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DLN: 93493135019633

Department of the Treasury Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

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

Open to Public Inspection

A Fo	r the 2	2011 ca	lendar year, or tax year beginning 07-01-2011 and ending 06-30-2012			
		pplicable	C Name of organization		D Employer i	identification number
	ress ch		PHILANDER SMITH COLLEGE		71-0239	729
– Nai	me chai	nae	Doing Business As	Ī	E Telephone	number
_	al retu	-	Number and street (or D.O. ben if med a not be benefit at the control of the cont		(501)370	0-5341
_	minate		Number and street (or P O box if mail is not delivered to street address) Room/suite 812 W 13TH STREET		<b>G</b> Gross receip	ots \$ 18,739,849
– Am	ended	return	City or town, state or country, and ZIP + 4 LITTLE ROCK, AR 72202			
App	olication	pending	ETTE ROOM, ME TEEDE			
			F Name and address of principal officer	<b>(a)</b> Is thi	s a group ret	urn for
			TERRY WALLACE 812 W 13TH STREET	affilia		⊤Yes ▼ No
			LITTLE BOCK AB 72202	/b) Are all	affiliates incl	uded?
						st (see instructions)
та [	x-exem	pt status	✓ 501(c)(3)		p exemption	
w	ebsite	: <b>-</b> ww	v philander edu			
<b>C</b> Forr	n of org	ganızatıon	✓ Corporation Trust Association Other ►	<b>L</b> Year of for	mation 1877	<b>M</b> State of legal domicile AR
	rt I		mary			
	1 8	Briefly d	escribe the organization's mission or most significant activities			
			ION OF AN ACADEMIC INSTITUTION OF HIGHER EDUCATION AND F	RELATED	STUDENT A	CTIVITIES
<u> </u>	-					
₫	-					
<u>.</u>	-					
<u>ج</u> ق	2 (	Check th	is box দ if the organization discontinued its operations or disposed of mo	ore than 2	5% of its net	assets
ACUVILIES & GOVEIIIAIICE	3	Number	of voting members of the governing body (Part VI, line 1a)		3	22
e e	4 1	Number	of independent voting members of the governing body (Part VI, line 1b) $$ .		4	22
₽	5	Γotal nu	mber of individuals employed in calendar year 2011 (Part V, line 2a)		5	411
5			mber of volunteers (estimate if necessary)		6	65
ŧ			related business revenue from Part VIII, column (C), line 12		7a	
			lated business taxable income from Form 990-T, line 34		76	
				Prio	r Year	Current Year
	8	Contri	hutions and grants (Part VIII June 1h)	1110	6,359,290	
ē	, , , ,					
ĕ	9	_	m service revenue (Part VIII, line 2g)		6,755,298 300,947	
Reven	10		ment income (Part VIII, column (A), lines 3, 4, and 7d)			
_	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,233,339		3,661,889
	12		revenue—add lines 8 through 11 (must equal Part VIII, column (A), line	16,648,874		18,636,486
	13		and similar amounts paid (Part IX, column (A), lines 1-3)	2,086,367		· · · · · · · · · · · · · · · · · · ·
	14		ts paid to or for members (Part IX, column (A), line 4)	0		
	15		es, other compensation, employee benefits (Part IX, column (A), lines			
&	15	5-10)			7,787,678	8,509,134
Expenses	16a	Profes	sional fundraising fees (Part IX, column (A), line 11e)		0	0
ਬੋ	b	Total fu	ndraising expenses (Part IX, column (D), line 25) •465,967			
	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	7,731,333		8,323,388
	18	Total	expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	17,605,378		19,570,901
	19	Reven	ue less expenses Subtract line 18 from line 12		-956,504	-934,415
Net Assets or Fund Bafances					of Current ear	End of Year
ă Ç	20	Total	assets (Part X, line 16)	•	52,092,625	52,264,821
2 P	21		iabilities (Part X, line 26)		18,745,806	-
₩ <u>₩</u>	22		sets or fund balances Subtract line 21 from line 20		33,346,819	
	1311		ature Block		, _ , _ , _ , _ ,	32,223,377
			erjury, I declare that I have examined this return, including accompanying sched	lules and st	atemente and	I to the best of my
now			f, it is true, correct, and complete. Declaration of preparer (other than officer) is			
		**** Signa	** uture of officer	20 Da	13-05-15 te	
Sign		'		Da	ie	
dere	e		Y WALLACE VICE-PRESIDENT FISCAL AFFAIRS or print name and title			
		F Type	·		T	
		Preparer		k ıf	Preparer's tax	payer identification number ons)
Paid		sıgnatur		oyed 🕨 🦵	(See madded)	,
-	arer's		ame (or yours BKD LLP		ETNI L	
Jse (	Only	। IT self-er address,	nployed), and ZIP + 4 PO BOX 3667		EIN ►	
		]			Phone no 🕨	(501) 372-1040
		1	LITTLE ROCK, AR 722033667		1	

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

1 01111	990 (2011)					Page Z
Par			ice Accomplishments conse to any question in th			
1	Briefly describe th	e organization's missior	1			
<u>O P E</u>	RATION OF AN AC	ADEMIC INSTITUTIO	N OF HIGHER EDUCATIO	N AND RELAT	ED STUDENT ACTIVIT	ΓΙΕS
2			ant program services durir			┌ Yes ┌ No
	If "Yes," describe t	hese new services on S	chedule O			
3	services?		make sıgnıfıcant changes ıı		cts, any program	┌ Yes ┌ No
	If "Yes," describe t	hese changes on Sched	ule O			
4	expenses Section	501(c)(3) and 501(c)(4	e accomplishments for eace ) organizations and section expenses, and revenue, if a	n 4947(a)(1)	trusts are required to rej	
4a	THESE PROGRAM SER		ERVED FEDERAL PELL GRANT 63	STUDENT ACTIVI		7,845,841 ) 5 NUMBER OF PERSONS THROUGH O CLUSTER 150 FEDERAL
4b	(Code	) (Expenses \$	ıncludıng grar	nts of \$	) (Revenue \$	)
<b>4</b> c	(Code	) (Expenses \$	ıncludıng grar	nts of \$	) (Revenue \$	)
4d	Other program se	rvices (Describe in Sch	redule O )			
	(Expenses \$	ınc	uding grants of \$		) (Revenue \$	)
4e	Total program ser	vice expenses +\$	14,329,890			

