Title	(B) A verage hours per week (describe hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related
	for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		МІЗС)	organizations
(1) Claire Wilson Yarborough Trustee	0 00	х						0	0	0
(2) G Larry Wilson Trustee	0 00	х						0	0	0
(3) Bishop Mary Virginia Taylor Trustee	0 00	х						0	0	0
(4) Marguerite Willis Trustee	0 00	х						0	0	0
(5) Jeffrey Selig Trustee	0 00	х						0	0	0
(6) James C Meadors Trustee	0 00	х						0	0	0
(7) Carol Rich Storey Trustee	0 00	х						0	0	0
(8) John H Lumpkın Jr Trustee	0 00	х						0	0	0
(9) Patricia Stone Wood Trustee	0 00	х						0	0	0
(10) Danielle S Walsh Trustee	0 00	х						0	0	0
(11) Rebecca Laffitte Trustee	0 00	х						0	0	0
(12) Carol H Rasco Trustee	0 00	Х						0	0	0
(13) Mary Cantando Trustee	0 00	Х						0	0	0
(14) Cynthia Pryor Hardy Trustee	0 00	х						0	0	0
(15) Jean E Duke Trustee	0 00	х						0	0	0
(16) Edward Sellers Trustee	0 00	х						0	0	0
(17) Kay P Phillips Trustee	0 00	Х						0	0	0

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

	(describe director/trustee)					oth		Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-	Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	related organizations
(18) Rev Scott Middleton Trustee	0 00	х						0	0	0
(19) Helen N Grant Trustee	0 00	х						0	0	0
(20) Rev Lee C Bines Trustee	0 00	х						0	0	0
(21) Larry Elliott Trustee	0 00	х						0	0	0
(22) David T Collier Trustee	0 00	х						0	0	0
(23) Wanda Bigham Trustee	0 00	х						0	0	0
(24) Rev Quay W Adams Trustee	0 00	х						0	0	0
(25) Judy Davis Trustee	0 00	х						0	0	0
(26) Barbara Parks VP-Advancement	40 00			х				89,032	0	25,144
(27) Dr Laurie B Hopkins Provost	40 00			х				98,113	0	24,153
(28) Ronald White VP-Enroll Mgmt	40 00			х				106,113	0	25,753
(29) John D Jones VP-Finance	40 00			х				125,670	0	24,711
(30) Dr Caroline Whitson President	40 00			х				180,210	0	23,350
1b Sub-Total			•	•	•		-			
c Total from continuation sheets	to Part VII, Sect	ion A					►			
d Total (add lines 1b and 1c) .							-	599,138		123,111

\$100,000 of reportable compensation from the organization >3

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual	3		Νo
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for			
	services rendered to the organization? If "Yes," complete Schedule I for such person	5		Νo

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
Ray Lyerly 7714 Castleton Lane Columbia, SC 29223	Roofing & Maint	150,895
Rogerscasey Inc PO Box 0262 Battleboro, VT 053020262	Investment managers	130,356

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

Form 9	•	•						Page 9
Part \	<u>/1111</u>	Statement of	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
nts ots	1a	Federated cam	paigns 1a					
	ь	Membership du	es 1b					
ું. He	c	Fundraising eve	ents 1c					
<u>≅,≅</u>	d		zations 1d					
ž E	e	Government grant	·					
uatio er:	f	All other contribution similar amounts no	ons, gifts, grants, and 1f ot included above	2,408,630				
ē€	g	Noncash contri	butions included in					
Contributions, gifts, grants and other similar amounts	h	lines 1a-1f \$	s 1a-1f	🕨	3,839,125			
	"			Business Code				
mue	2a	Tuition and fees		Business code	23,909,847	23,909,847		
æ ₹	ь	Interest on loans re	eceiva		6,854	6,854		
e H	c	Auxiliary enterprise	es		3,313,609	3,313,609		
er K	d		_					
Program Service Revenue	e							
⊡ E	f	All other progra	am service revenue					
Š	g	Total. Add lines	s 2a-2f		27,230,310			
	3		ome (ıncludıng dıvıden					
			aramounts)	F	238,277			238,277
	4		stment of tax-exempt bond	proceeds	0			
	5	Royalties	() P1	(·) Dansanal	0			
	6a	Gross rents	(ı) Real 90,804	(II) Personal				
	Ь	Less rental	30,332					
	_c	expenses Rental income	60,472					
	d	or (loss) Net rental inco	me or (loss)		60,472			60,472
	-	mee remar mee	(ı) Securities	(II) Other	ŕ			,
	7a	Gross amount from sales of assets other than inventory	1,879,641					
	b	Less cost or other basis and sales expenses	2,069,545	3,072				
	c	Gain or (loss)	-189,904	-3,072				
da.	d 8a	Net gain or (los Gross income f events (not inc	rom fundraısıng	► 	-192,976			-192,976
Other Revenue		\$	reported on line 1c)					
the	ь		penses b					
0	C		(loss) from fundraising	events 🟲 I	0			
	9a	Gross income f See Part IV, lin	rom gaming activities ne 19 a					
	b		penses b					
	10a	Net income or (Gross sales of returns and allo		vities►	0			
	b	Less cost of g	a oods sold b					
	С	Net income or ((loss) from sales of inv	entory ► Business Code	0			
	11a	Other	Nevellue	Dusiness Code	317,864	317,864		
	b	0 0.101				·		
	c							
	d	All other reven	ue					
	е	Total. Add lines	s 11a-11d		317,864			
	12	Total revenue.	See Instructions .		31,493,072	27,548,174		105,773

