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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2012

Open to Public
Inspection

A For the 2012 calendar year, or tax year beginning **JUL 1, 2012** and ending **JUN 30, 2013**

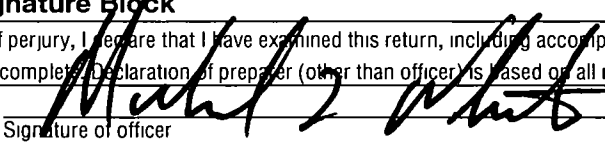

| | | | |
|--|--|--|--|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization COE COLLEGE | | D Employer identification number 42-0686467 |
| | Doing Business As | | |
| | Number and street (or P.O. box if mail is not delivered to street address) Room/suite & BUSINESS OFFICE; 1220 1ST AVE NE | | E Telephone number 319-399-8643 |
| | City, town, or post office, state, and ZIP code CEDAR RAPIDS, IA 52402 | | G Gross receipts \$ 82,461,733. |
| | F Name and address of principal officer JAMES R PHIFER 1220 FIRST AVE NE, CEDAR RAPIDS, IA 52402 | | H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶ |
| I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | | |
| J Website: ▶ WWW.COE.EDU | | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | | |
| L Year of formation: 1881 M State of legal domicile: IA | | | |

Part I Summary

| | | | |
|---|---|-----------------------|-----------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: COE COLLEGE IS A PRIVATE, FOUR-YEAR CO-EDUCATIONAL LIBERAL ARTS COLLEGE | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 40 | |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 37 | |
| | 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) | 1513 | |
| | 6 Total number of volunteers (estimate if necessary) | 198 | |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 0. | |
| 7b Net unrelated business taxable income from Form 990-T, line 8 | 0. | | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | 12,712,765. | 9,710,962. |
| | 9 Program service revenue (Part VIII, line 2g) | 49,461,844. | 51,960,086. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 3,491,233. | 5,231,281. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | <2,277.> | <2,937.> |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 65,663,565. | 66,899,392. |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 23,055,697. | 24,296,433. |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 20,226,297. | 20,598,080. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 79,200. |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,452,135. | | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 15,405,503. | 16,957,036. |
| | 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | 58,687,497. | 61,930,749. |
| 19 Revenue less expenses Subtract line 18 from line 12 | 6,976,068. | 4,968,643. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | 167,709,497. | 173,795,163. |
| | 21 Total liabilities (Part X, line 26) | 41,750,768. | 40,297,226. |
| | 22 Net assets or fund balances Subtract line 21 from line 20 | 125,958,729. | 133,497,937. |

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

| | | | | | |
|-------------------------------|---|--|------------------------|---|-------------------------------|
| Sign Here | Signature of officer  | Date 7-28-2015 | | | |
| | MICHAEL L WHITE, EXEC VP - ASST SECY/TREAS Type or print name and title | | | | |
| Paid Preparer Use Only | Print/Type preparer's name CARLEY UMSTEAD | Preparer's signature  | Date 7-20-15 | Check <input type="checkbox"/> if self-employed | PTIN P00982177 |
| | Firm's name ▶ MCGLADREY LLP | Firm's EIN ▶ 42-0714325 | | | |
| | Firm's address ▶ 221 THIRD AVE SE, STE 300 CEDAR RAPIDS, IA 52401 | | | | Phone no. 319-298-5333 |

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

☒ Yes ☐ No

SCANNED SEP 18 2015

Part III Statement of Program Service Accomplishments

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

☒ X

- 1 Briefly describe the organization's mission

SEE SCHEDULE O

- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☒ Yes ☐ No

If "Yes," describe these changes on Schedule O

- 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code _____) (Expenses \$ 45,647,439. including grants of \$ 24,296,433.) (Revenue \$ 44,015,278.)

EDUCATIONAL-COEDUCATIONAL INSTITUTE OFFERING A 4 YR COURSE IN THE ARTS & SCIENCES, SUMMER, GRADUATE STUDY, MASTERS OF ARTS IN TEACHING PROGRAMS ARE MAINTAINED IN ADDITION TO THE REGULAR SCHOOL YEAR. THERE ARE 1,304 FALL TERM AND 1,237 SPRING TERM FULL TIME STUDENTS AND 119 PART TIME STUDENTS.

4b (Code _____) (Expenses \$ 4,978,113. including grants of \$ _____) (Revenue \$ 7,944,808.)

AUXILIARY ENTERPRISES-INCLUDING RESIDENCE HALLS & COLLEGE RENTAL HOUSING, FOOD SERVICES, STUDENT UNION & SUMMER CONFERENCES.

4c (Code _____) (Expenses \$ 5,823,400. including grants of \$ _____) (Revenue \$ _____)

PROGRAM SERVICES-EXPENDITURES FOR OPERATION AND MAINTENANCE OF FACILITIES

- 4d Other program services (Describe in Schedule O)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses **56,448,952.**

Part IV Checklist of Required Schedules

| | Yes | No |
|--|----------|----------|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | X | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? | X | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | | X |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | | X |
| 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? <i>If "Yes," complete Schedule C, Part III</i> | | X |
| 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? <i>If "Yes," complete Schedule D, Part I</i> | | X |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | X | |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> | | X |
| 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> | X | |
| 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 | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> | X | |
| 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? <i>If "Yes," complete Schedule D, Part VII</i> | X | |
| 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? <i>If "Yes," complete Schedule D, Part VIII</i> | | X |
| 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? <i>If "Yes," complete Schedule D, Part IX</i> | X | |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| 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)? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | | X |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | X | |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | X | |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | | X |
| 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? <i>If "Yes," complete Schedule F, Parts I and IV</i> | X | |
| 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 United States? <i>If "Yes," complete Schedule F, Parts II and IV</i> | | X |
| 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 United States? <i>If "Yes," complete Schedule F, Parts III and IV</i> | | X |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> | X | |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | X | |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | X |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|--|----------|----------|
| 21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | | X |
| 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? <i>If "Yes," complete Schedule I, Parts I and III</i> | X | |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | X | |
| 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> | X | |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | X |
| 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? | | X |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | X |
| 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? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| 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? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| 26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> | | X |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | | X |
| 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): | | |
| a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | X | |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| c 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 direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | X | |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | X | |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | X | |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | X |
| 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 "Yes," complete Schedule R, Part I</i> | | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | X | |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | X | |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | X | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | X |
| 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? <i>If "Yes," complete Schedule R, Part VI</i> | | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | X | |

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

| | | Yes | No |
|-----|--|-----|----|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 235 | | |
| 1b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 0 | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | X | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 1513 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | X | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | X | |
| b | If "Yes," enter the name of the foreign country CAYMAN ISLANDS See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | X |
| c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | |
| 6a | 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 as charitable contributions? | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| a | 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? | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | X | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year. 1 | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| a | Did the organization make any taxable distributions under section 4966? | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | | |
| 10 | Section 501(c)(7) organizations. Enter | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12. 10a | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b | | |
| 11 | Section 501(c)(12) organizations. Enter | | |
| a | Gross income from members or shareholders. 11a | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). 11b | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13b | | |
| c | Enter the amount of reserves on hand. 13c | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | |

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

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

☒**Section 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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | 40 | |
| 1b Enter the number of voting members included in line 1a, above, who are independent | 37 | |
| 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? | <input checked="" type="checkbox"/> | |
| 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? | | <input checked="" type="checkbox"/> |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | <input checked="" type="checkbox"/> |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | | <input checked="" type="checkbox"/> |
| 6 Did the organization have members or stockholders? | | <input checked="" type="checkbox"/> |
| 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? | | <input checked="" type="checkbox"/> |
| 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | <input checked="" type="checkbox"/> |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a The governing body? | <input checked="" type="checkbox"/> | |
| b Each committee with authority to act on behalf of the governing body? | <input checked="" type="checkbox"/> | |
| 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 | | <input checked="" type="checkbox"/> |

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

| | Yes | No |
|---|-------------------------------------|-------------------------------------|
| 10a Did the organization have local chapters, branches, or affiliates? | | <input checked="" type="checkbox"/> |
| b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | | |
| 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | <input checked="" type="checkbox"/> | |
| b Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | |
| 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 | <input checked="" type="checkbox"/> | |
| b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | <input checked="" type="checkbox"/> | |
| c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | <input checked="" type="checkbox"/> | |
| 13 Did the organization have a written whistleblower policy? | <input checked="" type="checkbox"/> | |
| 14 Did the organization have a written document retention and destruction policy? | <input checked="" type="checkbox"/> | |
| 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? | | |
| a The organization's CEO, Executive Director, or top management official | <input checked="" type="checkbox"/> | |
| b Other officers or key employees of the organization | <input checked="" type="checkbox"/> | |
| 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? | | <input checked="" type="checkbox"/> |
| b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | | |

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **► NY**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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 during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **►**
RICHARD E RHEINSCHMIDT, CONTROLLER - (319) 399-8643
COE COLLEGE-1220 1ST AVE NE, CEDAR RAPIDS, IA 52402