Part IV 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)? If "Yes," 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		Νo
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		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
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		No
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	
14a	, , , , ,	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? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> 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 $\bullet$	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 M	29		No
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		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Νo
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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V	Statements Regarding Other IRS Filings and Tax Compliance

			• 1	
			Yes	No
.a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	<b>1a</b> 143			
b	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	
a.	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?	4a		No
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			
a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		No No
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>DC</b>		
_		5c		
a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		N o
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		N o
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
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			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
_	contract?	7e		No_
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	7f		No_
9	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
i	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?			
J	Sponsoring organizations maintaining donor advised funds.	8		
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club  10b			
ט	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?  Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by			
c	Enter the aggregate amount of reserves on hand			
<b>4</b> -	Did the organization receive any payments for indoor tanning services during the tax year?	140		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		No_

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

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		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		No
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		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
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
	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)		V	NI-
100	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No No
	Did the organization have local chapters, branches, or affiliates?	10a		INO
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13		No
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.
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
-	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
	List the States with which a copy of this Form 990 is required to be filed▶AR			

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.

Own website Another's website V Upon request

- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization FERRY WALLACE

812 W 13TH STREET LITTLE ROCK, AR 72202

(501) 370-5224

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

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

#### 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

Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

◆ 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

per unless person is both from the week an officer and a organization (Worganizations (describe director/trustee) 2/1099-MISC) (W-2/1099- organizations (Worganizations (Worga	(F) Estimated amount of other compensation from the organization and related organizations
for ours	
Former Highest compensated employee Ke) employee Office Institutional Trustee or director shed and shed of the state of th	
(1) REV LARRY ROSS BOARD MEMBER  1 0 X 0 0	0
(2) MS LYNDA BYRD VICE CHAIR 1 0 X X X 0 0 0	0
(3) MR EXCELL LAFAYETTE JR BOARD MEMBER  1 0 X 0 0	0
(4) MR BOB BIRCH CHAIRMAN 1 0 X X X 0 0 0	0
(5) BISHOP CHARLES N CRUTCHFIELD 1 0 X 0 0	0
(6) DR FREDDYE DAVY SECRETARY  1 0 X X X 0 0 0	0
(7) DR JOYCELYN ELDERS BOARD MEMBER  1 0 X 0 0	0
(8) MR HAROLD GWATNEY 1 0 X 0 0	0
(9) DR FRANCES R HARRIS BOARD MEMBER  1 0 X 0 0	0
(10) DR CYNTHIA B HOPSON BOARD MEMBER  1 0 X 0 0	0
(11) MRS PAT LILE BOARD MEMBER  1 0 X 0 0	0
(12) MR RODDY MCCASKILL BOARD MEMBER  1 0 X 0 0	0
(13) MR ARTHUR MONTGOMERY BOARD MEMBER  1 0 X 0 0	0
(14) REV ARTEE WILLIAMS TREASURER  1 0 X X 0 0 0	0
(15) MR BARNETT GRACE BOARD MEMBER  1 0 X 0 0	0
(16) REV C E MCADOO BOARD MEMBER 1 0 X 0 0	0
(17) MS STACY SELLS BOARD MEMBER  1 0 X 0 0	0

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

(A) Name and Title		hours more than one box, com per unless person is both fr week an officer and a organ (describe director/trustee) 2/10							(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estima amount o compens from from from a	ated f other sation the ion and
		for related organizations in Schedule O)	Individual trustiee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	relat organiza	
	AR DON RIGGINS D MEMBER	1 0	х						0	0		0
. ,	DR EMMANUEL CLEAVER III D MEMBER	1 0	х						0	0		0
(20) 1	MR CJ DUVALL D MEMBER	1 0	х						0	0		0
(21)	MR RUSH F HARDING III D MEMBER	1 0	х						0	0		0
(22) [	DR CHRISTY WALKER MD  O MEMBER	1 0	х						0	0		0
	DR WALTER M KIMBROUGH	40 0			х				167,469	0		25,716
(24) [	DR FRANK JAMES PRESIDENT	40 0			х				99,918	0		10,434
(25)	OHN S FLEMING PRESIDENT	40 0			х				90,919	0		10,006
(26) 1	MR DAVID PAGE PRESIDENT	40 0			х				86,376	0		6,612
(27)	MR TERRY WALLACE PRESIDENT	40 0			Х				97,613	0		10,539
(28) 9	STACEY DOWNING PRESIDENT	40 0			х				44,771	0		1,508
VICE	KESIDENT											
1b	Sub-Total				•	•	<u> </u>	<u></u> ►			ı	
С	Total from continuation sheets t	to Part VII, Sec	tion A					<b>&gt;</b>				
d								<u> </u>	587,066	0		64,815
2	Total number of individuals (inclusion), 100,000 of reportable compens					ted	above	) who	received more tha	n		
											Yes	No
3	Did the organization list any <b>form</b> on line 1a? <i>If</i> "Yes," complete Sch								r highest compens	l l		
4	For any individual listed on line 1 organization and related organization	a, is the sum of	reporta	able	om	pens	ation	and (		n from the	3	No_
	ındıvıdual			•	•	•		•			4 Yes	
5	Did any person listed on line 1a services rendered to the organization									ı	5	No
Se	ction B. Independent Cont	tractors										
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax you	the organizatio										
	-	( <b>A)</b> ne and business add	dress						Descr	(B) iption of services	(C Comper	
	Fotal number of independent conti \$100,000 of compensation from t			ot lın	nited	l to	those	liste	d above) who receiv	ed more than		