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) Check if Schedule O contains a response to any question in this Part IX

Do no	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	0			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	9,963,550	9,963,550		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	625,789		481,620	144,169
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	9,501,742	8,086,586	1,125,596	289,560
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	719,635	567,567	136,963	15,105
9	Other employee benefits	1,578,612	1,311,755	226,210	40,647
10	Payroll taxes	709,511	570,983	117,771	20,757
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	30,092		30,092	
c	Accounting	69,495		69,495	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	0			
12	Advertising and promotion	202,532	197,459	5,073	
13	Office expenses	0			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	1,283,054	1,231,732	51,322	
17	Travel	276,889	230,564	37,107	9,218
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	33,400	26,427	5,426	1,547
20	Interest	319,873	278,307	41,566	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	2,031,487	1,937,612	93,875	_
23	Insurance	341,641		341,641	
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)				
a	Repairs and maintenance	449,465	431,735	17,730	
b	Operations	1,264,171	1,018,845	203,099	42,227
c	Miscellaneous	793,095	206,906	581,916	4,273
d	Food Service Contracts	947,280	947,280		
е	Equipment expense	307,101		307,101	
f	All other expenses	959,939	521,233	390,375	48,331
25	Total functional expenses. Add lines 1 through 24f	32,408,353	27,528,541	4,263,978	615,834
26	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				rm 990 (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 3,500 Cash—non-interest-bearing 3,500 1 1 1.494.312 686.384 2 2 3 2,519,123 1,311,952 992.179 1.077.004 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 0 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 0 1,642,394 1,529,784 7 10.786 6.321 8 392 1.088 9 9 Prepaid expenses and deferred charges 10a 61,836,541 Land, buildings, and equipment cost or other basis *Complete* Part VI of Schedule D 10a 10b 28,203,693 b Less accumulated depreciation 34,270,123 10c 33,632,848 21,128,554 20,076,698 11 11 759,519 12 12 1,154,932 Investments—other securities See Part IV, line 11 13 13 0 Investments—program-related See Part IV, line 11 . . 14 0 14 Intangible assets 221,090 15 196,766 15 62,924,897 59,794,352 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 846,497 685,081 17 17 Accounts payable and accrued expenses . 18 18 19 72,189 19 81,386 20 12.996.667 20 12.090.000 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 21 Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L \ldots . \ldots . \ldots 22 23 Secured mortgages and notes payable to unrelated third parties . . . 3.151.060 23 2.589.970 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 2,534,654 25 2,639,621 D 26 19,601,067 26 18,086,058 **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 19,038,872 Unrestricted net assets 18,641,827 5,991,374 28 4,534,451 28 Temporarily restricted net assets Fund 29 18,293,584 29 18,532,016 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ž 33 43.323.830 33 41.708.294 Total net assets or fund balances 62.924,897 34 Total liabilities and net assets/fund balances 34 59.794.352

-	Check if Schedule O contains a response to any question in this Part XI			. 🔽	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		31 4	193,072
2	Total expenses (must equal Part IX, column (A), line 25)	2			108,353
3	Revenue less expenses Subtract line 2 from line 1	3		- <u>9</u>	15,281
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4				
5	Other changes in net assets or fund balances (explain in Schedule O)	5		- 7	00,255
6	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				708,294
Par	The triangle of the contains a response to any question in this Part XII			୮	
		1		Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
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				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3b	Yes	

Employer identification number

OMB No 1545-0047

MB NO 1545-00

2011

Open to Public Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Public Charity Status and Public Support

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

Name of the organization Columbia College

t I Reason for Public Charity Status (All organizations must complete this part.) See instructions

	14 T			iblic Charity Sta		_				instructions	5
	organı:		•	te foundation becaus	•		• '	•	ox)		
1	 		-	ion of churches, or a			_	D)(1)(A)(I).			
2	고			d in section 170(b)(1				470(1)(4)	(-) ()		
3	<u> </u>			perative hospital se						(4)(4)(!!!)	F b bb .
4	ı			h organızatıon opera ıty, and state	tea in conjur	nction with a	a nospitai des	cribed in sec	XION 17U(D)	(1)(A)(III).	Enter the
5	Г	An orga	anızatıon op	perated for the benefi	t of a college	e or univers	ıty owned or o	operated by a	a governmer	ntal unit des	 cribed in
		sect ion	170(b)(1)	(A)(iv). (Complete P	art II)						
6	Γ	A feder	al, state, o	local government o	r governmen	tal unit des	cribed in sect	ion 170(b)(1	l)(A)(v).		
7	Γ	describ	ed in	at normally receives		al part of its	support from	n a governme	ental unit or	from the ger	neral public
8	\vdash			(A)(vi) (Complete P : described in sectio i		(A)(vi) (Co	mnlete Dart I	Τ.)			
9	<u>'</u>			at normally receives					hutions mai	mharshin fac	se and arnee
_	'	_		rities related to its e	• •		• •		•	•	, -
				oss investment inco							
		•		ganızatıon after June				•		ux,	
LO	Γ			ganized and operate							
11	Γ	one or the box	more public	ganized and operated ly supported organiz ibes the type of supp b Type I	ations desci porting organ	ribed in sec ni <u>za</u> tion and	tıon 509(a)(1) or section es 11e throu	509(a)(2) \$ gh 11h	See section !	
e	Γ	other tl section	nan foundat 1 509 (a)(2)		her than one	or more pu	blicly suppor	ted organizat	tions describ	oed in sectio	on 509(a)(1) or
f		check	this box	received a written d				, , , ,		III support	ing organization,
g			August 1 / , ng persons?	2006, has the organ	ization acce	pted any gif	t or contribut	ion from any	of the		
				rectly or indirectly o	ontrols, eith	er alone or	together with	persons des	cribed in (ii)	Yes No
		and (111) below, the	governing body of th	ne the suppo	rted organiz	zatıon?			119	g(i)
		(ii) a fa	ımıly memb	er of a person descrı	bed in (i) ab	ove?				119	g(ii)
		(iii) a 3	35% contro	lled entity of a perso	n described	ın (ı) or (ıı)	above?			11 g	J(iii)
h		Provide	the follow	ng information about	the support	ed organiza	tion(s)				
5	(i) Name suppoi	e of rted	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section	(iv) Is th organizat col (i) lis your gove docume	e lion in ted in erning	(v) Did you no organizat col (i) of suppo	tify the tion in f your	(vi Is the organiza col (i) or in the l	he tion in ganized	(vii) A mount of support?
				(see instructions))	Yes	No	Yes	No	Yes	No	
						1				1	
						1	†		1		