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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. 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) JAMES R PHIFER TRUSTEE-PRESIDENT | 40.00 | X | | X | | | | 431,608. | 0. | 41,563. |
| (2) TERRY ABERNATHY TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (3) R DARYL BANKS TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (4) KIM BENJAMIN TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (5) PETER BIRKEY TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (6) J DAVID CARSON TRUSTEE - CHAIRMAN | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (7) STEVEN CAVES TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (8) ROBERT CHIUSSANO TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (9) HEATHER DANIELS TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (10) TOM ELLIS TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (11) SAM FREITAG TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (12) DAVID GEHRING TRUSTEE - SECY | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (13) JOHN GIROTTO TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (14) KEN GOLDER TRUSTEE - 2ND VICE CHAIRMAN | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (15) TONY GOLOBIC TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (16) DENNIS GREENSPON TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (17) KEITH HALL TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) GENE HENDERSON TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (19) KENT HERINK TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (20) SHIRLEY HUGHES TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (21) DOUGLAS HYDE TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (22) WILLIAM JOHNSON TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (23) STEVEN KLINE TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (24) MARY JEANNE KROB TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (25) JOAN LIPSKY TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (26) JULIE MCLEAN TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| 1b Sub-total | | | | | | | | 431,608. | 0. | 41,563. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 1,399,344. | 0. | 242,122. |
| d Total (add lines 1b and 1c) | | | | | | | | 1,830,952. | 0. | 283,685. |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **11**

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|--------------------------------|---------------------|
| WEITZ COMPANY LLC 2801 6TH ST SW #A, CEDAR RAPIDS, IA 52404 | CONSTRUCTION | 9,606,869. |
| SODEXO, INC, 9801 WASHINGTON BLVD, GAITHERSBURG, MD 20878 | FOOD SERVICE | 2,371,776. |
| OLMSTEAD CONSTRUCTION INC 651 58TH AVE CT SW, CEDAR RAPIDS, IA 52404 | CONSTRUCTION | 1,298,673. |
| CULVER'S LAWN & LANDSCAPNG 1682 DUBUQUE RD, MARION, IA 52302 | LAWN SERVICE | 239,297. |
| SECURITAS SECURITY SERVICES 160 SOUTHGATE, IOWA CITY, IA 52240 | SECURITY SERVICE | 235,476. |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **7**

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2012)

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (27) CURT MENEFEE TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (28) PAUL MEYER TRUSTEE - TREASURER | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (29) LIZA OVROM TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (30) CHUCK PETERS TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (31) KENT PILCHER TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (32) SIGRID REYNOLDS TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (33) BRETT RULE TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (34) LARRY SHRYOCK TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (35) WILLIAM SHUTTLEWORTH TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (36) STAN SMITH TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (37) JOHN STROHM TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (38) LORI STURDEVANT TRUSTEE - VICE CHAIRMAN | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (39) CARSON VEACH TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (40) ED WALSH TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (41) RICHARD MEISTERLING VP ADVANCEMENT & ASST SECY | 40.00 | | | X | | | | 170,578. | 0. | 18,862. |
| (42) MICHAEL WHITE VP ADMINISTRATION/ASST SEC | 40.00 | | | X | | | | 171,859. | 0. | 27,795. |
| (43) RICHARD RHEINSCHMIDT CONTROLLER, ASST SECY & TR | 40.00 | | | X | | | | 152,719. | 0. | 18,796. |
| (44) MARIE BAEHR TIMKO VP ACADEMIC AFFAIRS & DEAN | 40.00 | | | X | | | | 143,117. | 0. | 54,490. |
| (45) FRANCIS MARY MISKIMEN ASST TO PRESIDENT | 40.00 | | | X | | | | 59,375. | 0. | 10,313. |
| (46) LOUIS STARK VP STUDENT AFFAIRS | 40.00 | | | X | | | | 139,347. | 0. | 24,574. |
| Total to Part VII, Section A, line 1c | | | | | | | | | | |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (47) STEVEN FELLER PROF/PHYSICS | 40.00 | | | | | X | | 136,783. | 0. | 22,331. |
| (48) MARIO AFFATIGATO PROF/PHYSICS | 40.00 | | | | | X | | 107,013. | 0. | 13,318. |
| (49) WENDY DUNN PROF/PSYCHOLOGY & DIR INST | 40.00 | | | | | X | | 114,149. | 0. | 25,049. |
| (50) EVELYN MOORE REGISTRAR & PROF OF NURSING | 40.00 | | | | | X | | 100,100. | 0. | 13,715. |
| (51) MICKEY WU PROF BUS ADMIN & ECONOMICS | 40.00 | | | | | X | | 104,304. | 0. | 12,879. |
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| | | | | | | | | | | |
| Total to Part VII, Section A, line 1c | | | | | | | | 1,399,344. | | 242,122. |

Part VIII Statement of RevenueCheck if Schedule O contains a response to any question in this Part VIII ☐

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
|---|---|---------------------------|----------------------|---|---|---|
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | | | | |
| | b Membership dues | 1b | | | | |
| | c Fundraising events | 1c | 13,550. | | | |
| | d Related organizations | 1d | | | | |
| | e Government grants (contributions) | 1e | 2,452,889. | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 7,244,523. | | | |
| | g Noncash contributions included in lines 1a-1f \$ | | 1,859,452. | | | |
| | h Total. Add lines 1a-1f | | 9,710,962. | | | |
| | Program Service Revenue | | Business Code | | | |
| 2 a STUDENT TUITION/FEES | | 611600 | 43,445,246. | 43,445,246. | | |
| b AUXILIARY ENTERPRISES | | 611600 | 7,944,808. | 7,944,808. | | |
| c MISC FEES & CHARGE | | 611710 | 570,032. | 570,032. | | |
| d | | | | | | |
| e | | | | | | |
| f All other program service revenue | | | | | | |
| g Total. Add lines 2a-2f | | | 51,960,086. | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 3,989,089. | | | 3,989,089. |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 Royalties | | | | | |
| | | (i) Real (ii) Personal | | | | |
| | 6 a Gross rents | | | | | |
| | b Less rental expenses | | | | | |
| | c Rental income or (loss) | | | | | |
| | d Net rental income or (loss) | | | | | |
| | 7 a Gross amount from sales of assets other than inventory | (i) Securities (ii) Other | | | | |
| | | 16,780,236. | | | | |
| | b Less cost or other basis and sales expenses | 15,500,842. 37,202. | | | | |
| | c Gain or (loss) | 1,279,394. <37,202.> | | | | |
| | d Net gain or (loss) | | 1,242,192. | | | 1,242,192. |
| | 8 a Gross income from fundraising events (not including \$ 13,550. of contributions reported on line 1c) See Part IV, line 18 | a | 21,360. | | | |
| | b Less direct expenses | b | 24,297. | | | |
| | c Net income or (loss) from fundraising events | | <2,937.> | | | <2,937.> |
| | 9 a Gross income from gaming activities See Part IV, line 19 | a | | | | |
| | b Less direct expenses | b | | | | |
| | c Net income or (loss) from gaming activities | | | | | |
| | 10 a Gross sales of inventory, less returns and allowances | a | | | | |
| b Less cost of goods sold | b | | | | | |
| c Net income or (loss) from sales of inventory | | | | | | |
| Miscellaneous Revenue | | Business Code | | | | |
| 11 a | | | | | | |
| b | | | | | | |
| c | | | | | | |
| d All other revenue | | | | | | |
| e Total. Add lines 11a-11d | | | | | | |
| 12 Total revenue. See instructions. | | | 66,899,392. | 51,960,086. | 0. | 5,228,344. |

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).

Check if Schedule O contains a response to any question in this Part IX ☐

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 | | | | |
| 2 Grants and other assistance to individuals in the United States. See Part IV, line 22 | 24,296,433. | 24,296,433. | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 1,289,369. | | 616,437. | 672,932. |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 15,491,810. | 14,188,469. | 1,240,134. | 63,207. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | 3,816,901. | 3,099,386. | 554,261. | 163,254. |
| 10 Payroll taxes | | | | |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 82,548. | | 82,548. | |
| c Accounting | 110,307. | | 110,307. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | 79,200. | | | 79,200. |
| f Investment management fees | 45,680. | | 45,680. | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) | | | | |
| 12 Advertising and promotion | 353,886. | 234,477. | 60,830. | 58,579. |
| 13 Office expenses | 1,013,618. | 626,096. | 201,682. | 185,840. |
| 14 Information technology | 236,598. | 421,982. | <210,764.> | 25,380. |
| 15 Royalties | | | | |
| 16 Occupancy | 2,446,549. | 2,318,973. | 127,576. | |
| 17 Travel | 664,221. | 523,348. | 45,525. | 95,348. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | 969,675. | 969,675. | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 3,145,283. | 3,145,283. | | |
| 23 Insurance | 355,796. | 104,813. | 248,771. | 2,212. |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a CONTRACTED SERVICES | 2,614,474. | 2,456,711. | 157,763. | |
| b INSTRUCTIONAL EXPENSE | 2,320,636. | 2,247,584. | | 73,052. |
| c EQUIP, RENTAL & MAINT | 626,022. | 436,778. | 189,244. | |
| d RECRUITING | 425,856. | 425,856. | | |
| e All other expenses | 1,545,887. | 953,088. | 559,668. | 33,131. |
| 25 Total functional expenses. Add lines 1 through 24e | 61,930,749. | 56,448,952. | 4,029,662. | 1,452,135. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |

Check here ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance SheetCheck if Schedule O contains a response to any question in this Part X ☐

| | | (A) Beginning of year | | (B) End of year |
|---|---|--------------------------|--------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | | 1 | |
| | 2 Savings and temporary cash investments | 5,953,302. | 2 | 8,826,578. |
| | 3 Pledges and grants receivable, net | 2,680,120. | 3 | 1,431,583. |
| | 4 Accounts receivable, net | 506,496. | 4 | 586,399. |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | 750,000. | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 672,218. | 9 | 516,960. |
| | 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D | 10a 91,023,266. | | |
| | b Less accumulated depreciation | 10b 30,860,030. | 10c | 60,163,236. |
| | 11 Investments - publicly traded securities | 63,838,950. | 11 | 65,812,300. |
| | 12 Investments - other securities. See Part IV, line 11 | 14,492,568. | 12 | 14,599,691. |
| | 13 Investments - program-related. See Part IV, line 11 | 7,360,659. | 13 | 7,256,142. |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 14,478,349. | 15 | 14,602,274. |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 167,709,497. | 16 | 173,795,163. | |
| Liabilities | 17 Accounts payable and accrued expenses | 6,483,658. | 17 | 4,736,418. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 178,044. | 19 | 223,013. |
| | 20 Tax-exempt bond liabilities | 20,611,790. | 20 | 22,369,217. |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | 2,750,000. | 23 | 1,447,408. |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 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 D | 11,727,276. | 25 | 11,521,170. |
| | 26 Total liabilities. Add lines 17 through 25 | 41,750,768. | 26 | 40,297,226. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 35,720,060. | 27 | 40,724,296. |
| | 28 Temporarily restricted net assets | 6,585,540. | 28 | 8,035,149. |
| | 29 Permanently restricted net assets | 83,653,129. | 29 | 84,738,492. |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 Total net assets or fund balances | 125,958,729. | 33 | 133,497,937. |
| 34 Total liabilities and net assets/fund balances | 167,709,497. | 34 | 173,795,163. | |

Part XI Reconciliation of Net Assets

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 | 66,899,392. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 61,930,749. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 4,968,643. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 125,958,729. |
| 5 | Net unrealized gains (losses) on investments | 5 | 2,259,931. |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 310,634. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 133,497,937. |

Part XII Financial Statements and Reporting

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

☐

| | Yes | No |
|--|-----|----|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | X |
| 2b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | X | |
| 2c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | X | |
| 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? | X | |
| 3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | X | |

Form 990 (2012)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization

COE COLLEGE

Employer identification number

42-0686467

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☒ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Non-functionally integrated
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).**
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

| | Yes | No |
|----------|-----|----|
| 11g(i) | | |
| 11g(ii) | | |
| 11g(iii) | | |

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in col. (i) listed in your governing document? | | (v) Did you notify the organization in col. (i) of your support? | | (vi) Is the organization in col. (i) organized in the U.S.? | | (vii) Amount of monetary support |
|------------------------------------|----------|---|---|----|--|----|---|----|----------------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2008 | (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 | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|--|----------|----------|----------|----------|-----------|-----------|
| 7 Amounts from line 4 | | | | | | |
| 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. (see instructions) | | | | | 12 | |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---|
| 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) | 14 | % |
| 15 Public support percentage from 2011 Schedule A, Part II, line 14 | 15 | % |
| 16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/> | | |
| b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/> | | |
| 17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/> | | |
| b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/> | | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/> | | |

Schedule A (Form 990 or 990-EZ) 2012

Part III Support Schedule for Organizations Described in Section 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 in) ► | (a) 2008 | (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 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 to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b 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 | | | | | | |
| 8 Public support. (Subtract line 7c from line 6) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2008 | (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 Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|---|
| 15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2011 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2011 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2012. 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 more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests - 2011. 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 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012Open to Public
Inspection

Name of the organization

COE COLLEGE

Employer identification number

42-0686467

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the
organization answered "Yes" to Form 990, Part IV, line 6

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|-------------------------|--|
| 1 Total number at end of year | | |
| 2 Aggregate contributions to (during year) | | |
| 3 Aggregate grants from (during year) | | |
| 4 Aggregate value at end of year | | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply)

| | |
|--|--|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of a certified historic structure |
| <input type="checkbox"/> Preservation of open space | |

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

| | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

| | |
|--|------------------|
| (i) Revenues included in Form 990, Part VIII, line 1 | ▶ \$ 93,750. |
| (ii) Assets included in Form 990, Part X | ▶ \$ 14,206,483. |

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

| | |
|--|------------|
| a Revenues included in Form 990, Part VIII, line 1 | ▶ \$ _____ |
| b Assets included in Form 990, Part X | ▶ \$ _____ |

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply).

- a ☒ Public exhibition
 b ☒ Scholarly research
 c ☒ Preservation for future generations
 d ☒ Loan or exchange programs
 e ☒ Other EDUCATIONAL

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☒ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c Beginning balance
 d Additions during the year
 e Distributions during the year
 f Ending balance

| | Amount |
|----|--------|
| 1c | |
| 1d | |
| 1e | |
| 1f | |

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 85,306,396. | 78,484,551. | 75,721,149. | 70,206,609. | 77,956,009. |
| b Contributions | 1,699,631. | 4,908,284. | 590,165. | 1,168,959. | 1,458,007. |
| c Net investment earnings, gains, and losses | 7,224,931. | 2,734,108. | 6,618,173. | 9,495,167. | <1,927,639.> |
| d Grants or scholarships | 1,416,797. | 1,333,107. | 1,346,092. | 1,313,966. | 1,501,083. |
| e Other expenditures for facilities and programs | 3,550,362. | <512,560.> | 3,098,844. | 3,835,620. | 5,778,685. |
| f Administrative expenses | | | | | |
| g End of year balance | 89,263,799. | 85,306,396. | 78,484,551. | 75,721,149. | 70,206,609. |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ☐ 1.20 %
 b Permanent endowment ☐ 93.10 %
 c Temporarily restricted endowment ☐ 5.70 %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
 (ii) related organizations

| | Yes | No |
|--------|-------------------------------------|-------------------------------------|
| 3a(i) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3a(ii) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3b | <input type="checkbox"/> | <input type="checkbox"/> |

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 12,164,666. | | 12,164,666. |
| b Buildings | | 63,643,887. | 21,497,219. | 42,146,668. |
| c Leasehold improvements | | 2,061,056. | 1,595,192. | 465,864. |
| d Equipment | | 12,171,803. | 7,767,619. | 4,404,184. |
| e Other | | 981,854. | | 981,854. |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) | | | | 60,163,236. |

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (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 VALUE OF LIFE | | |
| (B) INSURANCE | 710,161. | END-OF-YEAR MARKET VALUE |
| (C) TRUST AGREEMENTS | 9,638,505. | END-OF-YEAR MARKET VALUE |
| (D) ALTERNATIVE INVESTMENTS | 2,553,623. | END-OF-YEAR MARKET VALUE |
| (E) REAL EST, LAND & MNRL | | |
| (F) RIGHTS | 1,697,402. | END-OF-YEAR MARKET VALUE |
| (G) | | |
| (H) | | |
| (I) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | 14,599,691. | |

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

| (a) Description of investment type | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| (10) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | |

Part IX Other Assets. See Form 990, Part X, line 15

| (a) Description | (b) Book value |
|---|--------------------|
| (1) ACCRUED INTEREST RECEIVABLE | 395,791. |
| (2) ARTWORK | 14,206,483. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | 14,602,274. |

Part X Other Liabilities. See Form 990, Part X, line 25

| 1. (a) Description of liability | (b) Book value |
|--|--------------------|
| (1) Federal income taxes | |
| (2) DUE TO US GOVT-PERKINS LOAN | 5,566,776. |
| (3) ANNUITY PAYABLE | 1,377,410. |
| (4) DEPOSITS HELD ON BEHALF OTHERS | 163,295. |
| (5) LIABILITY TO LIFE INCOME | |
| (6) BENEFICIARIES | 1,078,322. |
| (7) ACCRUED PENSION COST | 1,838,254. |
| (8) ACCRUED LOSS ON INTEREST RATE | |
| (9) SWAPS | 1,011,764. |
| (10) OTHER LIABILITY | 485,349. |
| (11) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) | 11,521,170. |

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

| | | | |
|---|---|----|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 44,817,210. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains on investments | 2a | 2,259,931. |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII) | 2d | <45,680.> |
| e | Add lines 2a through 2d | 2e | 2,214,251. |
| 3 | Subtract line 2e from line 1 | 3 | 42,602,959. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII) | 4b | 24,296,433. |
| c | Add lines 4a and 4b | 4c | 24,296,433. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | 66,899,392. |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

| | | | |
|---|--|----|-------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 37,588,636. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| e | Add lines 2a through 2d | 2e | 0. |
| 3 | Subtract line 2e from line 1 | 3 | 37,588,636. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII) | 4b | 24,342,113. |
| c | Add lines 4a and 4b | 4c | 24,342,113. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | 61,930,749. |

Part XIII Supplemental Information

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

PART III, LINE 4: THE COMMITTEE ON THE PERMANENT COLLECTION OF ART SHALL

DETERMINE IF THE PROPOSED GIFT OF ARTWORK IS SUITABLE FOR ACCEPTANCE BY

CONSIDERING WHETHER THE FOLLOWING CONDITIONS HAVE BEEN MET:

THE ARTWORK FURTHERS THE MISSION OF COE COLLEGE.