Part V	<u> </u>	Statement of Kevenue					
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
<b>\$</b> \$	1a	Federated campaigns 1a					
즐글	ь	Membership dues 1b					
عَجَ	l c	Fundraising events 1c					
£e	d	Related organizations 1d					
ಕ್ಷಾ			0.600				
ξË.	e		9,688				
을 ※	f	All other contributions, gifts, grants, and <b>1f</b> 5,14 similar amounts not included above	7,077				
ੂੰ	g	Noncash contributions included in					
붙음		lines 1a-1f \$					
Contributions, gifts, grants and other similar amounts	h	Total. Add lines 1a-1f	- ►	6,976,765			
		Business C	ode				
₽	2a		611710	7 945 941	7,845,841		
ξē		TOTTON & TELS	511/10	7,845,841	7,845,841		
Program Serwce Revenue	b						
<u> </u>	С						
e. F	d						
<i>ග</i> =	e						
<u>e</u>	f	All other program service revenue					
္နို							
<u> </u>	g	Total. Add lines 2a-2f	<b>-</b>	7,845,841			
	3	Investment income (including dividends, interest					
		and other similar amounts)	<b>•</b>	153,455	0	0	153,455
	4	Income from investment of tax-exempt bond proceeds	•	0			
	5	Royalties	<b>-</b>	0			
		(ı) Real (ıı) Persor	nal				
	6a	Gross rents 75,647					
	ь	Less rental 73,757					
	c	expenses Rental income 1,890					
	`	or (loss)					
	d	Net rental income or (loss)		1,890			1,890
		(ı) Securities (ii) O the	r				
	7a	Gross amount 18,000 from sales of					
		assets other					
	Ь	than inventory Less cost or	19,464				
	"	other basis and	,				
	c	sales expenses Gain or (loss) 18,000 -	19,464				
	d	Net gain or (loss)	-	-1,464			-1,464
	8a	Gross income from fundraising	•	,			,
Other Revenue		events (not including  \$ 32,097 of contributions reported on line 1c)					
č		See Part IV, line 18	,, ,				
<u>⊕</u>	h		2,072				
¥	b	Less direct expenses <b>b</b> 1  Net income or (loss) from fundraising events	.0,142 <b>)-</b>	61,930			61,930
•	9a	· · · · · · · · · · · · · · · · · · ·	.	31,730			01,550
	9a	Gross income from gaming activities See Part IV, line 19 a					
	Ь	Less direct expenses b					
	С	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances .					
	ь	Less cost of goods sold b					
	c	Net income or (loss) from sales of inventory	<b> </b>	0			
	<u> </u>	Miscellaneous Revenue Business C					
	11a	DORM FEES		1,918,643			1,918,643
	l <u>.</u>			1,070,064			1,070,064
	b	MEAL PLAN			70.00		1,0,0,004
	c	BOOKSTORE SALES		76,284	76,284		
	d	All other revenue		533,078			533,078
	e	Total. Add lines 11a-11d	•	3,598,069			
	12	<b>Total revenue.</b> See Instructions	•	18,636,486	7,922,125	0	3,737,596

### 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, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) 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	2,738,379	2,738,379		
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	717,212	0	717,212	0
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	6,568,384	4,765,034	1,617,599	185,751
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	217,671	157,909	53,606	6,156
9	Other employee benefits	426,876	309,677	105,127	12,072
10	Payroll taxes	578,991	420,029	142,588	16,374
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	42,031	30,491	10,351	1,189
С	Accounting	91,586	66,441	22,555	2,590
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	1,216,334	882,390	299,547	34,397
12	Advertising and promotion	58,301	42,294	14,358	1,649
13	Office expenses	241,015	174,844	59,355	6,816
14	Information technology	23,969	17,388	5,903	678
15	Royalties	0			
16	Occupancy	1,991,612	1,444,815	490,475	56,322
17	Travel	402,549	292,029	99,136	11,384
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			· · · · · ·
19	Conferences, conventions, and meetings	72,994	52,954	17,976	2,064
20	Interest	874,316	634,273	215,318	24,725
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	1,458,500	1,058,069	359,185	41,246
23	Insurance	147,006	106,646	36,203	4,157
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	PARTICIPANT ACTIVITIES	361,293	262,100	88,976	10,217
b	PRESIDENT LECTURE SERIES	203,078	147,323	50,012	5,743
c	INDIRECT COSTS	141,625	102,742	34,878	4,005
d	MEMBERSHIPS	73,278	53,160	18,046	2,072
е					
f	All other expenses	923,901	570,903	316,638	36,360
25	<b>Total functional expenses.</b> Add lines 1 through 24f	19,570,901	14,329,890	4,775,044	465,967
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 <b>990</b> (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 1,564,017 1,036,268 1 1 538.351 226.039 2 2 Savings and temporary cash investments . . . . . . . 3 120,845 153,806 3 210.999 4 271.603 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . . . . . . . . 0 0 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of ol 0 Schedule L . . . . . 6 32,233 32,231 7 13.917 16.778 9 261.431 9 297.796 Prepaid expenses and deferred charges . . . . . . 55,025,800 Land, buildings, and equipment cost or other basis *Complete* 10a Part VI of Schedule D 10a 10b 16,109,880 10c b Less accumulated depreciation . . . . 36,981,717 38,915,920 0 11 11 11,552,349 10,421,459 12 12 Investments—other securities See Part IV, line 11 . . . . . . 13 13 0 Investments—program-related See Part IV, line 11 . . ol 0 14 14 816,766 892,921 15 15 52,092,625 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 52,264,821 4,805,350 4,429,128 17 17 Accounts payable and accrued expenses . 18 ol 18 0 19 19 0 20 7.490.000 20 12.814.167 21 21 0 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 0 persons Complete Part II of Schedule L $\ldots$ . $\ldots$ . $\ldots$ 0 22 6.404.919 23 Secured mortgages and notes payable to unrelated third parties . . . 23 2,754,760 24 Unsecured notes and loans payable to unrelated third parties . . . . ol 24 0 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 45,537 25 41,189 D . . . . . 26 18,745,806 26 20,039,244 **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 19,935,741 Unrestricted net assets . . . . 18,219,395 5,554,433 28 6,063,508 28 Temporarily restricted net assets . . . . . Fund 29 7,856,645 29 7,942,674 Permanently restricted net assets . . . . Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds . . . . . . 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 Total net assets or fund balances . . . . . 33.346.819 33 32.225.577 34 Total liabilities and net assets/fund balances . . . . . 52.092.625 34 52.264.821

Pal	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		18,6	536,48
2	Total expenses (must equal Part IX, column (A), line 25)	2			
3	Revenue less expenses Subtract line 2 from line 1	3		-9	34,41
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		33,3	346,81
5	Other changes in net assets or fund balances (explain in Schedule O)	5		- 1	186,82
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		32,2	225,57
Par	The contains a response to any question in this Part XII			୮	
1	Accounting method used to prepare the Form 990			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? $\cdot$ .		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t 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	ssued			
	Separate basis Consolidated basis Both consolidated and separated basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	e	За	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	equired	3b	Yes	

### OMB No 1545-0047

Inspection

### **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization PHILANDER SMITH COLLEGE

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.

**Employer identification number** 

71-0230720

Pa	rt I	Reas	on for Pu	blic Charity Sta	tus (All or	ganızatıor	ns must com	plete this	part.) See in		5
				te foundation becaus							_
1	Г	A churc	h, convent	on of churches, or a	ssociation of	fchurches	section 170(l	o)(1)(A)(i)	).		
2	~		•	in <b>section 170(b)(1</b>			-				
3	Ē			perative hospital se				on 170(b)(	1)(A)(iii).		
4	, T			' h organızatıon operat						1)(A)(iii).	Enter the
-	•			ty, and state			а р			-/(/(/-	
_	_										<del></del> .
5	J	=	•	erated for the benefi	_	e or univers	ity owned or d	perated by	y a government	al unit des	cribed in
•	_			(A)(iv). (Complete P	•	tal unit daa	awbad in see	ian 170/h)	(1)(8)()		
5	<u> </u>			local government or							and muchlin
7	ı	describ		at normally receives	a substantia	ai part or its	s support from	i a governn	nental unit or ir	om the ger	ierai public
				(A)(vi) (Complete P	art II )						
8	$\Gamma$	A comn	nunity trust	described in <b>section</b>	n 170(b)(1)(	<b>A)(vi)</b> (Co	mplete Part I	I )			
9	$\sqcap$	An orga	nization th	at normally receives	(1) more th	nan 331/3%	of its support	t from cont	rıbutıons, mem	bership fee	es, and gross
		receipts	s from activ	ities related to its e	xempt functi	ons—subje	ct to certain e	xceptions	, and (2) no mo	re than 33	1/3% of
		ıts supp	oort from gr	oss investment inco	me and unre	lated busin	ess taxable ır	ncome (les	s section 511 t	tax) from b	usinesses
		acquire	d by the org	ganızatıon after June	30,1975 S	ee <b>section</b>	<b>509(a)(2).</b> (0	omplete P	art III )		
10	Γ	An orga	nızatıon or	ganızed and operated	d exclusively	/ to test for	public safety	See <b>secti</b> o	on 509(a)(4).		
11	Γ			ganızed and operated							
				ly supported organiz						ee <b>section</b>	<b>509(a)(3).</b> Check
			Type I	bes the type of supp <b>b</b> Type I			i complete ilne [I - Functiona			ı E Tvr	e III - Other
e	$\vdash$			ox, I certify that the							
_	'			on managers and otl							
		section	509(a)(2)								
f				received a written de	etermination	from the I	RS that it is a	Type I, Ty	pe II or Type I	II support	ing organization,
g		check t		2006, has the organi	ization accei	nted any di	ft or contributi	on from an	v of the		ı
9			g persons?	2000, nus the organi	ization acce	occu uniy gi	ic or contribut		ry or the		
		(i) a pe	rson who di	rectly or indirectly c	ontrols, eith	er alone or	together with	persons d	escribed in (ii)		Yes No
		and (III)	below, the	governing body of th	ne the suppo	rted organi	zation?			11	g(i)
		(ii) a fa	mily membe	er of a person descri	bed in (i) abo	ove?				119	g(ii)
		(iii) a 3	5% control	lled entity of a perso	n described	ın (ı) or (ıı)	above?			119	ı(iii)
h		Provide	the followi	ng information about	the support	ed organıza	ition(s)				
				_ (iii)	(iv)		(		()		
	<b>(:</b> )			Type of	Is the		(v) Did you no	tify the	(vi) Is the	۵	
	(i) Name		(ii)	organization (described on	organizati		organizat		organizati		(vii)
9	suppo		EIN	lines 1- 9 above	col (ı) lıst		col (ı) of		col (ı) orga		A mount of
	rganız			or IRC section	your gove docume	_	suppo	rt?	ın the U	S?	support?
				(see		1	<b>—</b>	Τ	<b>—</b>	Τ	
				ınstructions))	Yes	No	Yes	No	Yes	No	
								1			
							+	-			
								1			
								1			
-ota								+			+

instructions

Sch	edule A (Form 990 or 99	90-EZ)2011						Page <b>2</b>
	(Complet	e only if you	checked the	box on line 5,	7, or 8 of Part	<b>(b)(1)(A)(iv)</b> I or if the orgar	nızatıon faıle	d to qualify
			<u>organızatıon f</u>	fails to qualify ι	<u>under the tests</u>	listed below, pl	<u>lease comple</u>	ete Part III.)
	ection A. Public Su					Т	1	
Cal	endar year (or fiscal ye in)	ar beginning	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	(d) 2010	(e) 2011	( <b>f</b> ) 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	<b>Public Support.</b> Subtractine 4	ct line 5 from						
S	ection B. Total Sup	port						
Cal	<b>endar year</b> (or fiscal yea	r beginning	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	(d) 2010	<b>(e)</b> 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 <b>sto</b>	p here						<b>▶</b> □
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 <b>stop here.</b> The org  33 1/3% support test					6a and line 15 is	33 1/20% or m	ore check this
D	box and <b>stop here.</b> 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—	<b>2010.</b> If the ora	anization did not	check a hov on li	ne 13, 16a 16b	or 17a and lin	<b>▶</b> □
,	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	<b>►</b> □

**▶**□

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	<b>Supplemental Information.</b> 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

DLN: 93493135019633

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

Open to Public

emal Rever	ue Service Attach to F	Form 990. ► See separate instructions.			Inspec	tion
Name o	f the organization ER SMITH COLLEGE		Emplo	yer identifica	tion number	er
	K SHITH COLLEGE		71-02	239729		
Part I			ınds o	r Accounts	. Comple	te if the
	organization answered "Yes" to Form 9	90, Part IV, line 6.  (a) Donor advised funds	<i>(</i> h	) Funds and o	thoraccou	ntc
. Tot	al number at end of year	(a) Dollor advised fullus	(1)	) Fullus allu c	iller accou	111.5
	regate contributions to (during year)					
	regate grants from (during year)					
	regate value at end of year					
Did	the organization inform all donors and donor adv ds are the organization's property, subject to the		or advis	ed	┌ Yes	┌ No
use cor	the organization inform all grantees, donors, and donly for charitable purposes and not for the being impermissible private benefit	nefit of the donor or donor advisor, or for an	y other		┌ Yes	┌ No
	Conservation Easements. Complete		Form	990, Part IV	/, line /.	
Г Г	pose(s) of conservation easements held by the of Preservation of land for public use (e g , recreated Protection of natural habitat  Preservation of open space  mplete lines 2a-2d if the organization held a qua	tion or pleasure)  Preservation of an Preservation of a c	ertified	historic struc	-	a
	ement on the last day of the tax year		01 4 001	Held at the	End of the	Year
<b>a</b> Tot	al number of conservation easements		2a			
<b>b</b> Tot	al acreage restricted by conservation easement	s	2b			
c Nu	mber of conservation easements on a certified hi	storic structure included in (a)	2c			
<b>d</b> Nu	mber of conservation easements included in (c) a	acquired after 8/17/06	2d			
Nui Do	taxable year   mber of states where property subject to conserves the organization have a written policy regarding orcement of the conservation easements it holds	ng the periodic monitoring, inspection, hand	— lling of v	iolations, and	│ ├ <b>Y</b> es	⊏ No
	ff and volunteer hours devoted to monitoring, ins		ents dui	ing the vear	•	ŕ
Am	ount of expenses incurred in monitoring, inspect					
	es each conservation easement reported on line D(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of sect	tion		┌ Yes	┌ No
bal	Part XIV, describe how the organization reports of ance sheet, and include, if applicable, the text of organization's accounting for conservation ease	the footnote to the organization's financial				
	Organizations Maintaining Collection Complete if the organization answered	"Yes" to Form 990, Part IV, line 8.				
art,	he organization elected, as permitted under SFA! historical treasures, or other similar assets held vide, in Part XIV, the text of the footnote to its fi	d for public exhibition, education or researc	h ın furt			e,
hıs	he organization elected, as permitted under SFA! torical treasures, or other similar assets held for vide the following amounts relating to these item	public exhibition, education, or research in				
(i)	Revenues included in Form 990, Part VIII, line	1		<b>►</b> \$		0
(ii)	Assets included in Form 990, Part X			<b>►</b> \$	3	90,734
	he organization received or held works of art, his owing amounts required to be reported under SFA		r financ			
a Rev	venues included in Form 990, Part VIII, line 1			<b>►</b> \$		
b Ass	sets included in Form 990, Part X			<b>►</b> \$		

Part :	<u> III — Organizations Maintaining Co</u>	<u>llections of Art,</u>	His	toric	cal Treas	sures, or O	the	<u>r Similar i</u>	Asse	ts (co	ntınued)
	Jsing the organization's accession and othe tems (check all that apply)	r records, check any	of th	ne foll	owing that	are a significa	ant u	se of its coll	ectioi	า	
a J	▼ Public exhibition		d	Γ	Loan or ex	change progi	rams				
ь「	Scholarly research		e	$\Gamma$	Other						
c [	Preservation for future generations										
	Provide a description of the organization's co Part XIV	ollections and explain	n hov	v they	further the	e organizatior	ı's ex	empt purpos	se in		
5 [	During the year, did the organization solicit							nılar	_	Yes	√ No
Part	Escrow and Custodial Arrang Part IV, line 9, or reported an ar	ements. Comple	te ıf	the c	organizati			es" to Forn			J* 140
	is the organization an agent, trustee, custoo ncluded on Form 990, Part X?					s or other ass	ets	not	Г	Yes	┌ No
<b>b</b> I	f "Yes," explain the arrangement in Part XI	V and complete the f	ollow	ıng ta	ble	_				_	
						-			Amou	ınt	
_	Beginning balance						1c				
	Additions during the year						1d				
e	Distributions during the year						1e				
f	Ending balance						<b>1</b> f				
<b>2a</b> [	Old the organization include an amount on F	orm 990, Part X, line	21?						Γ	Yes	┌ No
<b>b</b> I	f "Yes," explain the arrangement in Part XI\	/									
Part	V Endowment Funds. Complete										
		(a)Current Year 8,748,725	(b)	Prior Y	ear <b>(c)</b> 128,176	Two Years Back 8,007,85	_	Three Years Ba 9,414,	-	Four Y	ears Back
	Beginning of year balance	101,379		0,5	23,205	6,007,63	0	9,414,	0		
	Contributions	-42,687			124,839	718,52	Q Q	-1,034,	139		
	investment earnings or losses	220,978			254,886	1,92	_		766		
	Grants or scholarships	881,297			714,586		+	337,			
	Other expenditures for facilities and programs	001,297			714,386	265,00		337,	110		
f /	Administrative expenses	31,322			37,517	31,29	0		090		
g E	End of year balance	7,673,820		8,7	748,725	8,428,17	6	8,007,	859		
<b>2</b> F	Provide the estimated percentage of the yea	r end balance held a	s								
a [	Board designated or quasi-endowment 🕨	18 000 %									
<b>b</b> F	Permanent endowment 🕨 12 000 %										
c 7	Term endowment ▶ 70 000 %										
	Are there endowment funds not in the posse	ssion of the organiza	tion t	that a	re held and	d administere	d for	the			
	organization by							_		Yes	No
(	(i) unrelated organizations			•			•	<b>—</b>	3a(i)		No
	( <b>ii)</b> related organızatıons						•	🖺	Ba(ii)		No
	Describe in Part XIV the intended uses of th						•		3b		
Part											
	Description of property	<b>51141</b>	<u>, , , , , , , , , , , , , , , , , , , </u>	(a)	Cost or other (investment)			(c) Accumula depreciatio		( <b>d</b> ) Boo	ok value
<b>1a</b> La	and					1,112	,083		$\dashv$	:	1,112,083
	uildings					45,207	-	10,029	,093		5,178,526
	easehold improvements					1-,201	. ==	,-2-	· -		, .,-==
	,	· · · · · · · · · · · · · · · · · · ·		$\vdash$		+			-		
<b>d</b> Ed	quipment					6,603	,648	5,773	,016 l		830,632
	ther					6,603 2,102		,	,016 ,771		830,632 1,794,679

Part VIII Investments—Other Securities. See	Form 990, Part X, line 12	
<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b)Book value	(c) Method of valuation Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
(3)Other (A)CASH EQUIVALENTS	134,937	F
(B) CERTIFICATES OF DEPOSIT	22,536	
(C) MUTUAL FUNDS	3,959,767	F
(D) UNITED METHODIST FOUND OF AR	3,297,230	
(E) REAL ESTATE	259,350	
(F) OTHERS	2,747,639	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	10,421,459	
Part VIII Investments—Program Related. See	e Form 990, Part X, line	13. (c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-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, lin (a) Descrip		(b) Book value
(a) Descrip	, cron	(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 (a) Description of Liability	(b) A mount	
Federal Income Taxes ADVANCES FROM FEDERAL GOVT	15.200	
FUNDS HELD FOR OTHERS	15,200 25,989	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	41,189	

Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	18,636,486
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	19,570,901
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-934,415
4	Net unrealized gains (losses) on investments	4	-225,153
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV )	8	38,326
9	Total adjustments (net) Add lines 4 - 8	9	-186,827
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-1,121,242
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Retu	·n
1	Total revenue, gains, and other support per audited financial statements	1	16,157,010
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	-102,928
3	Subtract line <b>2e</b> from line <b>1</b>	3	16,259,938
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
C	Add lines <b>4a</b> and <b>4b</b>	4c	2,376,548
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	18,636,486
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Ret	
1	Total expenses and losses per audited financial statements	1	17,278,252
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIV) 2d 83,899		
e	Add lines <b>2a</b> through <b>2d</b>	2e	83,899
3	Subtract line <b>2e</b> from line <b>1</b>	3	17,194,353
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 <b>4a</b> and <b>4b</b>	4c	2,376,548
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	19,570,901

### 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

additional information		
Identifier	Return Reference	Explanation
ORGANIZATION'S COLLECTIONS OF ART	FORM 990, SCHEDULE D, PAGE 2, PART III, LINE 4	THE ORGANIZATION'S ARTWORK FOR PUBLIC DISPLAY IS MAINTAINED IN THE LIBRARY
INTENDED USES OF ENDOWMENT FUNDS	FORM 990, SCHEDULE D, PAGE 2, PART V, LINE 4	PERMANENT AND TERM ENDOWMENTS ARE RESTRICTED FOR SCHOLARSHIPS, INSTRUCTION AND FACULTY DEVELOPMENT, D W REYNOLDS LIBRARY MAINTENANCE AND THE PURCHASE OF LIBRARY BOOKS AND MEDIA BOARD-DESIGNATED FUNDS ARE RESTRICTED FOR A CHAIR POSITION FOR THE DIVISION OF BUSINESS UNRESTRICTED NET ASSETS THAT HAVE NO BOARD RESTRICTIONS ARE INTENDED FOR OPERATING RESERVES AND FUTURE CAPITAL PROJECTS
FIN 48 FOOTNOTE	FORM 990, SCHEDULE D, PAGE 3, PART X, LINE 2	MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740 BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS
OTHER CHANGE IN NET ASSETS	FORM 990, SCHEDULE D, PAGE 4, PART XI, LINE 8	38,326 CHANGE IN INTEREST IN ASSETS HELD BY OTHERS
OTHER REVENUE ON BOOKS NOT ON RETURN	FORM 990, SCHEDULE D, PAGE 4, PART XII, LINE 2D	38,326 CHANGE IN INTEREST IN NET ASSETS HELD BY OTHERS 73,757 RENTAL EXPENSES 10,142 SPECIAL EVENTS 122,225
OTHER REVENUE ON RETURN NOT ON BOOKS	FORM 990, SCHEDULE D, PAGE 4, PART XII, LINE 4B	2,376,548 SCHOLARSHIPS AND GRANTS
OTHER EXPENSES INCLUDED ON BOOKS NOT ON RETURN	FORM 990, SCHEDULE D, PAGE 4, PART XIII, LINE 2D	73,757 RENTAL EXPENSES 10,142 SPECIAL EVENTS
OTHER EXPENSES INCLUDED ON RETURN NOT ON BOOKS	FORM 990, SCHEDULE D, PAGE 4, PART XIII, LINE 4B	2,376,548 SCHOLARSHIPS AND GRANTS
		Schodulo D (Form 000) 2011

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DLN: 93493135019633

### 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** 

Name of the organization PHILANDER SMITH COLLEGE

**Employer identification number** 71-0239729 Part I YES NO 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 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 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 Does the organization maintain the following? a 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 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes 4d Yes d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? Νo 5a **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? No\_ 5g 5h Νo h Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a 6a Does the organization receive any financial aid or assistance from a governmental agency? Yes b Has the organization's right to such aid ever been revoked or suspended? Νo If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 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

Yes

#### 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
PUBLICATION OF RACIALLY NONDISCRIMINATORY POLICY		THE COLLEGE PUBLICIZED ITS RACIALLY NONDISCRIMINATORY POLICY THROUGH PUBLIC ADVERTISEMENTS
FINANCIAL AID FROM A GOVERNMENTAL AGENCY	FORM 990, SCHEDULE E, LINE 6A	THE COLLEGE RECEIVES FINANCIAL ASSISTANCE FROM VARIOUS GOVERNMENTAL AGENCIES

Schedule E (Form 990 or 990-EZ) 2011

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**SCHEDULE G** 

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

As Filed Data -

DLN: 93493135019633

**Supplemental Information Regarding Fundraising or Gaming Activities** 

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

OMB No 1545-0047

Open to Public Inspection

	ne of the organization LANDER SMITH COLLEGE					Em	ployer idei	ntification number	
						71	-0239729		
Pa	rt I Fundraising Ac	<b>tivities.</b> Comple	te if the o	organiza	tion answered "Yes"	to Form 990	0, Part IV	, line 17.	
1 a b c d	Indicate whether the organ Mail solicitations Internet and e-mail so Phone solicitations In-person solicitations	nization raised funds dicitations s a written or oral agr	s through :	any of the e f g	following activities Ch  Solicitation of no  Solicitation of go  Special fundraisi	eck all that a n-governmen vernment gra ng events ers, directors,	pply t grants nts trustees	Г Yes Г No	
b	If "Yes," list the ten highes to be compensated at leas								
(i) Name and address of individual or entity (fundraiser)		(ii) Activity	fundrai cust cont	(iii) Did fundraiser have custody or control of contributions?  Yes No (iv) Gross receipts from activity (or retained fundraiser lists col (i)			ned by) Iisted in	(vi) A mount paid to (or retained by) organization	
Tota	al			▶					
3	List all states in which the licensing	organization is regi	stered or	licensed t	o solicit funds or has b	een notified it	: is exempt	from registration or	

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form				
			(a) Event #1  GOLF TOURNAMENT	(b) Event #2 UNCF LUNCHEON	(c) Other Events	(d) Total Events (Add col (a) through
			(event type)	(event type)	(total number)	col <b>(c)</b> )
Ē	1	Gross receipts	11,947	60,125		72,072
Revenue	2	Less Charitable contributions	3,972	28,125		32,097
	3	Gross income (line 1 minus line 2)	7,975	32,000		39,975
	4	Cash prizes				
မှာ က	5	Non-cash prizes	1,538			1,538
Expenses	6	Rent/facility costs	1,872			1,872
쬬	7	Food and beverages				
<u>Drea</u>	8	Entertainment				
Δ	9	Other direct expenses .	134	6,598		6,732
	10	Direct expense summary Add line	es 4 through 9 ın column	(d)		(10,142)
	11	Net income summary Combine li	nes 3 and 10 in column (	d)		29,833
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	orted more than
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1	Gross revenue				
မှ	2	Cash prizes				
xpenses	3	Non-cash prizes				
ш	4	Rent/facility costs				
⊡ ⊡	5	Other direct expenses				
	6	Volunteer labor	Г Yes Г No	Г Yes	Г Yes Г No	
	7	Direct expense summary Add lines	s 2 through 5 in column (	d)	•	( )
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)	<u> ▶ </u>	
9 a b	Ist	er the state(s) in which the organiza the organization licensed to operate No," Explain	gaming activities in each	n of these states?		
		re any of the organization's gaming l Yes," Explain	ıcenses revoked, suspen	ided or terminated during	the tax year?	

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

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DLN: 93493135019633 OMB No 1545-0047

Employer identification number

Department of the Treasury

Internal Revenue Service

Name of the organization

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. ► Attach to Form 990

**Inspection** 

PHILANDER SMITH COLLEGE							
						71-0239729	
Part I General Informatio	n on Grants and	d Assistance					
<ol> <li>Does the organization maintain the selection criteria used to aw</li> <li>Describe in Part IV the organization</li> </ol>	ard the grants or as	sıstance? <b></b>			the grants or assist	ance, and	F Yes □
Part II Grants and Other A Form 990, Part IV, line Part IV and Schedule	e 21 for any recip	ient that received r	nore than \$5,000. Ch	eck this box if no one	recipient receive	ed more than \$5,000	. Use
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
<ul><li>Enter total number of section 50</li><li>Enter total number of other orga</li></ul>						_	

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>(b)</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) FEDERAL WORK STUDY	81	141,184		N/A	N/A
(2) EXTERNAL SCHOLARSHIPS	94	260,683		N/A	N/A
(3) ACADEMIC CHALLENGE AWARDS	68	297,000		N/A	N/A
(4) INSTITUTIONAL SCHOLARSHIPS	290	2,039,512		N/A	N/A

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
PROCEDURES FOR	FORM 990, SCHEDULE I, PART	EXPENDITURE REQUESTS ARE INITIATED AT THE DEPARTMENT LEVEL (I E THE PI, OR THEIR DESIGNEE
MONITORING THE USE	1, LINE 2	REQUESTS THAT THEIR DEPARTMENT MAKE A PURCHASE ON THEIR BEHALF) EXPENDITURE REQUESTS ARE
OF GRANT FUNDS IN		SUBMITTED IN WRITING EITHER BY USING A PURCHASE ORDER, CHECK REQUEST, TRAVEL VOUCHER, OR, ON
THE U S		RARE OCCASIONS, A MEMO TO PRECLUDE INCURRING OBLIGATIONS IN EXCESS OF TOTAL FUNDS AVAILABLE
		FOR THE AWARD THE CONTROLLER REVIEWS ALL EXPENDITURE REQUESTS, PRIOR TO BEING INCURRED, TO
		ENSURE THAT THERE IS ADEQUATE BUDGET AVAILABLE FOR THE PURCHASE THE GRANT ACCOUNTANT IS
		REQUIRED TO REVIEW GRANT BUDGETS PERIODICALLY THE GRANT ACCOUNTANT REVIEWS THE EXPENDITURE
		REQUESTS TO ENSURE THAT NO BUDGET CATEGORIES ARE OVERRUN AND REVIEWS THE EXPENSE LIST FOR ANY
		UNUSUAL ACTIVITY THE CONTROLLER REVIEWS AWARD-RELATED EXPENDITURE REQUESTS FOR COMPLIANCE
		WITH OMB COST PRINCIPLES RECONCILIATIONS ARE PREPARED BY THE GRANT ACCOUNTANT FOR MAJOR
		GRANTS AND ARE REVIEWED BY THE VICE PRESIDENT FOR FISCAL AFFAIRS AND CONTROLLER

DLN: 93493135019633

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

PHI	LANDER SMITH COLLEGE 71-0239729			
Pa	rt I Questions Regarding Compensation			
			Yes	No
<b>1</b> a	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			
	Travel for companions  Payments for business use of personal residence			l
	Tax idemnification and gross-up payments    Tax idemnification and gross-up payments   Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		<u> </u>
3	Indicate which, if any, of the following the organization uses to establish the compensation of the			l
	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			l
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization	1		
а	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
_	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
_	The organization?	5a		l No
a b	Any related organization?	5b		No
U	If "Yes," to line 5a or 5b, describe in Part III	30		NO
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			l
	compensation contingent on the net earnings of			
а	The organization?	6a		No
b	Any related organization?	6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No.
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		Νo
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations			l

section 53 4958-6(c)?

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

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

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

					1		,	
(A) Name		<b>(B)</b> Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	<b>(F)</b> Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) DR WALTER M KIMBROUGH	(I) (II)	167,469 0	0	0	11,723	13,993 0	193,185	0
_			Ü		Ū	·		Ü

Schedule J (Form 990) 2011 Page **3** 

#### Part III Supplemental Information

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

Identifier Return Reference Explanation

Schedule J (Form 990) 2011

### **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

DLN: 93493135019633

Open to Public **Inspection** 

Internal Revenue Service Name of the organization

Department of the Treasury

Schedule K

(Form 990)

PHILANDER SMITH COLLEGE

Employer identification number 71-0239729

Р	art I Bond Issues									•					
	(a) Issuer Name	(b) Issuer EIN	<b>(c)</b> CUSIP #	(d) Date Issued	(e) Issue F	rice	(f)	(f) Description of Purpose		(g) Defeased		(g) Defeased Beha			Pool ncing
										Yes	No	Yes	No	Yes	No
A	PULASKI COUNTY PUBLIC FACILITIES BOARD	71-0721974	74539NAYO	05-26-2006	7,950	0,000	STUD 2006	DENT REVEN	IUE BONDS						
В	PULASKI COUNTRY PUBLIC FACILITIES BOARD	71-0721974	74539NBA1	10-19-2011	5,35	7,510	STUD 2011	DENT REVEN	IUE BONDS						
Pa	art II Proceeds				•										
						4		E	3		С			D	
1	A mount of bonds retired						0		116,712						
2	A mount of bonds defeased						0		0						
3	Total proceeds of issue					10,014	4,608		5,357,521						
4	Gross proceeds in reserve fur	nds				28	8,865	186,617							
5	Capitalized interest from proc	eeds					0		0						
6	Proceeds in refunding escrow						0		0						
7	Issuance costs from proceeds	S				305	5,963		97,415						
8	Credit enhancement from prod	eeds					0	0 0							
9	Working capital expenditures	from proceeds					0	0 0							
10	Capital expenditures from pro	ceeds				7,793	3,000	5,069,247							
11	Other spent proceeds						0		0						
12	Other unspent proceeds						0		0						
13	Year of substantial completion	n							•						
					Yes	N	0	Yes	No	Yes		No	Yes		No
14	Were the bonds issued as par	t of a current refund	ing issue?			×	<u> </u>		Х						
15	Were the bonds issued as par	t of an advance refu	nding issue?		Х			Х							
16	16 Has the final allocation of proceeds been made?			Х			Х								
Does the organization maintain adequate books and records to support the final allocation of proceeds?			х			Х									
Pa	rt IIII Private Business U	Jse									•			•	
					-	<u> </u>		E			Ç			D	
					Yes	N	0	Yes	No	Yes		No	Yes		No

property financed by tax-exempt bonds?

financed property?

Was the organization a partner in a partnership, or a member of an LLC, which owned

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

Χ

Χ

Χ

Par	t IIII Private Business Use (Continued)								
			A		В		С		D
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		×		×				
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
С	Are there any research agreements that may result in private business use of bond-financed property?		х		х				
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?		х		Х				
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0 %						
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		0 %						
6	Total of lines 4 and 5		0 %		0 %				
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	Х		Х					

Part IV Arbitrage

		Α.		В		C		D	
		Yes	No	Yes	No	Yes	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?								
	bolla issue		×		X				
2	Is the bond issue a variable rate issue?		×		X				
	Has the organization or the governmental issuer entered								
	into a hedge with respect to the bond issue?								
			X		X				
		-							
ь	Name of provider	0		0					
	Term of hedge	+							
	Was the hedge superintegrated?	+			<u> </u>		ī		
a	was the heage superintegrated.		X		×				
е	Was a hedge terminated?								
			X		X				
	Were gross proceeds invested in a GIC?	+							
4a	were gross proceeds invested in a GIC /		Х		Х				
b	Name of provider	0		0					
	Term of GIC								
	Was the regulatory safe harbor for establishing the fair market	-	T		T		T		<u> </u>
d	value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary								
	period?		×		X				
6	Did the bond issue qualify for an exception to rebate?	l x		X					
		'		1					

### **Procedures To Undertake Corrective Action**

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations

#### **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: 93493135019633

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization PHILANDER SMITH COLLEGE	Employer ident if	ication number
	71-0239729	

ldentifier	Return Reference	Explanation
GOVERNING DOCUMENTS	FORM 990, PAGE 6, PART VI, SECTION C, LINE 19	THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, OR FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC
FORM 990 REVIEW PROCESS	FORM 990, PAGE 6, PART VI, SECTION B, LINE 11B	AFTER FINALIZING FORM 990, MANAGEMENT WILL PROVIDE THE FORM AND ANY ATTACHMENTS TO THE CHAIRMAN OF THE BOARD AND THE CHAIRMAN OF THE FINANCE COMMITTEE SUFFICIENT TIME TO REVIEW, DISCUSS, AND ASK QUESTIONS WILL BE ALLOWED BEFORE THE FORM IS FILED WITH THE IRS
CONFLICT OF INTEREST POLICY	PART VI, SECTION B, LINE 12C	ALL DIRECTORS, OFFICERS, AND EMPLOYEES ARE REQUIRED TO DISCLOSE ANY POTENTIAL CONFLICTS AS THEY ARISE. IN-HOUSE LEGAL COUNSEL INVESTIGATES ANY POTENTIAL CONFLICTS AND ACTION IS TAKEN IF NECESSARY. IN-HOUSE LEGAL COUNSEL REVIEWS ALL AGREEMENTS PRIOR TO SIGNATURE.
OTHER CHANGES IN NET ASSETS	FORM 990, PAGE 12, PART XI, LINE 5	225,153 UNREALIZED GAINS AND LOSSES -38,326 CHANGE IN INTEREST IN ASSETS HELD BY OTHERS 186,827 OTHER CHANGES IN NET ASSETS