Total

instructions

Sch	edule A (Form 990 or 99	90-EZ)2011						Page 2
	(Complet	e only if you	checked the	box on line 5,	7, or 8 of Part	(b)(1)(A)(iv) I or if the orgar	nızatıon faıle	d to qualify
	under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)							
	ection A. Public Su			1		Т	1	
Cal	endar year (or fiscal ye in)	ar beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contribut	ions, and						
	membership fees recei							
	ınclude any "unusual							
_	grants ") Tax revenues levied fo	rtho						
2	organization's benefit a							
	paid to or expended on							
	behalf							
3	The value of services of							
	furnished by a governme the organization withou							
4	Total. Add lines 1 thro	_						
5	The portion of total cor	-						
-	by each person (other	than a						
	governmental unit or p	•						
	supported organization line 1 that exceeds 2%							
	amount shown on line 1							
	(f)	21,0014						
6	Public Support. Subtractine 4	ct line 5 from						
S	ection B. Total Sup	port						
Cal	endar year (or fiscal yea	r beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
_	ın)	_	(4) 2007	(2) 2000	(4) 2005	(4) 2020	(0) 2022	(1) 1 3 4 4
7 8	A mounts from line 4 Gross income from inte	rost –						
0	dividends, payments re							
	securities loans, rents							
	and income from simila	ır						
_	sources							
9	Net income from unrela business activities, wh							
	not the business is reg							
	carried on							
10	Other income (Explain							
	IV) Do not include gai from the sale of capital							
11	Total support (Add line							
	through 10)							
12	Gross receipts from re	lated activities	s, etc (See inst	ructions)			12	
13	First Five Years If the		r the organizati	on's first, second	l, thırd, fourth, or	fıfth tax year as a	501(c)(3) or	
	check this box and sto	p here						▶ □
S	ection C. Computat	ion of Publ	ic Support F	Percentage				
14	Public Support Percen	tage for 2011	(line 6 column	(f) dıvıded by lıne	11 column (f))		14	
15	Public Support Percen	tage for 2010	Schedule A , Pa	rt II, line 14			15	
16a	33 1/3% support test-					line 14 is 33 1/3%	% or more, che	
h	and stop here. The org 33 1/3% support test					6a and line 15 is	33 1/20% or m	ore check this
D	box and stop here. The					oa, and inte 15 IS	1/3%0 UI M	ore, check this
17a	10%-facts-and-circum	-	•		-	ne 13, 16a, or 16	b and line 14	٠,
	ıs 10% or more, and ıf							
	in Part IV how the orga	anızatıon meet	s the "facts and	d circumstances"	test The organiz	zatıon qualıfıes as	a publicly su	
b	organization 10%-facts-and-circum	stances test—	2010. If the ora	anization did not	check a hov on li	ne 13, 16a 16b	or 17a and lin	▶
,	15 is 10% or more, an							-
	Explain in Part IV how	the organizati						
10	supported organization Private Foundation If t		n did not chools	a hov on line 12	16a 16h 17a a	or 17h chack this	hov and coc	► □

▶□

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493355003372

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

	•	s," to Form 990, Part IV, Line 3, or	Form 990-EZ, Pa	rt V, line 46 (Political Car	npaign Activities),
See	ction 501(c)(3) organizations Contion 501(c) (other than section 5 ction 527 organizations Complete organization answered "Yestion 501(c)(3) organizations that ction 501(c)(3) organizations that	s," to Form 990, Part IV, Line 4, or t have filed Form 5768 (election under t have NOT filed Form 5768 (election ui s," to Form 990, Part IV, Line 5 (Pro	ts I-A and C below Form 990-EZ, Pa section 501(h)) Conder section 501(h)	ort VI, line 47 (Lobbying A complete Part II-A Do not cor n)) Complete Part II-B Do no	nplete Part Il-B ot complete Part Il-A
Na	me of the organization	· · · · · · · · · · · · · · · · · · ·		Employer iden	ification number
	-			57-0324915	
Pair 1	<u> </u>	ganization is exempt under s	•	-	organization.
2	Political expenditures	public office in 1 dic 1v		F	\$
3	Volunteer hours				
Par	t I-B Complete if the or	ganization is exempt under s	section 501(c)(3).	
1	<u> </u>	e tax incurred by the organization und		*	\$
2	Enter the amount of any excise	e tax incurred by organization manage	ers under section	4 955 ►	\$
3	If the organization incurred a s	ection 4955 tax, did it file Form 472	O for this year?		┌ Yes
4a	Was a correction made?				┌ Yes
b	If "Yes," describe in Part IV				
Par	t I-C Complete if the or	ganization is exempt under s	section 501(c) except section 501	(c)(3).
1	Enter the amount directly expe	ended by the filing organization for sec	ction 527 exempt	function activities 🕨	\$
2	Enter the amount of the filing of exempt funtion activities	rganızatıon's funds contributed to otl	ner organizations	for section 527 ▶	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here a	and on Form 1120)-POL, line 17b ►	\$
4	Did the filing organization file F	Form 1120-POL for this year?			☐ Yes ☐ No
5	organization made payments f amount of political contribution	nd employer identification number (EI For each organization listed, enter the ns received that were promptly and di political action committee (PAC) If a	e amount paid fror rectly delivered t	n the filing organization's f o a separate political orga	unds Also enter the nization, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

f Grassroots lobbying expenditures

(The term "expenditures" means amounts paid or incurred.) Lia Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 over \$1,000,000 but not over \$1,000,000 \$1,000,000 g Grassroots nontaxable amount (enter 25% of line 1f) Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)	ווטפ	edule C (F	01111 9 9 0 01 9 9 0 - EZ) 2 0 1 1					Page ∠
A Check If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member expenses, and share of excess lobbying expenditures) Check If the filing organization checked box A and "limited control" provisions apply Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Organization Total Incurred (The term "expenditures" means amounts paid or incurred.) Organization Total Incurred (The term "expenditures to influence a legislative body (direct lobbying)	Pa	rt II-A		n is exempt under	section 501(c)(3) and fi	iled Form 5768	(election
expenses, and share of excess lobbying expenditures) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures to influence public opinion (grass roots lobbying) Total lobbying expenditures to influence a legislative body (direct lobbying) Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: If the amount on line 1e, column (a) or (b) is: If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 In the excess over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 In the excess over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 In the excess over \$1,500,000 In the excess over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 In the excess over \$1,500,000 Over \$1,000,000 Expense \$1,000,000 In the excess over \$1,500,000 Over \$1,000,000 In the excess over \$1,500,000 Over \$1,000,000 In the excess over \$1,500,000 Over \$1,000,000 In the excess	١	Check		an affiliated group (and	lıst ın Part IV ea	ch affiliated gr	oup member's nam	e, address, EIN,
Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Total lobbying expenditures to influence public opinion (grass roots lobbying) Total lobbying expenditures (add lines 1 aand 1b) Other exempt purpose expenditures (add lines 1 aand 1b) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line Le, column (a) or (b) is: If the amount on line Le, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S10,000,000 Over \$1,000,000 but not over \$1,000,000 S10,000,000 Fig. Soon over \$1,000,000 Fig. Soon ov			expenses, and share of excess lob	bying expenditures)		_	•	
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(The term "expenditures" means amounts paid or incurred.) Ital Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1225,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1225,000 plus 10% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but			Limits on Lobbying	Expenditures			(a) Filing	(b) Affiliated
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Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Section \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1ffrom line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying ceiling amount		Not over \$5	500,000	20% of the amount on lii	ne 1e			
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,00		Over \$500,	000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	000		
g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying celling amount		Over \$1,00	0,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	,000		
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h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying ceiling amount		Over \$17,0	00,000	\$1,000,000				
h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying ceiling amount								
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i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount	h	Subtract	line 1a from line 1a If zero or less. en	ter -0 -				
Jection 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying ceiling amount								
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(Some organizations that made a section 501(h) election do not have to complete al columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount							F - 1 - 1 - 1 - 1	┌ Yes ┌ No
Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2009 Lobbying non-taxable amount		(Sor	ne organizations that made a	section 501(h) el	ection do not	have to co		ne five
beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying non-taxable amount b Lobbying ceiling amount			Lobbying Exp	enditures During	4-Year Avera	ging Period	d	
b Lobbying ceiling amount				(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
	2a	Lobbyin	g non-taxable amount					
	b							
c Total lobbying expenditures	c	Total loi	obying expenditures					
d Grassroots non-taxable amount	d	Grassro	ots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))	e							

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

	(crossion under session soz(n/).	(a	1)	(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
C	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		100
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			100
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d			No	
Dar	+ TII-A. Complete if the organization is examply under section $E01(c)(A)$ section	E01/6	\/E\ 0	r coction

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

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

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

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

Part IV Supplemental Information

5 Taxable amount of lobbying and political expenditures (see instructions)

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

Identifier	Return Reference	Explanation
Part II-B, Line 11	Part II-B, Line 11 - Other Activities	The College tried to save HEEEP funding through mailings and
	Description	email to state legislators

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DLN: 93493355003372

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► 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

► Attach to Form 990. ► See separate instructions. Internal Revenue Service

Inspection Name of the organization Employer identification number Columbia College 57-0324915 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ✓ Yes conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c

d	Number of conservation easements included in (c) acquired after 8/17/06		
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization d	urıng	
	the taxable year ►		
4	Number of states where property subject to conservation easement is located ▶		
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	┌ Yes	┌ No
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🛌		
7	A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year		
	▶ \$		
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	┌ Yes	┌ No

balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art. historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

(ii) Assets included in Form 990, Part X

- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the
- following amounts required to be reported under SFAS 116 relating to these items
- Revenues included in Form 990, Part VIII, line 1

Schedule D (Form 990) 2011 Cat No 52283D

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

Part	Organizations Maintaining Co	llections of Art	<u>, His</u>	tori	<u>cal Tre</u>	asures, or O	<u>the</u>	<u>r Similar</u>	Asse	ts (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	y of th	ne foll	lowing th	at are a significa	ınt u	se of its co	llection	1	
а	Public exhibition		d	\sqcap	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	the organization	's ex	cempt purpo	se in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t							nılar	Г	Yes	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an	ements. Comple	ete ıf	the	organiza	ation answere		es" to For	m 990),	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interme	ediary	for c	ontributi	ons or other ass	ets i	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	/ıng ta	able	Г			Amou	nt	
c	Beginning balance					-	1c		Aiilou		
d	Additions during the year					 	1d				
e	Distributions during the year					 	1e				
f	Ending balance					F	1f				
2a	Did the organization include an amount on Fo	orm 990 Dart V line	ر 11 c			L				Yes	□ No
	If "Yes," explain the arrangement in Part XIV		e ZI'						,	. 63	1 140
	t V Endowment Funds. Complete		n ans	Mer	ad "Vac'	to Form 990	Dar	t IV line	10		
1 (1	Endownient i ands. Complete	(a)Current Year)Prior		(c)Two Years Back)Four Y	ears Back
1a	Beginning of year balance	22,962,074		20	,121,005	17,768,9	88			-	
b	Contributions	227,459			407,128	1,354,2	06				
c	Investment earnings or losses	-457,272		3	3,613,104	2,056,6	90				
d	Grants or scholarships	1,030,773		1	1,179,163	1,058,8	79				
e	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance	21,701,488		22	2,962,074	20,121,0	05				
2	Provide the estimated percentage of the yea	r end balance held a	as								
а	Board designated or quasi-endowment	2 630 %									
b	Permanent endowment - 97 370 %										
С	Term endowment ▶										
3a	Are there endowment funds not in the posses	ssion of the organiza	ation	that a	are held a	and administered	for	the			
	organization by							,		Yes	No
	(i) unrelated organizations			•			•		3a(i)		No
	(ii) related organizations						•		3a(ii)		No
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the	•					•		3b		No
	t VI Land, Buildings, and Equipme					•					
FGI	Land, Buildings, and Equipme	int. See roini 99	υ, Γε				.	(-)			
	Description of property				Cost or ot s (investm			(c) Accumu depreciat		(d) Bo	ok value
1a l	and		•			1,501	,212				1,501,212
Ь	Buildings		•			40,517	,128	16,38	3,028	24	4,134,100
c l	easehold improvements										
d i	Equipment					19,818	,201	11,82	0,665		7,997,536
	Other										
Tota	. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colur	nn (B)), line	10(c).)			▶		3:	3,632,848
	· · · · · · · · · · · · · · · · · · ·	·						Schedi	ıle D (F		90) 201

Part VIII Investments—Other Securities. See	Form 990, Part X, line 12		
(a) Description of security or category	(b)Book value		od of valuation
(including name of security)		Cost or end-o	f-year market value
(1)Financial derivatives			
(2)Closely-held equity interests Other			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See	Form 990, Part X, line		
(a) Description of investment type	(b) Book value		od of valuation
	, ,	Cost or end-o	f-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		
(a) Descrip	otion		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)		
Part X Other Liabilities. See Form 990, Part X			1
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes	(5) / · · · · · · · · · · · · · · · · · ·		
	1 770 000		
US Government advances	1,773,032		
O bligation under split-interest agreemen	229,581		
O bligation under interest rate swap	462,798		
Funds held for others	174,210		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	2,639,621		
	. ,		

	l otal revenue (Form 990, Part VIII, column (A.), line 12)		31,493,072
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	32,408,353
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-915,281
4	Net unrealized gains (losses) on investments	4	-547,438
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-152,817
9	Total adjustments (net) Add lines 4 - 8	9	-700,255
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-1,615,536
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	21,749,758
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	-9,963,550
3	Subtract line 2e from line 1	3	31,713,308
4	Amounts 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)		
c	Add lines 4a and 4b	4c	-220,236
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	31,493,072
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	23,365,294
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	_	
a	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	920,491
3	Subtract line 2e from line 1	3	22,444,803
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	9,963,550
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	32,408,353

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part 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

Identifier	Return Reference	Explanation			
Part X	Part X FIN48 Footnote	Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the College and recognize a tax liability (or asset) if the College has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS Management has analyzed the tax positions taken by the College, and has concluded that as of June 30, 2012, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The College is subject to routine audits by taxing jurisdictions, however, there are currently no audits for any tax periods in progress. Management believes it is no longer subject to income tax examinations for years prior to 2009.			
Part XIII, Line 4b	Part XIII, Line 4b Other revenue amounts included on 990 but not included in F/S	Scholarships and other student aid \$9963550			
Part XIII, Line 2d	Part XIII, Line 2d Other expenses and losses per audited F/S	Unrealized loss on investments \$547438 Unrealized loss on interest rate swap \$85460 Change in value of split interest agmts \$67357 Realized loss on investments \$189904 Rental expenses \$30332			
Part XI, Line 8	Part XI, Line 8 Other Changes in Net Assets or Fund Balances	Net Unrealized Loss on Interest Rate Swap \$ -85460 Change in Value of Split-Interest Agreements \$ -67357			

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DLN: 93493355003372

OMB No 1545-0047

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Schools

Employer identification number

Name of the organization Columbia College

	57-0324915			
Pa	rt I		YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II	3	Yes	
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Part II			
5 a	Does the organization discriminate by race in any way with respect to Students' rights or privileges?			No
	Admissions policies?	5b		No
_		130		110
C	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		No
е	Educational policies?	5e		No
f	Use of facilities?	5f		No
g	Athletic programs?	5g		No
h	O ther extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II	5h		No
		-		
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
	Has the organization's right to such aid ever been revoked or suspended?	6b		Νo
-	If you answered "Yes" to either line 6a or line 6b, explain on Part II			
,	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	7	Yes	
	, , , , , , , , , , , , , , , , , , , ,		1	

Part II Supplemental Information

Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions)

ldentifier	Return Reference	Explanation
Schedule E, Line 3 - Racially Nondiscriminatory Policy Publicized		The nondiscriminatory policy is on the Columbia College wieb site, www columbiasciedu. All solicitations encourage prospective students to visit the wieb site for more information.

Schedule E (Form 990 or 990-EZ) 2011

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OMB No 1545-0047

DLN: 93493355003372

Schedule I

(Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

Internal Revenue Service			Attach to Form 990				Inspection
Name of the organization						Employer identificati	on number
Columbia College						57-0324915	
Part I General Informati	on on Grants and	d Assistance				•	
 Does the organization maintain the selection criteria used to a Describe in Part IV the organical 	award the grants or as	sıstance [?]	·				▼ Yes
Form 990, Part IV, li	ne 21 for any recip	ient that received n	rganizations in the nore than \$5,000. Cho needed	eck this box if no one	recipient receive	ed more than \$5,000.	. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount 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 gra or assistance
Enter total number of section !Enter total number of other org		_				. _	0

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) Scholarships and Grants	865	9,963,550			

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
Grantmaker's Description of How Grants are Used		All grants are awarded only after confirming a student's eligibility - consistent to all grant criteria. Each scholarship and grant is reconciled at the end of each semester and award year to verify students maintain eligibility. Reports monitoring GPA, citizenship, federal and institutional eligibility are used to award and ensure reconciliation for each fund

Schedule I (Form 990) 2011

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DLN: 93493355003372

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Name of the organization

ın Part III

section 53 4958-6(c)?

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

Columbia College 57-0324915 **Questions Regarding Compensation** Yes Νo Check the appropriate 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 Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e g, maid, chauffeur, chef) 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 Νo 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? 2 Yes 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 Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 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 Receive a severance payment or change-of-control payment? 4a Nο 4h Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo **4**c Participate in, or receive payment from, an equity-based compensation arrangement? 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. 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 The organization? **5**a Νo 5b Any related organization? Νo If "Yes," to line 5a or 5b, describe in Part III 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 The organization? Νo 6b Any related organization? Νo If "Yes," to line 6a or 6b, describe in Part III 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 Νo 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

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

8

Νo

Νo

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)(1)-(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		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & (iii) Other reportable compensation compensation		other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
(1) John D Jones	(I) (II)	125,268		402	12,787	11,924	150,381		
(2) Dr Caroline Whitson	(I) (II)	174,640		5,570	17,500	5,850	203,560		

Part III Supplemental Information

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

Ident if ier	Return Reference	Explanation
	Part I, Line 1b Reason for not following policy regarding payment provisions for expenses	The College does not have a written policy regarding the use of social clubs, but has an understanding that it is to be used for College business and events
Sch J, Part I, Line 1a	Part I, Line 1a Relevant information in regards to selections on 1a	The College pays dues and membership fees to a social club on behalf of its President. This membership provides a venue for College related events. It is included in the President's employment contract which is approved by the trustees.

Schedule J (Form 990) 2011

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Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2011

DLN: 93493355003372

Open to Public **Inspection**

Internal Revenue Service

Department of the Treasury

Colu	e of the organization umbia College									57-032		ication nu	mber	
Pa	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Pric	e (1	f) Description	of Purpose	(g) De	feased	Beh	On alf of suer) Pool ancing
									Yes	No	Yes	No	Yes	No
4	Bank of America	57-6000286		12-20-2010	6,100,0		C & energy sa	avıng		Х		X		X
Pa	rt III Proceeds					11								•
					Α_		-	В		С			D	
1	A mount of bonds retired					406,66	57							
2	A mount of bonds defeased													
3	Total proceeds of issue					5,100,00	00							
4	Gross proceeds in reserve fu											\bot		
5	Capitalized interest from pro-													
6	Proceeds in refunding escrov													
7	Issuance costs from proceed	ds												
8	Credit enhancement from pro	oceeds												
9	Working capital expenditures	from proceeds												
10	Capital expenditures from pr	oceeds			(5,100,00	00							
11	Other spent proceeds													
12	Other unspent proceeds													
13	Year of substantial completion	on			201	1								
					Yes	No	Yes	No	Yes		No	Yes	s	No
14	Were the bonds issued as pa	rt of a current refund	ding issue?			Х								
15	Were the bonds issued as pa	rt of an advance ref	unding issue?			Х								
16	Has the final allocation of pro	oceeds been made?			X									
17	Does the organization mainta allocation of proceeds?	aın adequate books	and records to su	pport the final	х									
Pal	Tt IIII Private Business	Use												
					A			B		C T		+	D	
1	Was the organization a partn	ar in a nartharchin	ora member of an	LLC which owned	Yes	No	Yes	No	Yes		No	Yes	5	No
	**as the organization a partir	ci ili a partileisilip, t	or a member or all	LLC, WILLCH OWINGU	1 1	· ·	1	1		ı			ı	

Are there any lease arrangements that may result in private business use of bond-

property financed by tax-exempt bonds?

financed property?

Χ

Par	t IIII Private Business Use (Continued)									_
				A		В		c		D
	A bloom		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private use?	Dusiness	Χ							
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or counsel to review any management or service contracts relating to the fine property?		Х							
С	Are there any research agreements that may result in private business us financed property?	e of bond-		х						
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or counsel to review any research agreements relating to the financed proper									
4	Enter the percentage of financed property used in a private business use be other than a section 501(c)(3) organization or a state or local government									
5	Enter the percentage of financed property used in a private business use a unrelated trade or business activity carried on by your organization, anoth 501(c)(3) organization, or a state or local government									
6	Total of lines 4 and 5									
7	Has the organization adopted management practices and procedures to er post-issuance compliance of its tax-exempt bond liabilities?	nsure the	Х							
Pa	t IV Arbitrage				В		С		D	
		Yes	No	Yes	No	Y	es	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		x							
2	Is the bond issue a variable rate issue?	X								
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		Х							
ь	Name of provider									
С	Term of hedge									
d	Was the hedge superintegrated?									
e	Was a hedge terminated?									
 4a	Were gross proceeds invested in a GIC?		X							
b	Name of provider						I			
	Term of GIC									
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?									
5	Were any gross proceeds invested beyond an available temporary period?		Х							
6	Did the bond issue qualify for an exception to rebate?	х								
Р	art V Procedures To Undertake Corrective Action	l	1		I			L		

Part VI Supplemental Information

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

Identifier Return Reference Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493355003372

Inspection

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

▶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 Columbia College

Employer identification number

57-0324915

Pa	rt I Types of Property				37 0324313			
		(a) Check If applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line	(d Method of d contribution	etermı	_	
1	Art—Works of art			I I I				
	Art—Historical treasures .							
	Art—Fractional interests							
	Books and publications							
	Clothing and household							
•	goods	Х		600	Comp sales			
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
	Securities—Publicly traded .	Х	5	123,432	FMV			
10	Securities—Closely held stock $\ .$							
11	Securities—Partnership, LLC,							
	or trust interests							
	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► ()							
26	Other ▶()							
27	Other ▶()							
28	O ther ► ()							
29	Number of Forms 8283 received for which the organization compl				29			
							Yes	No
30a	During the year, did the organiza							
	must hold for at least three year				d to be used			
	for exempt purposes for the enti					30a		No
b	If "Yes," describe the arrangeme	ent in Part 1	I					
31	Does the organization have a gif					31	Yes	
32a	Does the organization hire or us contributions?	e third parti	es or related organizations	to solicit, process, or sell i	non-cash	32a		Νo
b	If "Yes," describe in Part II					52u		110
33	If the organization did not report	revenuesı	n column (c) for a type of p	roperty for which column (a) is checked,			
	describe in Part II							

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: 93493355003372

SCHEDULE 0 (Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Columbia College

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.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

57-0324915

ldentifier	Return Reference	Explanation
	Form 990, Part VI, Section B, Line 15	The President's compensation is set by the trustees annually and documented in a written contract. No independent review or comparability data is documented in this process. Trustees do not approve compensation contracts for other officers and key employees.
	Form 990, Part VI, Line 12c - Explanatio	Trustees must disclose annually any conflicts of interest. Officers and key employees are governed by the staff policies and procedures manual which states that outside employment may not conflict with the interests of the College. Trustees complete conflict of interest disclosures annually. Any conflicts of interest are evaluated on a case by case basis. To date, no conflicts of interest have been identified.
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	The College makes the referenced documents available upon request and through public posting of the Form 990 (on another's web site)
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	Trustees must disclose annually any conflicts of interest. Officers and key employees are governed by the staff policies and procedures manual, which states that outside employment may not conflict with the interests of the College. Trustees complete conflict of interest disclosures annually. Any conflicts of interest are evaluated on a case by case basis. The date, no conflicts of interest have been identified.
Form 990, Part VI, Line 11	Form 990, Part VI, Line 11 Form 990 Review Process	The College's VP of Finance and Controller review the Form 990 prior to its filing. The Form 990 is not available to the board prior to its filing, but is subsequently reviewed with them
Form 990, Part III, Line 4d	Form 990, Part III, Line 4d Other Program Services Description	OTHER PROGRAM SERVICES 4 Student Aid - Includes expenditures for all forms of financial aid to students OTHER PROGRAM SERVICES 5 Academic Support - Expenditures in connection with the operation of the College's library

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493355003372

SCHEDULE R (Form 990)

Department of the Treasury

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.

2011

OMB No 1545-0047

Open to Public Inspection

ntemal Revenue Service					Tu	spectio	n
Name of the organization Columbia College				Employer id 57-032491	entification number		
Part I Identification of Disregarded Entities (Comp	lete if the organization	on answered "Yes'	' on Form 990, Par		15		
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income E	(e) nd-of-year assets	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Organ or more related tax-exempt organizations during		ıf the organızatıor	n answered "Yes" o	on Form 990, Pa	art IV, line 34 becaus	se it had	one
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3)	(f) s Direct controlling)) entity		g) 12(b)(13 rolled ızatıon
(1) SC Conference - United Methodist Church						Yes	No
4908 Colonial Drive Suite 101 Columbia, SC 29203	Provides annual support to the College	SC	501 (c)(3)	170 b1(A)((ı) NA		No
(2) Columbia College Foundation							1
1301 Columbia College Drive Columbia, SC 29203	Special project fundraising to benefit Columbia College	SC	501 (c)(3)	170 b1(A)(v	(1) NA		No

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, lin	ie 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)	entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h Disprop allocat	rtionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gene mana parti	ral or aging	(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of-year assets	(h) Percentage ownership

Part v	Transactions with Related Organizations (Complete if the organization answered "Yes	s" on Form 990, Par	t IV, line 34, 35, 3	35A, or 36.)		
Not	e. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No
1 During	g the tax year, did the orgranization engage in any of the following transactions with one or more related orgai	nizations listed in Part	s II-IV?			
a Re	ceipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a		No
b Gıf	t, grant, or capital contribution to related organization(s)			1b		No
c Gıf	t, grant, or capital contribution from related organization(s)			1 c	Yes	
d Loa	ans or loan guarantees to or for related organization(s)			1d		No
e Loa	ans or loan guarantees by related organization(s)			1e		No
f Sal	e of assets to related organization(s)			1f		No
g Pu	rchase of assets from related organization(s)			1 g		No
h Ex	change of assets with related organization(s)			1h		No
i Lea	se of facilities, equipment, or other assets to related organization(s)			1i		No
j Lea	se of facilities, equipment, or other assets from related organization(s)			1 <u>j</u>		No
k Pe	rformance of services or membership or fundraising solicitations for related organization(s)			1k		No
I Per	formance of services or membership or fundraising solicitations by related organization(s)			11		No
m Sha	aring of facilities, equipment, mailing lists, or other assets with related organization(s)			1m		No
n Sh	aring of paid employees with related organization(s)			1n		No
o Re	mbursement paid to related organization(s) for expenses			10		No
p Re	mbursement paid by related organization(s) for expenses			1 p		No
q Ot	her transfer of cash or property to related organization(s)			1 q		No
r Oth	ner transfer of cash or property from related organization(s)			1r		No
2 Ift	he answer to any of the above is "Yes," see the instructions for information on who must complete this line, ii	ncluding covered relati	onships and transact	tion thresholds		
	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determing Involved		unt
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	org	(e) Are all partners section 501(c)(3) janizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate alloc		(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: 11000144 **Software Version:** 2011v1.2

EIN: 57-0324915

Name: Columbia College

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

Compensated Employees, (A)	(B)			C)				(D)	(E)	(F)
Name and Title	Average hours per		ition that a	(che	/)			Reportable compensation from the	Reportable compensation from related	Estimated amount of other compensation
	week	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
Claire Wilson Yarborough Trustee	0 00	Х						0	0	C
G Larry Wilson Trustee	0 00	Х						0	0	0
Bishop Mary Virginia Taylor Trustee	0 00	Х						0	0	0
Marguerite Willis Trustee	0 00	Х						0	0	0
Jeffrey Selig Trustee	0 00	Х						0	0	0
James C Meadors Trustee	0 00	Х						0	0	0
Carol Rich Storey Trustee	0 00	Х						0	0	0
John H Lumpkın Jr Trustee	0 00	Х						0	0	C
Patricia Stone Wood Trustee	0 00	Х						0	0	0
Danielle S Walsh Trustee	0 00	Х						0	0	0
Rebecca Laffitte Trustee	0 00	Х						0	0	0
Carol H Rasco Trustee	0 00	Х						0	0	C
Mary Cantando Trustee	0 00	Х						0	0	(
Cynthia Pryor Hardy Trustee	0 00	Х						0	0	C
Jean E Duke Trustee	0 00	Х						0	0	C
Edward Sellers Trustee	0 00	Х						0	0	C
Kay P Phillips Trustee	0 00	Х						0	0	(
Rev Scott Middleton Trustee	0 00	Х						0	0	C
Helen N Grant Trustee	0 00	Х						0	0	0
Rev Lee C Bines Trustee	0 00	Х						0	0	C
Larry Elliott Trustee	0 00	Х						0	0	C
David T Collier Trustee	0 00	Х						0	0	C
Wanda Bigham Trustee	0 00	Х						0	0	C
Rev Quay W Adams Trustee	0 00	х						0	0	C
Judy Davis Trustee	0 00	х						0	0	C

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

compensate Improved, and important contractors										
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(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
Barbara Parks VP-Advancement	40 00			х				89,032	0	25,144
Dr Laurie B Hopkins Provost	40 00			х				98,113	0	24,153
Ronald White VP-Enroll Mgmt	40 00			х				106,113	0	25,753
John D Jones VP-Finance	40 00			х				125,670	0	24,711
Dr Caroline Whitson President	40 00			х				180,210	0	23,350