THE ARTWORK IS COMPATIBLE WITH OR COMPLEMENTARY TO THE CURRENT ART

COLLECTION.

THE DONOR HAS VALID OWNERSHIP OF THE ARTWORK, AND IS FREE TO CONVEY THE

Part XIII Supplemental Information (continued)

WORK.

THERE ARE NO UNTENABLE RESTRICTIONS, RESERVATIONS OR LIMITATIONS PLACED ON THE ARTWORK OR ITS DISPLAY.

THE COSTS FOR RESTORATION, MAINTENANCE AND INSURANCE ARE REASONABLE AND APPROPRIATE.

THE COMMITTEE ON THE PERMANENT COLLECTION OF ART PROVIDES THE PRESIDENT WITH A RECOMMENDATION FOR ACCEPTANCE OR REFUSAL.

PART V, LINE 4: THE COE COLLEGE ENDOWMENT FUND HAS BEEN ESTABLISHED BY THE BOARD OF TRUSTEES AS AN INVESTMENT PORTFOLIO FOR THE ASSETS CONTRIBUTED BY DONORS FOR THE CONTINUING SUPPORT OF THE COLLEGE AND OTHER DONOR DESIGNATED PURPOSES. THE DEVELOPMENT AND EXPANSION OF THIS FUND IS AN IMPORTANT PART OF THE COLLEGE'S OBJECTIVES FOR MAINTAINING QUALITY IN FACULTY, STUDENTS AND FACILITIES.

THE FUND IS COMPRISED OF PERMANENT, TERM AND QUASI ENDOWMENT ASSETS. ALL ENDOWMENT INCOME SUPPORTS THE COLLEGE OPERATIONS AND PROVIDES SCHOLARSHIPS FOR STUDENTS.

PART X, LINE 2: THE COLLEGE IS RECOGNIZED AS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE COLLEGE MAY BE SUBJECT TO FEDERAL AND STATE INCOME TAXES ON ANY NET INCOME FROM UNRELATED BUSINESS ACTIVITIES. THE COLLEGE FILES A FORM 990 (RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX) ANNUALLY AND UNRELATED BUSINESS INCOME (UBI) IS REPORTED ON FORM 990-T, AS APPROPRIATE. MANAGEMENT HAS EVALUATED THEIR MATERIAL TAX POSITIONS, WHICH INCLUDE SUCH MATTERS AS THE TAX EXEMPT STATUS AND VARIOUS POSITIONS RELATIVE TO POTENTIAL SOURCES OF UBI. AS OF JUNE 30, 2013 AND 2012, THERE WERE NO UNCERTAIN TAX BENEFITS

Part XIII Supplemental Information (continued)

IDENTIFIED AND RECORDED AS A LIABILITY. FORMS 990 AND 990-T FILED BY THE COLLEGE ARE NO LONGER SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE FOR THE FISCAL YEARS ENDED JUNE 30, 2009 AND PRIOR.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

INVESTMENT EXPENSES RECLASSIFIED AS AN EXPENSE -45,680.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

COLLEGE AWARDED FINANCIAL AID 24,296,433.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

COLLEGE AWARDED FINANCIAL AID 24,296,433.

INVESTMENT EXPENSES RECLASSIFIED FROM REVENUE 45,680.

TOTAL TO SCHEDULE D, PART XII, LINE 4B 24,342,113.

SCHEDULE E
(Form 990 or 990-EZ)

Schools

OMB No 1545-0047

2012

**Open to Public
Inspection**

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.**

Name of the organization

COE COLLEGE

Employer identification number

42-0686467

Part I

- 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?
- 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?
- 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.

**THE RACIALLY NONDISCRIMINATORY POLICY IS PUBLISHED THROUGH
THE NEWSPAPER IN EMPLOYMENT ADVERTISEMENT AND IN THE COLLEGE
HANDBOOK.**

- 4 Does the organization maintain the following?
- a Records indicating the racial composition of the student body, faculty, and administrative staff?
- b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
- c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
- 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.

- 5 Does the organization discriminate by race in any way with respect to:
- a Students' rights or privileges?
- b Admissions policies?
- c Employment of faculty or administrative staff?
- d Scholarships or other financial assistance?
- e Educational policies?
- f Use of facilities?
- g Athletic programs?
- h Other extracurricular activities?
- If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.

- 6a Does the organization receive any financial aid or assistance from a governmental agency?
- b Has the organization's right to such aid ever been revoked or suspended?
- 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 NO

1 X

2 X

3 X

4a X

4b X

4c X

4d X

5a X

5b X

5c X

5d X

5e X

5f X

5g X

5h X

6a X

6b X

7 X

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

SCHEDULE E, LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:

COE COLLEGE RECEIVES FEDERAL AND STATE FINANCIAL AID AND GRANTS.

SCHEDULE F
(Form 990)Department of the Treasury
Internal Revenue Service**Statement of Activities Outside the United States**▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012Open to Public
Inspection

Name of the organization

COE COLLEGE

Employer identification number

42-0686467

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes"
to Form 990, Part IV, line 14b

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for and investments in region |
|---|-------------------------------------|--|---|--|--|
| CENTRAL AMERICA AND THE CARIBBEAN | 0 | 0 | PROGRAM SERVICE | STUDY ABROAD | 23,502. |
| EAST ASIA AND THE PACIFIC | 0 | 0 | PROGRAM SERVICE | STUDY ABROAD | 64,460. |
| EUROPE (INCLUDING ICELAND & GREENLAND) | 0 | 0 | PROGRAM SERVICE | STUDY ABROAD | 250,894. |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 3 a Sub-total | 0 | 0 | | | 338,856. |
| b Total from continuation sheets to Part I | 0 | 0 | | | 0. |
| c Totals (add lines 3a and 3b) | 0 | 0 | | | 338,856. |

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

Schedule F (Form 990) 2012

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|------------|--------------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A) ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471) ☐ Yes ☒ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621) ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865) ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713) ☐ Yes ☒ No

Schedule F (Form 990) 2012

| | |
|---------------|---------------------------------|
| Part V | Supplemental Information |
|---------------|---------------------------------|

Complete this part to provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method, amounts of investments vs. expenditures per region), Part II, line 1 (accounting method), Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Department of the Treasury
Internal Revenue Service

**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

2012

Open To Public Inspection

Name of the organization

COE COLLEGE

Employer identification number

42-0686467

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply

- a ☒ Mail solicitations
- b ☒ Internet and email solicitations
- c ☒ Phone solicitations
- d ☒ In-person solicitations
- e ☒ Solicitation of non-government grants
- f ☒ Solicitation of government grants
- g ☒ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes☐ No

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|---|----------------------|--|----|-----------------------------------|--|---|
| | | Yes | No | | | |
| RUFFALO CODY - PO BOX 3018, CEDAR RAPIDS, IA 52406 | SUPERVISED PHONATHON | | X | 235,436. | 74,960. | 160,476. |
| | | | | | | |
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| Total | | | | 235,436. | 74,960. | 160,476. |

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

IA, NY

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other events NONE | (d) Total events (add col (a) through col. (c)) |
|-----------------|---|-----------------------------------|--------------|---------------------------------|---|
| | | GOLF EVENT (event type) | (event type) | (total number) | |
| Revenue | 1 Gross receipts | 34,910. | | | 34,910. |
| | 2 Less Contributions | 13,550. | | | 13,550. |
| | 3 Gross income (line 1 minus line 2) | 21,360. | | | 21,360. |
| Direct Expenses | 4 Cash prizes | 1,670. | | | 1,670. |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | 15,152. | | | 15,152. |
| | 7 Food and beverages | | | | |
| | 8 Entertainment | | | | |
| | 9 Other direct expenses | 7,475. | | | 7,475. |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) | | | | (24,297) |
| | 11 Net income summary. Combine line 3, column (d), and line 10 | | | | <2,937.> |

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col (a) through col (c)) |
|-----------------|--|---|---|---|---|
| | | | | | |
| Revenue | 1 Gross revenue | | | | |
| | | | | | |
| Direct Expenses | 2 Cash prizes | | | | |
| | 3 Noncash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | |
| | 7 Direct expense summary. Add lines 2 through 5 in column (d) | | | | () |
| | 8 Net gaming income summary. Combine line 1, column d, and line 7 | | | | |

9 Enter the state(s) in which the organization operates gaming activities: _____**a** Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No**b** If "No," explain _____

_____**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No**b** If "Yes," explain _____

- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity operated in.
- | | | |
|-------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?
- ☐
- Yes
- ☐
- No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party.

Name ► _____

Address ► _____

16 Gaming manager information

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer☐ Employee☐ Independent contractor

17 Mandatory distributions.

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)

Name of the organization

COE COLLEGE

| | |
|--------|--|
| Part I | General Information on Grants and Assistance |
|--------|--|

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

[illegible]

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

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2012)

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.
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---|--------------------------|--------------------------|-----------------------------------|---|--|
| ENDOWED PRIZES | 40 | 23,581. | 0. | N/A | N/A |
| GIFT PRIZES | 11 | 3,530. | 0. | N/A | N/A |
| GIFT SCHOLARSHIPS | 66 | 1,165,952. | 0. | N/A | N/A |
| ENDOWED SCHOLARSHIPS | 322 | 2,893,213. | 0. | N/A | N/A |
| GENERAL SCHOLARSHIPS | 1298 | 19,500,000. | 0. | N/A | N/A |
| Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information | | | | | |

SCHEDULE I, PART I, LINE 2: COE COLLEGE RECEIVES VARIOUS FEDERAL GRANTS

FROM NSF, DEPT OF EDUCATION AND OTHER AGENCIES OR BRANCHES OF THE US

GOVERNMENT. SEPARATE ACCOUNTS ARE USED FOR EACH GRANT TO MONITOR RECEIPTS

AND DISBURSEMENTS. THE COLLEGE FOLLOWS APPROPRIATE ACCOUNTING AND INTERNAL

CONTROL PROCEDURES. ALL REQUIRED FINANCIAL REPORTING TO THE GRANT PROVIDER

ARE COMPLETED TIMELY AND AUDITS BY AN INDEPENDENT CPA FIRM ARE DONE WHEN

REQUIRED. THE COLLEGE ANNUALLY FILES AN A-133.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization

COE COLLEGE

Employer identification number

42-0686467

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

☐ First-class or charter travel

☒ Housing allowance or residence for personal use

☐ Travel for companions

☐ Payments for business use of personal residence

☐ Tax indemnification 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 on line 1a are checked, did the organization follow a written policy regarding payment or
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

1b

Yes

No

X

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

X

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to
establish compensation of the CEO/Executive Director, but explain in Part III.

☒ Compensation committee

☐ Written employment contract

☐ Independent compensation consultant

☒ Compensation survey or study

☐ Form 990 of other organizations

☒ Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing
organization or a related organization

a Receive a severance payment or change-of-control payment?

4a

X

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

4b

X

c Participate in, or receive payment from, an equity-based compensation arrangement?

4c

X

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only section 501(c)(3) and 501(c)(4) organizations 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:

a The organization?

5a

X

b Any related organization?

5b

X

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation
contingent on the net earnings of:

a The organization?

6a

X

b Any related organization?

6b

X

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

X

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

8

X

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in
Regulations section 53.4958-6(c)?

9

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

Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A: EMPLOYMENT AGREEMENT STATES COE COLLEGE REQUIRES THAT ITS PRESIDENT LIVE IN A PRESIDENT'S HOUSE OR MANOR OWNED BY THE COLLEGE BECAUSE OF ITS REQUIREMENT THAT THE PRESIDENT CONDUCT SIGNIFICANT BUSINESS ACTIVITIES AND COLLEGE RELATED ENTERTAINMENT ON COLLEGE PROPERTY. THE RESIDENCE LOCATED AT 370 34TH STREET SE, CEDAR RAPIDS, IOWA, WHICH IS OWNED BY THE COLLEGE, IS DESIGNATED THE OFFICIAL COLLEGE MANOR.

COUNTRY CLUB DUES ARE INCLUDED IN TAXABLE INCOME ON W-2S.

PART I, LINE 4B: THE PRESIDENT AND VICE PRESIDENT FOR ADMINISTRATION PARTICIPATE IN A 457(F) DEFERRED COMPENSATION PLAN.

PART II, LINE 1, COLUMN (B)(III): OTHER REPORTABLE COMPENSATION INCLUDES \$170,000 DEFERRED COMPENSATION PAYMENT FOR JAMES PHIFER, PRESIDENT.

SCHEDULE K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

COE COLLEGE

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 Part VI.

► Attach to Form 990. ► See separate instructions.

ENTITY 1

OMB No. 1545-0047

2012

Open to Public
Inspection

Employer identification number
42-0686467

Part I Bond Issues

| (a) Issuer name | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Defeased | | (h) On behalf of issuer | | (i) Pooled financing | |
|--------------------------|----------------|-------------|-----------------|-----------------|----------------------------|--------------|----|-------------------------|----|----------------------|----|
| | | | | | | Yes | No | Yes | No | Yes | No |
| A CITY OF ROBINS, IOWA | 42-0887558 | NONE | 07/22/09 | 2,513,333 | SEE PART VI | | | | X | | X |
| B CITY OF ROBINS, IOWA | 42-0887558 | NONE | 07/22/09 | 5,819,543 | SEE PART VI | | | | X | | X |
| C CITY OF HIAWATHA, IOWA | 42-6025060 | NONE | 06/08/07 | 4,500,000 | CONSTRUCTION/RENOVATION | | | | X | | X |
| D CITY OF ROBINS, IOWA | 42-0887558 | NONE | 07/22/09 | 6,100,000 | SEE PART VI | | | | X | | X |

Part II Proceeds

| | A | | B | | C | | D | |
|---|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Amount of bonds retired | | | | | | | | |
| 2 Amount of bonds legally defeased | | | | | | | | |
| 3 Total proceeds of issue | | | | | | | | |
| 4 Gross proceeds in reserve funds | | | | | | | | |
| 5 Capitalized interest from proceeds | | | | | | | | |
| 6 Proceeds in refunding escrows | | | | | | | | |
| 7 Issuance costs from proceeds | | | | | | | | |
| 8 Credit enhancement from proceeds | | | | | | | | |
| 9 Working capital expenditures from proceeds | | | | | | | | |
| 10 Capital expenditures from proceeds | | | | | | | | |
| 11 Other spent proceeds | | | | | | | | |
| 12 Other unspent proceeds | | | | | | | | |
| 13 Year of substantial completion | | | | | | | | |
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 14 Were the bonds issued as part of a current refunding issue? | | | | | | | | |
| 15 Were the bonds issued as part of an advance refunding issue? | | | | | | | | |
| 16 Has the final allocation of proceeds been made? | | | | | | | | |
| 17 Does the organization maintain adequate books and records to support the final allocation of proceeds? | | | | | | | | |

| | 2002 | | 2005 | | 2008 | | 2010 | |
|---|------|----|------|----|------|----|------|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 14 Were the bonds issued as part of a current refunding issue? | | | | | | | | |
| 15 Were the bonds issued as part of an advance refunding issue? | | | | | | | | |
| 16 Has the final allocation of proceeds been made? | | | | | | | | |
| 17 Does the organization maintain adequate books and records to support the final allocation of proceeds? | | | | | | | | |

Part III Private Business Use

| | A | | B | | C | | D | |
|--|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? | | | | | | | | |
| 2 Are there any lease arrangements that may result in private business use of bond-financed property? | | | | | | | | |

SCHEDULE K
(Form 990)

Department of the Treasury
Internal Revenue Service

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 Part VI.
► Attach to Form 990. ► See separate instructions.

ENTITY 2

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

COE COLLEGE

Employer identification number

42-0686467

Part I Bond Issues

| (a) Issuer name | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Defeased | | (h) On behalf of issuer | | (i) Pooled financing | |
|------------------------|----------------|-------------|-----------------|-----------------|----------------------------|--------------|----|-------------------------|----|----------------------|----|
| | | | | | | Yes | No | Yes | No | Yes | No |
| A CITY OF ROBINS, IOWA | 42-0887558 | NONE | 08/05/11 | 4,800,000. | CONSTRUCTION/RENOVATION | | X | | X | | X |
| B | | | | | | | | | | | |
| C | | | | | | | | | | | |
| D | | | | | | | | | | | |

Part II Proceeds

| | A | | B | | C | | D | |
|---|-----|------------|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Amount of bonds retired | | | | | | | | |
| 2 Amount of bonds legally defeased | | | | | | | | |
| 3 Total proceeds of issue | | 4,802,319. | | | | | | |
| 4 Gross proceeds in reserve funds | | | | | | | | |
| 5 Capitalized interest from proceeds | | | | | | | | |
| 6 Proceeds in refunding escrows | | | | | | | | |
| 7 Issuance costs from proceeds | | 24,124. | | | | | | |
| 8 Credit enhancement from proceeds | | | | | | | | |
| 9 Working capital expenditures from proceeds | | | | | | | | |
| 10 Capital expenditures from proceeds | | 4,778,195. | | | | | | |
| 11 Other spent proceeds | | | | | | | | |
| 12 Other unspent proceeds | | | | | | | | |
| 13 Year of substantial completion | | 2012 | | | | | | |
| 14 Were the bonds issued as part of a current refunding issue? | | X | | | | | | |
| 15 Were the bonds issued as part of an advance refunding issue? | | X | | | | | | |
| 16 Has the final allocation of proceeds been made? | X | | | | | | | |
| 17 Does the organization maintain adequate books and records to support the final allocation of proceeds? | X | | | | | | | |

Part III Private Business Use

| | A | | B | | C | | D | |
|--|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? | | X | | | | | | |
| 2 Are there any lease arrangements that may result in private business use of bond-financed property? | | X | | | | | | |

Part III Private Business Use (Continued)

| | A | | B | | C | | D | |
|---|-----|-------|-----|--------|-----|-------|-----|-------|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a Are there any management or service contracts that may result in private business use of bond-financed property? | | X | X | | | X | | X |
| 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? | | | X | | | | | |
| c Are there any research agreements that may result in private business use of bond-financed property? | | X | | X | | X | | X |
| 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? | | | | | | | | |
| 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 | | .00 % | | 4.18 % | | .00 % | | .00 % |
| 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 | | .00 % | | .00 % | | .00 % | | .00 % |
| 6 Total of lines 4 and 5 | | .00 % | | 4.18 % | | .00 % | | .00 % |
| 7 Does the bond issue meet the private security or payment test? | | X | | X | | X | | X |
| 8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued? | | X | | X | | X | | X |
| b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of | | | | | | | | |
| c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? | | | | | | | | |
| 9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? | | | | | | | | |
| Part IV Arbitrage | X | | X | | X | | X | |

Part IV Arbitrage

| | A | | B | | C | | D | |
|--|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Has the issuer filed Form 8038-T? | | X | | X | | X | | X |
| 2 If "No" to line 1, did the following apply? | | | | | | | | |
| a Rebate not due yet? | | X | | X | | X | | X |
| b Exception to rebate? | X | | X | | X | | X | |
| c No rebate due? | X | | X | | X | | X | |
| If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed | | | | | | | | |
| 3 Is the bond issue a variable rate issue? | X | | X | | X | | X | |
| 4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | | X | | X | | X | | X |
| b Name of provider | | | | | | | | |
| c Term of hedge | | | | | | | | |
| d Was the hedge superintegrated? | | | | | | | | |
| e Was the hedge terminated? | | | | | | | | |

Part III Private Business Use (Continued)

| | A | | B | | C | | D | |
|--|-----|-----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a Are there any management or service contracts that may result in private business use of bond-financed property? | | X | | | | | | |
| 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? | | | | | | | | |
| c Are there any research agreements that may result in private business use of bond-financed property? | | X | | | | | | |
| 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? | | | | | | | | |
| 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 | | .00 | % | | | % | | % |
| 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 | | .00 | % | | | % | | % |
| 6 Total of lines 4 and 5 | | .00 | % | | | % | | % |
| 7 Does the bond issue meet the private security or payment test? | | X | | | | | | |
| 8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued? | | X | | | | | | |
| b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of | | | % | | | % | | % |
| c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? | | | | | | | | |
| 9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? | X | | | | | | | |

Part IV Arbitrage

| | A | | B | | C | | D | |
|---|--------------|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Has the issuer filed Form 8038-T? | | X | | | | | | |
| 2 If "No" to line 1, did the following apply? | | | | | | | | |
| a Rebate not due yet? | | X | | | | | | |
| b Exception to rebate? | X | | | | | | | |
| c No rebate due? | X | | | | | | | |
| If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed | | | | | | | | |
| 3 Is the bond issue a variable rate issue? | X | | | | | | | |
| 4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | X | | | | | | | |
| b Name of provider | US BANK N.A. | | | | | | | |
| c Term of hedge | 10.0000000 | | | | | | | |
| d Was the hedge superintegrated? | | X | | | | | | |
| e Was the hedge terminated? | | X | | | | | | |

Part IV Arbitrage (Continued)

| | A | | B | | C | | D | |
|---|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? | | | | | | | | |
| b Name of provider | | X | | | | | | |
| c Term of GIC | | | | | | | | |
| d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | |
| 6 Were any gross proceeds invested beyond an available temporary period? | | X | | | | | | |
| 7 Has the organization established written procedures to monitor the requirements of section 148? | X | | | | | | | |

Part V Procedures To Undertake Corrective Action

| | A | | B | | C | | D | |
|--|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| Has 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? | | X | | | | | | |

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:

(A) ISSUER NAME: CITY OF ROBINS, IOWA

DATE THE REBATE COMPUTATION WAS PERFORMED: 01/22/2010

(A) ISSUER NAME: CITY OF ROBINS, IOWA

DATE THE REBATE COMPUTATION WAS PERFORMED: 01/22/2010

(A) ISSUER NAME: CITY OF HIAWATHA, IOWA

DATE THE REBATE COMPUTATION WAS PERFORMED: 12/08/2008

(A) ISSUER NAME: CITY OF ROBINS, IOWA

DATE THE REBATE COMPUTATION WAS PERFORMED: 02/28/2011

(A) ISSUER NAME: CITY OF ROBINS, IOWA

DATE THE REBATE COMPUTATION WAS PERFORMED: 01/09/2013

SCHEDULE K, PART I, COLUMN F, LINE A, ENTITY 1

REISSUANCE OF 2002 BONDS (4/8/2002) WHICH WERE USED FOR

CONSTRUCTION/RENOVATION

SCHEDULE K, PART I, COLUMN F, LINE B, ENTITY 1

REISSUANCE OF 2004 BONDS (6/29/2004) WHICH WERE USED TO REFUND PRIOR

ISSUE (6/6/2000) AND FOR CONSTRUCTION/RENOVATION

SCHEDULE K, PART I, COLUMN F, LINE D, ENTITY 1

232123
12-17-12

SEE PART VI SUPPLEMENTAL INFORMATION SHEET

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K.

REFUND PRIOR ISSUE (7/15/1998), CONSTRUCTION/RENOVATION

SCHEDULE K, PART II, LINE 3, ENTITY 1

THE TOTAL PROCEEDS DO NOT AGREE TO THE ISSUE PRICE IN PART 1, COLUMN(E)
DUE TO INVESTMENT EARNINGS.

PART IV, LINE 2C

ARBITRAGE

NOTE REGARDING THE REBATE COMPUTATIONS: SINCE THE BOND PROCEEDS HAVE
BEEN SPENT A SPENDING EXCEPTION WAS MET OR THE BONDS WERE ISSUED ON A
DRAWDOWN BASIS, AND THE DEBT SERVICE FUND WAS OPERATED ON A BONA FIDE
BASIS, NO FURTHER REBATE CALCULATIONS ARE NECESSARY.

Department of the Treasury
Internal Revenue Service

► **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

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

OMB No. 1545-0047

2012

Open To Public Inspection

Name of the organization

COE COLLEGE

Employer identification number

42-0686467

| | |
|---------------|--|
| Part I | Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). |
|---------------|--|

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

[illegible]

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958

► \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

▶ \$

| | |
|----------------|---|
| Part II | Loans to and/or From Interested Persons. |
|----------------|---|

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

[illegible]**Total**

▶ \$

| | |
|-----------------|--|
| Part III | Grants or Assistance Benefiting Interested Persons. |
|-----------------|--|

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

[illegible]

Part IV Business Transactions Involving Interested Persons.

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
| | | | | Yes | No |
| STEVE CAVES | TRUSTEE | 985,847. | STEVE IS AN | | X |
| JAMES PHIFER | PRESIDENT | 10,000. | JIM'S WIFE, | | X |
| JOHN STROHM | TRUSTEE | 0. | JOHN STROHM | | X |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part V Supplemental Information

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: STEVE CAVES

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

TRUSTEE

(C) AMOUNT OF TRANSACTION \$ 985,847.

(D) DESCRIPTION OF TRANSACTION: STEVE IS AN EMPLOYEE OF US BANK WHICH PROVIDES SERVICES TO COE COLLEGE.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: JAMES PHIFER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

PRESIDENT

(C) AMOUNT OF TRANSACTION \$ 10,000.

(D) DESCRIPTION OF TRANSACTION: JIM'S WIFE, LINNIE WAS EMPLOYED BY COE COLLEGE.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: JOHN STROHM

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

TRUSTEE

Part V Supplemental Information

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

(C) AMOUNT OF TRANSACTION \$ -0-

(D) DESCRIPTION OF TRANSACTION: JOHN STROHM AND COE COLLEGE HAVE GREATER THAN 10% OWNERSHIP INTERESTS IN FRTL-US2010, LLLP, FRTL-SU2011, LLLP AND FRTL-US2012, LLLP.

(E) SHARING OF ORGANIZATION REVENUES? = NO

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization

COE COLLEGE

Employer identification number

42-0686467

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|---|-------------------------------|---|--|--|
| 1 Art - Works of art | X | 3 | 93,750. | APPRAISAL |
| 2 Art - Historical treasures | | | | |
| 3 Art - Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities - Publicly traded | X | 31 | 705,500. | FMV |
| 10 Securities - Closely held stock | | | | |
| 11 Securities - Partnership, LLC, or trust interests | | | | |
| 12 Securities - Miscellaneous | | | | |
| 13 Qualified conservation contribution - Historic structures | | | | |
| 14 Qualified conservation contribution - Other | | | | |
| 15 Real estate - Residential | | | | |
| 16 Real estate - Commercial | | | | |
| 17 Real estate - Other | X | 1 | 1,060,000. | APPRAISAL |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ► (EQUIPMENT) | X | 1 | 202. | FMV |
| 26 Other ► () | | | | |
| 27 Other ► () | | | | |
| 28 Other ► () | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

3

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

Yes No

| | | |
|-----|--|----------|
| 30a | | X |
|-----|--|----------|

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

| | | |
|----|----------|--|
| 31 | X | |
|----|----------|--|

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

| | | |
|-----|--|----------|
| 32a | | X |
|-----|--|----------|

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

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

Schedule M (Form 990) (2012)

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B): COE COLLEGE IS REPORTING THE NUMBER OF CONTRIBUTIONS

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 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization

COE COLLEGE

Employer identification number

42-0686467

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

UPWARD BOUND FEDERAL GRANT AND PROGRAM WAS DISCONTINUED BY THE US DEPT
OF EDUCATION DUE TO FUNDING REDUCTIONS

FORM 990, PART VI, SECTION A, LINE 2: JOHN STROHM - TRUSTEE, DAVID CARSON
- TRUSTEE, KEN GOLDER - TRUSTEE AND RICHARD MEISTERLING - OFFICER & KEY
EMPLOYEE HAVE A BUSINESS RELATIONSHIP.

FORM 990, PART VI, SECTION B, LINE 11: THE COLLEGE'S BUDGET AND AUDIT
SUBCOMMITTEE OF THE BOARD OF TRUSTEES CONDUCTS A THOROUGH REVIEW OF FORM
990S FILED BY THE COLLEGE PRIOR TO BEING FILED WITH THE IRS. THE
SUBCOMMITTEE RECEIVES THE RETURNS FROM THE PAID PREPARER, MCGLADREY LLP THE
SUBCOMMITTEE AND A REPRESENTATIVE FROM MCGLADREY REVIEW THE RETURNS
TOGETHER. ALL MEMBERS OF THE BOARD OF TRUSTEES ARE ADVISED OF THE REVIEW OF
THE FORM 990S BY THE BUDGET AND AUDIT SUBCOMMITTEE. EACH MEMBER OF THE
BOARD OF TRUSTEES RECEIVES AN EMAIL (1) PROVIDING THE TRUSTEE WITH ACCESS
TO A COMPLETE COPY OF THE RETURNS THROUGH A WEBSITE ACCESSIBLE TO THE
TRUSTEES AND (2) INFORMING EACH TRUSTEE THAT THE RETURNS ARE AVAILABLE FOR
FURTHER REVIEW BY ANY BOARD MEMBER AND THAT RETURNS WILL BE FILED BY THE
DUE DATES.

FORM 990, PART VI, SECTION B, LINE 12C: THE COLLEGE REQUIRES ALL TRUSTEES,
OFFICERS OR KEY EMPLOYEES AND SUBSTANTIAL CONTRIBUTORS TO ANNUALLY COMPLETE
THE CONFLICT OF INTEREST QUESTIONNAIRE CONCERNING TRANSACTIONS WITH COE
COLLEGE. THE CONTROLLER FOR THE COLLEGE RECEIVES COMPLETED QUESTIONNAIRES
AND REVIEWS AND SUBMITS COMMENTS AND FINDINGS TO THE PRESIDENT OF THE

Name of the organization

COE COLLEGE

Employer identification number

42-0686467

COLLEGE AND THE CHAIRMAN OF THE BOARD OF TRUSTEES. THE CHAIRMAN OF THE BOARD THEN REVIEWS AND INFORMS THE FULL BOARD OF ANY ISSUES OR ACTIONS REQUIRED INCLUDING MONITORING WITH AN OVERSIGHT COMMITTEE IF NECESSARY.

FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION FOR THE PRESIDENT, SENIOR OFFICERS AND KEY EMPLOYEES IS REVIEWED BY A BOARD OF TRUSTEES AD HOC COMMITTEE. THE COMMITTEE CONSIDERS EACH EMPLOYEE ON THEIR MERITS, LENGTH OF SERVICE AND JOB RESPONSIBILITIES. THE EMPLOYEE'S COMPENSATION IS THEN COMPARED TO SIMILAR POSITIONS AT OTHER COLLEGES USING SURVEYS AND BENCHMARKS FROM THE ACM (ASSOCIATED COLLEGES OF THE MIDWEST) AND IPCUA (IOWA PRIVATE COLLEGES AND UNIVERSITIES ASSOCIATION). THE COMMITTEE THEN REPORTS TO THE BOARD OF TRUSTEES THEIR DUE DILIGENCE THAT WAS PERFORMED AND DOCUMENTS THE REVIEW. THE DOCUMENTATION REGARDING THE COMPENSATION REVIEW IS RETURNED TO THE COLLEGE'S LEGAL COUNSEL FOR SAFEKEEPING.

FORM 990, PART VI, SECTION C, LINE 19: THE COLLEGE'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENT ARE NOT MADE AVAILABLE TO THE PUBLIC. THE COLLEGE DOES FILE VARIOUS REQUIRED REPORTS SUCH AS THE A-133 AND AUDITED FINANCIAL STATEMENTS WITH VARIOUS GOVERNMENTAL AGENCIES AND AUTHORITIES WHICH MAY THEN BECOME PUBLIC RECORD.

THE IRS FORM 990 FILED BY COE COLLEGE IS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

| | |
|--|-----------|
| ADJUSTMENT FOR FACULTY RETIREMENT PLAN | 82,602. |
| CHANGE IN FMV - INTEREST RATE SWAP | 478,023. |
| CHANGE IN ANNUITY & LIFE AGREEMENTS | -249,991. |
| TOTAL TO FORM 990, PART XI, LINE 9 | 310,634. |

Name of the organization

COE COLLEGE

Employer identification number

42-0686467

FORM 990, PAGE 2, PART III

ORGANIZATION'S MISSION

IT IS THE MISSION OF COE COLLEGE TO PROVIDE STUDENTS AN EDUCATION OF SUPERIOR QUALITY THAT AIMS AT PREPARING THEM FOR LIFE FOLLOWING GRADUATION. OUR REASON TO EXIST AS AN INSTITUTION IS TO READY STUDENTS INTELLECTUALLY, PROFESSIONALLY, AND SOCIALLY TO LEAD PRODUCTIVE AND SATISFYING LIVES IN THE GLOBAL SOCIETY OF THE 21ST CENTURY. AS SUCH, OUR SUCCESS AS A COLLEGE IS MEASURED ACCORDING TO THE SUCCESS OF OUR GRADUATES.

WE BELIEVE THAT A LIBERAL ARTS EDUCATION IS THE BEST PREPARATION FOR LIFE. WE BELIEVE THAT SUCH AN EDUCATION ALLOWS STUDENTS TO DISCOVER WHAT THEIR REAL TALENTS AND INTERESTS ARE, AND THAT IT DEVELOPS IN THEM THE SKILLS, ABILITIES, AND HABITS OF MIND THAT WILL MAKE POSSIBLE A SUCCESSFUL CAREER IN ANY FIELD OF ENDEAVOR, INCLUDING ONES THAT DO NOT YET EXIST. INDEED, WE BELIEVE THAT WHAT DEFINES A LIBERAL ARTS EDUCATION IS ITS FOCUS ON CULTIVATING IN STUDENTS CERTAIN FUNDAMENTAL ABILITIES: THE ABILITY TO THINK LOGICALLY AND ANALYTICALLY; THE ABILITY TO COMMUNICATE CLEARLY, BOTH IN WRITING AND SPEAKING; THE ABILITY TO USE EFFECTIVELY COMPUTER TECHNOLOGY; THE ABILITY TO WORK PRODUCTIVELY AS A MEMBER OF A GROUP SEEKING TO ACHIEVE A COMMON OBJECTIVE; THE ABILITY TO MAKE INFORMED JUDGMENTS, WHETHER IN THE REALM OF ETHICAL BEHAVIOR OR IN THAT OF AESTHETIC APPRECIATION; THE ABILITY TO FOSTER AND SUSTAIN AN ATTITUDE OF INTELLECTUAL CURIOSITY AND CREATIVITY; AND THE ABILITY TO RECOGNIZE AND HONOR TRUE EXCELLENCE WHEN FOUND IN ANY FORM OR CONTEXT. FURTHERMORE, WE BELIEVE THAT IT IS IMPORTANT FOR A LIBERAL ARTS EDUCATION TO CULTIVATE IN STUDENTS A DESIRE TO UNDERSTAND,

| | | | |
|--------------------------|-------------|--------------------------------|------------|
| Name of the organization | COE COLLEGE | Employer identification number | 42-0686467 |
|--------------------------|-------------|--------------------------------|------------|

A CAPACITY FOR TOLERANCE, AND AN ABILITY TO APPRECIATE THE ETHNIC AND CULTURAL DIVERSITY THAT MAKE UP HUMAN KIND. IT IS THE MISSION OF THE COLLEGE TO DEVELOP IN STUDENTS THESE ABILITIES AND ATTITUDES, AND IN SO DOING TO PROVIDE THEM AN EDUCATION THAT DIRECTS THEM TOWARD A MEANINGFUL AND SUCCESSFUL LIFE.

COE'S ACADEMIC PROGRAM REFLECTS A COMMITMENT TO DEVELOPING THESE ABILITIES BY ITS INSISTENCE THAT STUDENTS ACQUIRE CERTAIN EDUCATIONAL EXPERIENCES. WE REQUIRE THAT STUDENTS COMPLETE BOTH OUR GENERAL EDUCATION REQUIREMENTS, WHICH ENSURE BREADTH OF LEARNING, AND OUR REQUIREMENTS FOR A MAJOR; WHICH GUARANTEE DEPTH OF KNOWLEDGE IN A PARTICULAR FIELD. IN ADDITION, AS PART OF EACH STUDENT'S EDUCATION, A SERIES OF INTENSIVE WRITING EXPERIENCES, SPREAD ACROSS THE FOUR YEARS OF STUDY, IS REQUIRED. BEYOND THESE REQUIREMENTS, STUDENTS ARE ENCOURAGED TO BEGIN PLANNING FOR THEIR LIVES AFTER COLLEGE EARLY ON IN THEIR UNDERGRADUATE CAREERS, AND, THROUGH CAREFUL ADVISING, THEY ARE GIVEN GUIDANCE AND DIRECTION IN THIS ENDEAVOR. INDEED, THE DEFINING FEATURE OF A COE EDUCATION IS THE REQUIREMENT THAT EVERY STUDENT PLAN AND PARTICIPATE IN ONE OF THE FOLLOWING: A SIGNIFICANT EXPERIENTIAL PROJECT, SUCH AS AN INTERNSHIP; A MAJOR SCHOLARLY UNDERTAKING; OR STUDY ABROAD. THESE EXPERIENCES WILL OFTEN, THOUGH NOT INVARIABLY, OCCUR DURING THE JUNIOR YEAR.

THE HALLMARK OF A COE EDUCATION IS OUR ATTENTION TO EACH STUDENT AS AN INDIVIDUAL. IT IS ALSO IMPORTANT THAT THE COLLEGE ENVIRONMENT AT COE REFLECTS OUR COMMITMENT TO A DIVERSE STUDENT BODY AND OVERALL COLLEGE COMMUNITY. WE BELIEVE THAT THROUGH LISTENING CAREFULLY TO EACH STUDENT AS HIS OR HER INTERESTS AND UNIQUE TALENTS ARE FORMED, AND THROUGH

Name of the organization

COE COLLEGE

Employer identification number

42-0686467

TAILORING AN ACADEMIC PROGRAM TO SUIT EACH STUDENT'S FUTURE, WE HELP
THAT STUDENT DEVELOP ABILITIES THAT PROVIDE THE BEST PREPARATION FOR
LIFE.

FORM 990, PAGE 1, PART 1, LINE 5 AND PAGE 5, PART V, LINE 2A

NUMBER OF EMPLOYEES

THE 1,513 IS THE NUMBER OF W-2 REPORTED. THIS REPRESENTS 1,011
STUDENTS ON WORK STUDY FINANCIAL AID PROGRAM AND 502 EMPLOYEES OF COE
COLLEGE.

SCHEDULE L, PART II

LOANS TO AND/OR FROM INTERESTED PERSONS

COE COLLEGE'S ENDOWMENT INVESTED \$750,000 IN A LOAN TO FARRELL-ROEH
PROPERTIES, LLP OWNED 50% BY EACH OF JOHN STROHM AND MARY PAT LINK
(WIFE) WHICH IS SECURED BY 99% INTEREST IN FRP IN FR BRUNSWICK, LLC
WHICH OWNS A GROCERY-ANCHORED SHOPPING CENTER IN BRUNSWICK, GEORGIA.
LOAN BEARS INTEREST AT 8% PER ANNUM (9.5% IF HELD TO MATURITY). THE
LOAN HAD A ZERO BALANCE AT JUNE 30, 2013.

FORM 990, PART VII

SALARY EXPLANATION

FRANCIS MARY MISKIMEN COMPENSATION LISTED IS FOR POSITION AS EMPLOYEE
OF COE COLLEGE NOT FOR POSITION AS ASSISTANT SECRETARY OF BOARD. SHE IS
A 40 HOUR PER WEEK EMPLOYEE OF THE COLLEGE.

MARIE BAEHR TIMKO OTHER COMPENSATION AMOUNT IN COLUMN (F) INCLUDES
\$28,929 OF TUITION WAIVER FOR DEPENDENT.

Name of the organization

COE COLLEGE

Employer identification number
42-0686467

FORM 990, PAGE 10, PART IX, LINES 8-10

EMPLOYEE BENEFITS AND PAYROLL TAXES

PAYROLL TAXES AND EMPLOYER 403(B) CONTRIBUTIONS ARE REPORTED ON LINE 9

WITH OTHER EMPLOYEE BENEFITS RATHER THAN LINES 8 AND 10, RESPECTIVELY.

THE INDIVIDUAL BREAKDOWN FOR THESE EXPENSES BETWEEN PROGRAM, MANAGEMENT
& GENERAL AND FUNDRAISING EXPENSES IS NOT READILY AVAILABLE.

FORM 990, PAGE 1, ITEM B

REASON FOR AMENDING - SCHEDULE K

UPON REVIEW OF THE COLLEGE'S POST-ISSUANCE COMPLIANCE PROCEDURES, IT
WAS DISCOVERED THAT THE COLLEGE HAD INACCURATELY REPORTED THE PRIVATE
BUSINESS USE PERCENTAGE RESULTING FROM A MANAGEMENT CONTRACT ON ITS
SCHEDULE K UNDER ITS 2009 BONDS IN COLUMN B. THE PERCENTAGE THAT WAS
REPORTED WAS 11.4% AND THE PRIVATE BUSINESS USE THAT SHOULD HAVE BEEN
REPORTED WAS 4.18%. AS OF AUGUST 1, 2015, THE COLLEGE AMENDED ITS
MANAGEMENT CONTRACT TO COMPLY WITH A SAFE HARBOR STANDARD UNDER REV.
PROC. 97-13 AND ANTICIPATES THAT THE PRIVATE BUSINESS AFTER SUCH DATE
WILL BE 0%.

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?**a** Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity**b** Gift, grant, or capital contribution to related organization(s)**c** Gift, grant, or capital contribution from related organization(s)**d** Loans or loan guarantees to or for related organization(s)**e** Loans or loan guarantees by related organization(s)**f** Dividends from related organization(s)**g** Sale of assets to related organization(s)**h** Purchase of assets from related organization(s)**i** Exchange of assets with related organization(s)**j** Lease of facilities, equipment, or other assets to related organization(s)**k** Lease of facilities, equipment, or other assets from related organization(s)**l** Performance of services or membership or fundraising solicitations for related organization(s)**m** Performance of services or membership or fundraising solicitations by related organization(s)**n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)**o** Sharing of paid employees with related organization(s)**p** Reimbursement paid to related organization(s) for expenses**q** Reimbursement paid by related organization(s) for expenses**r** Other transfer of cash or property to related organization(s)**s** Other transfer of cash or property from related organization(s)**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

| (a) Name of other organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|--|-------------------------------|------------------------|--|
| (1) K RAYMOND CLARK ALUMNI CENTER TRUST | C | 37,320.ACTUAL | |
| (2) K RAYMOND CLARK ALUMNI CENTER TRUST | Q | 59,283.ACTUAL | |
| (3) K RAYMOND CLARK ATHLETIC FACILITIES | C | 184,689.ACTUAL | |
| (4) K RAYMOND CLARK RACQUET CENTER TRUST | C | 104,132.ACTUAL | |
| (5) K RAYMOND CLARK RACQUET CENTER TRUST | Q | 266,144.ACTUAL | |
| (6) | | | |

Part VII Supplemental Information

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

Depreciation and Amortization 990
 (Including Information on Listed Property)

OMB No 1545-0172

2012

Attachment
 Sequence No **179**

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

COE COLLEGE

FORM 990 PAGE 10

42-0686467

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

| | | | |
|----|---|------------------------------|------------------|
| 1 | Maximum amount (see instructions) | 1 | 500,000. |
| 2 | Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 | Threshold cost of section 179 property before reduction in limitation | 3 | 2,000,000. |
| 4 | Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0- | 4 | |
| 5 | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5 | |
| 6 | (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
| | | | |
| | | | |
| | | | |
| | | | |
| 7 | Listed property. Enter the amount from line 29 | 7 | |
| 8 | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 | 8 | |
| 9 | Tentative deduction. Enter the smaller of line 5 or line 8 | 9 | |
| 10 | Carryover of disallowed deduction from line 13 of your 2011 Form 4562 | 10 | |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5 | 11 | |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 | 12 | |
| 13 | Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12 | 13 | |

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)

| | | | |
|----|--|----|--|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year | 14 | |
| 15 | Property subject to section 168(f)(1) election | 15 | |
| 16 | Other depreciation (including ACRS) | 16 | |

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

| | | | |
|----|---|----|------------|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2012 | 17 | 3,133,038. |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here | | |

Section B - