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SCANNED MAR 1 2 2014

Form **990-EZ**

Short Form 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)

2012

OMB No 1545-1150

(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

Open to Public Inspection

			at the end of the year may use this form.							
A For the 2012 calendar year, or tax year beginning A For the 2012 calendar year, or tax year beginning July 1st , 2012, and ending						ine 30	th , 20 13			
_							lentification number			
	Address o				J Limbi	, -				
Ħ	Name cha	Raiston Conege nic.	ul is not delivered to street address)	Room/suit	e E Tolor	27-1823146 Telephone number				
Ĭ	initial retu	m 1	aris not delivered to street address;	71001170011	E Telep					
	Terminate	P.O. Box 8302 City or town, state or country, and ZII	2 . 4				12) 658-5665			
	Amended	return	- + 4			•	emption			
Ц		n pending Savannah, Georgia 31412-8302				nber				
		*	er (specify)		!		if the organization is no			
		te: ► www.ralston.ac					tach Schedule B			
<u>J 1</u>	ах-ехел	npt status (check only one) — 🗸 501(c)(3) 🔲 50					0-EZ, or 990-PF)			
	Check •						•			
		e than \$50,000. A Form 990-EZ or Form 990 ret	· · · · · · · · · · · · · · · · · · ·	90-N (e-postcard) may be rec	uired	(see instructions). But if			
	_	anization chooses to file a return, be sure to file	•							
		s 5b, 6c, and 7b, to line 9 to determine gross receip	- · · · · · · · · · · · · · · · · · · ·	r more, or if total as	ssets (Part II,					
		olumn (B) below) are \$500,000 or more, file Form 9				▶ \$	83,70			
P	art I	Revenue, Expenses, and Change								
		Check if the organization used Scheo	lule O to respond to any que	estion in this Pa	urt I	<u></u>				
	1	Contributions, gifts, grants, and similar at	mounts received			1	\$83,70			
	2	Program service revenue including gover	nment fees and contracts .			2	\$			
	3	Membership dues and assessments				3	\$1			
	4	Investment income	· · · · · · · · · · · · · · · · · · ·							
	5a	Gross amount from sale of assets other t								
	b	Less: cost or other basis and sales exper	n se s	5b	\$0					
	С	Gain or (loss) from sale of assets other th	an inventory (Subtract line 5b	from line 5a) .		5c	\$(
	6	Gaming and fundraising events								
	а	Gross income from gaming (attach S	Schedule G if greater than							
Pe		\$15,000)		6a	\$0					
Revenue	Ь	Gross income from fundralsing events (no	ot including \$	o of contribu						
è		from fundraising events reported on line					•			
_		sum of such gross income and contributi		6b	\$0					
	C	Less: direct expenses from gaming and f	undraisina events	6c	\$0					
	d	Net income or (loss) from gaming and f	3	6a and 6b and	subtract					
		line 6c)				6d	S			
	7a	Gross sales of inventory, less returns and	l allowances	7a	\$0					
	b			7b	\$0					
	C	Gross profit or (loss) from sales of invento				7c	\$1			
	8	Other revenue (describe in Schedule O) .				8	\$(
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c				9	\$83,700			
_	10	Grants and similar amounts paid (list in S				10	∴¹ \$1			
	11	Benefits paid to or for members			n-=	11	\$1			
Ø	1	Salaries, other compensation, and emplo			J. 6.	12	\$(
Expenses	13	Professional fees and other navments to	independent contractors	The second	<i>5.7</i> /	13	\$20,000			
ě	14	Occupancy rent utilities and maintenant	sional fees and other payments to independent contractors							
X	15	Printing, publications, postage, and shipp	,	14 15	\$4,179					
_	16	Other expenses (describe in Schedule O)		16	\$1,579					
	17					17	\$50,59			
	18	Total expenses. Add lines 10 through 16 Excess or (deficit) for the year (Subtract li				18	\$76,35			
şţ	19	Net assets or fund balances at beginning				10	\$7,34			
SS	'5	end-of-year figure reported on prior year'				40				
Net Assets	200	•				19	\$4,340			
Z	20	Other changes in net assets or fund balar				20	\$14.50			



Pa		•				
	Check if the organization used Schedule	O to respond to a	ny question in this	(A) Beginning of year		(D) Food of 1999
00	Cook accuracy and investments			<u> </u>	22	(B) End of year
22 23	Cash, savings, and investments			\$4,346	23	\$11,691
24	Other assets (describe in Schedule O)				24	\$0 \$0
25	Total assets			\$4,346		\$11,691
26					26	\$(
27	Net assets or fund balances (line 27 of column			\$4,346		\$11,691
Par				Part III)		
	Check if the organization used Schedule	O to respond to a	ny question in this	s Part IÍÍ 🔒 🗌	(Red	Expenses guired for section
Wha		A start-up liberal art				(c)(3) and 501(c)(4)
as m	ribe the organization's program service accomplisions are assured by expenses. In a clear and concise management	anner, describe the			494	anizations and section 7(a)(1) trusts, optional others)
	ons benefited, and other relevant information for ea	 				
28	Ralston College is a new institution of higher learning	4	·		1	
	accepting applications for student admission. The Co			raising the		
	funds necessary to open its doors and its expenses r (Grants \$ 0) If this amount	includes foreign gra			28a	es 176
29					200	\$52,176
23	not applicable					

	(Grants \$) If this amount	includes foreign gra	ints, check here	▶ □	29a	\$ \$0
30	not applicable					
••	iio, approadio					
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		***************************************		
	(Grants \$ ) If this amount	includes foreign gra	ints, check here .	▶ 🗆	30a	so so
31	Other program services (describe in Schedule O)				1	
		includes foreign gra			31a	\$0
32	Total program service expenses (add lines 28a t				32	\$52,176
Par	List of Officers, Directors, Trustees, and Key	Employees List each	h one even if not cor	npensated (see the in	struc	tions for Part IV)
	Check if the organization used Schedule	O to respond to a	ny question in this	Part IV		🗀
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS (if not paid, enter -0-			Estimated amount of other compensation
Step	nen J. Blackwood					
Gove	rnor and President	20	\$	0	\$0	\$0
M. Ty	us Butler Jr					
Gove	rnor and Chancellor	1		0	\$0	\$0
Gavi	n G. Dunbar					
Chai	man of the Board of Governors	5		0	\$0	\$0
John	M. Hewson III					
Secr	etary	1		60	\$0	\$0
Robe	rt H. Jarman					
Gove	rnor	1		60	\$0	\$0
	s A. Pritchard					
Gove	mor, Dean, and Chief Financial Officer	20		:0	\$0	\$0
	······································				+	<del></del>
					+	
						· · · · · · · · · · · · · · · · · · ·
					+	
				<del>-  </del>		· · · · · · -

Part				
<del></del>	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		Yes	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	33		<b>-</b>
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a \$			
b	Did the organization file Form 1120-POL for this year?	37b		1
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		1
	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	1		ĺ
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		./
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	700		_ <del>_</del>
-	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			!
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed ▶ Georgia			<u> </u>
42a	The organization's books are in care of ▶ James A. Pritchard Telephone no. ▶ (	912) 6	58-566	5
	Located at ► P.O. Box 8302, Savannah, Georgia ZIP + 4 ►	31412	-8302	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No ✓
	If "Yes," enter the name of the foreign country: ▶			ſ
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		_ ✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. 1	<b>▶</b> □
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.	44a		<b>√</b>
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1
C	Did the organization receive any payments for indoor tanning services during the year?	44c	-	1
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			_ <del></del>
_	Form 990-EZ (see instructions)	45b		. ✓

		<del></del>						Yes	No	
46		ne organization engage, directly or in ndidates for public office? If "Yes," c							1	
Part		Section 501(c)(3) organizations					1 40	<u> </u>		
	_	All section 501(c)(3) organizations		stions 47-49b ar	nd 52, and	complete th	e tables	for lin	es	
		50 and 51 Check if the organization used Sch	adula O ta raspand	to any guartien i	in thin Part \	A/I			_	
		Check if the organization used Sci	reduie O to respond	to any question	II tills Fait	vi	<del>· · · · · · · · · · · · · · · · · · · </del>	Yes	No	
47	Did t	he organization engage in lobbying	activities or have a s	section 501(h) elec	ction in effe	ct during the	tax	163	140	
		If "Yes," complete Schedule C, Part					. 47		1	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E									
49a		ne organization make any transfers to			anization?		. 49a	1	1	
þ		s," was the related organization a se								
50		plete this table for the organization's oyees) who each received more than								
	Ompi	oyees, who east received more than		I		alth benefits,	C, Citter 1	TOTIC.		
	(a)	Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contribute benefit pla	ons to employee ins, and deferred ipensation	(e) Estimat other cor			
none						·		<del></del>	<del></del>	
						· · · · · · · · · · · · · · · · · · ·		•		
					-					
	<del></del>		<del></del>							
f 		number of other employees paid over			0					
51 		plete this table for the organization's ,000 of compensation from the organ			ent contract	ors who each	ı received	more	than	
(a)	Name a	nd address of each independent contractor pair	d more than \$100,000	<b>(b)</b> Type of :	service	(c)	) Compensat	ion		
none										
								·- <u>-</u> · · ·		
		······································								
d	Total	number of other independent contra	ctors each receiving	over \$100,000 .	.▶		0			
52		ne organization complete Schedule A xempt charitable trusts must attach a		· / · /	ons and 494	7(a)(1)	► ☑ Yes	s 🗇 t	No	
		of perjury, I declare that I have examined this red complete Declaration of preparer (offer than								
		James Privi	diavo			Felorua	r415#	h. Z	114	
Sign Here		Signature of officer	Dans and Chief Finan	-i-l 055		Date		<del>/</del> ·	-: /	
nere		James A. Pritchard Governor, Type or print name and title	Dean, and Chief Finan	iciai Officer						
Paid		Print/Type preparer's name	Preparer's signature	Date	Check C					
Prep		Firm's name ▶	J		self-employed Firm's EIN ▶					
Use (		Firm's address ▶				Phone no				
May th	e IRS	discuss this return with the preparer	shown above? See i	nstructions			► ☐ Yes	s 🗆 l	No	

Form 990-EZ (2012)

Page 4

### SCHEDULE A (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Employer identification number

	on College Inc.					<del></del>	<u>.                                  </u>	-, -		323146		
Pa			rity Status (All orga	-					nstruction	ons.		
The (		•	ation because it is: (Fo thes, or association of		•	•	•		i).			
2	_		170(b)(1)(A)(ii). (Attac						•			
3			spital service organiza			section '	170(b)(1)	(A)(iii).				
4	hospital's nan	ne, city, and stat	on operated in conjunce.							,		
5		on operated for b)(1)(A)(iv). (Com	the benefit of a colle	ge or un	versity o	wned or	operated	by a go	vernmen	tal unit o	describ	oed in
6 7	☐ An organization	on that normally	nment or government receives a substantia	al part of					nit or fror	m the ge	neral į	public
۰			<b>)(A)(vi).</b> (Complete Pai in <b>section 170(b)(1)(A</b>	•	mploto De	und II \						
8 9			receives: (1) more that		-	-		محماضيطا		abia faaa		
3	receipts from support from	activities related gross investme	d to its exempt funct ent income and unre	ions—su lated bu	bject to d siness ta	certain ex xable ind	xceptions come (les	s, and (2) ss sectio	no more	e than 3	31/3%	of its
40		=	after June 30, 1975. Se					•	7.43			
10 11			d operated exclusively nd operated exclusive									.4.41
••	purposes of o	one or more pub	olicly supported organ describes the type of	nizations	describe	d in sect	ion 509(a	a)(1) or se	ection 50	9(a)(2). S		
	a Type I	<b>b</b> 🛚 Type						Type III—			oteara'	ted
е	☐ By checking t	his box, I certify indation manage	that the organization ers and other than one	is not co	ntrolled d	lirectly or	indirectl	y by one	or more	disqualif	ied pe	rsons
f	If the organiz		a written determination	on from	the IRS t	that it is	а Туре	I, Type	ll, or Typ	oe III su	pportir	ng —
g	•	17, 2006, has t	he organization acce	pted any	gift or co	ontributio	n from a	iny of the	· · ·			· []
	(i) A person	who directly or i	ndirectly controls, eithody of the supported					describe	d ın (ii) aı		Yes	No
			on described in (i) abo	-						11g(i	<del></del>	-
			a person described in							11g(ii 11g(ii		-
h			ion about the support							1.18/11	'11	J.,
(i)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (i) hi	organization sted in your document?	the organ	ou notify nization in of your port?	organizat (i) organi	Is the tion in col zed in the S?	(vii) Amou	int of mo	onetary
			(000 111011 2020110))	Yes	No	Yes	No	Yes	No	1		
(A)												
(B)			,									
(C)	<del></del>											
(D)	<del></del>								-			
(E)		-		<del></del>				<u></u>		-		
Total		1	Ī	I	j .		I	1	1	1		

	(Complete only if you checked the Part III. If the organization fails to						alify under
Secti	on A. Public Support					<u> </u>	
	dar year (or fiscal year beginning in) ▶	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4						<del>.</del>
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the	_			-		
	organization, check this box and stop her					<u> </u>	· · <b>&gt;</b> 🗆
	on C. Computation of Public Support					<del></del>	
14	Public support percentage for 2012 (line 6		-			14	%
15 16a	Public support percentage from 2011 Sche 331/3% support test—2012. If the organiz					n% or more c	hock this
iva	box and <b>stop here.</b> The organization quali						
ь	331/3% support test—2011. If the organi						
_	check this box and stop here. The organiz						. ► □
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part IV how the organization meets the "fa organization	ets the "facts- acts-and-circu	and-circumsta ımstances" tes	nces" test, che st. The organiz	eck this box ar ation qualifies	nd <b>stop here.</b> E as a publicly si	line 14 is Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizati Explain in Part IV how the organization me	on meets the ets the "facts	e "facts-and-ci s-and-circums	rcumstances" tances" test. T	test, check the organization	nis box and <b>st</b> in qualifies as a	, and line op here. a publicly
	supported organization						_
18	<b>Private foundation.</b> If the organization did	not check a	Dox on line 13	, 16a, 16b, 17a	, or 17b, chec	k this box and	see ▶ □

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

Part				ction 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 I	l.
ŀ	f the organization	n fails to qualify under	the tests listed below, please complete Part II.)	

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 2012	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid		1				
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						1.
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .		l				<u> </u>
ь	Amounts included on lines 2 and 3						
	received from other than disqualified		1				
	persons that exceed the greater of \$5,000		ł				
	or 1% of the amount on line 13 for the year						<u> </u>
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)		<u> </u>	<u> </u>	<u> </u>		1
	on B. Total Support				·		.,
Calen	dar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6			 			
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
_	royalties and income from similar sources .						<b>+</b>
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975						
	•						<del>-</del>
	Add lines 10a and 10b	········					<del> </del>
11	Net income from unrelated business activities not included in line 10b, whether						
	or not the business is regularly carried on		ŀ				
12	Other income. Do not include gain or		<del>                                     </del>				+
12	loss from the sale of capital assets			Ì			
	(Explain in Part IV.)		]				
13	Total support. (Add lines 9, 10c, 11,		<del> </del>	<del></del>			<del> </del>
. •	and 12.)						
14	First five years. If the Form 990 is for the	ne organization	n's first, secon	d. third. fourth	or fifth tax ve	ear as a secti	on 501(c)(3)
	organization, check this box and stop he	•			•		
Secti	on C. Computation of Public Suppor			·····	<del></del>	<del> </del>	
15	Public support percentage for 2012 (line		<del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>	3, column (f))		15	%
16	Public support percentage from 2011 Scl	nedule A, Part	III, line 15 .			16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2012 (	line 10c, colur	nn (f) divided b			17	%
18	Investment income percentage from 2011	Schedule A,	Part III, line 17			18	%
19a	331/3% support tests-2012. If the organ	zation did not	check the box	k on line 14, a	nd line 15 is m		
	17 is not more than 331/3%, check this box						
b	331/3% support tests-2011. If the organiz						
	line 18 is not more than 331/3%, check this	box and <b>stop</b> h	<b>iere.</b> The organ	ization qualifies	as a publicly s	upported orga	nization 🕨 📋
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b, c	check this box	and see instr	uctions 🕨 📋

Schedule A (F	-orm 990 or 990-EZ) 2012	Page 4
Part IV	<b>Supplemental Information.</b> Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	
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### SCHEDULE E (Form 990 or 990-EZ)

Schools

 Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.
 ► Attach to Form 990 or Form 990-EZ. OMB No. 1545-0047
2012
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Raiston College Inc. 27-1823146
Part 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	1	
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	1	
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		
4 a	Ralston College is a new institution still in its organizational stages and occupied at present with raising the funds necessary to open its doors. It has not yet been approved to solicit or admit students and consequently there is no solicitation or registration period. However the College has publicized its racially nondiscriminatory policy by means of a newspaper advertisement following its incorporation and has placed a notice of this policy on its website: <a href="http://www.ralston.ac/about/">http://www.ralston.ac/about/</a> Does the organization maintain the following?  Records indicating the racial composition of the student body, faculty, and administrative staff?	<b>4</b> a	1	
С	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	1	
	with student admissions, programs, and scholarships?	4c	1	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	1	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
		ł		
5	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	5a		<b>✓</b>
b	Admissions policies?	5b		<b>✓</b>
С	Employment of faculty or administrative staff?	5c		1
d	Scholarships or other financial assistance?	5d		<b>✓</b>
e	Educational policies?	5e		1
f	Use of facilities?	5f		<b>/</b>
9	Athletic programs?	5g		1
h	Other extracurricular activities?	5h		<b>✓</b>
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a		1
b	Has the organization's right to such aid ever been revoked or suspended?	6b		1
_	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.	7	1	

ocuednie E (t	orm 990 or 990-E2) (2012)
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)
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### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

27-1823146

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

Attach to Form 990 or 990-EZ.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Raiston College Inc.

Employer identification number

NARRATIVE INFORMATION RELATING TO FORM 990-EZ (2012) PART I, LINE 16 (OTHER EXPENSES): Ralston College has indicated on Line 16 of Part I in Form 990-EZ (2012) (which pertains to its fiscal year extending from July 1st, 2012 to June 30th, 2013) that it incurred "other expenses" of \$50,597. Ralston College is a start-up liberal arts college still in its organizational stages and focused on its goal of raising substantial sums of money from donors so as to be able to begin admitting and teaching students. It does not at this time solicit or admit students but hopes to be able to do so soon, and in the meantime the College directs its energies towards fund-raising, which primarily involves sending representatives (typically its President Dr Stephen Blackwood) to meet with prospective donors and others who may be able to help the College meet its fund-raising goals wherever such persons may be located. This inevitably involves a certain degree of expense, especially with respect to travel, and the College's fund-raising costs typically include hotel rooms, meals, and airline tickets, as well as other travel costs, which is how the aforementioned \$50,597 primarily was spent.

Schedule O (Form 990 or 990-EZ) (2012)	P.	age Z
Name of the organization	Employer identification number	
Raiston College Inc.	27-1823146	
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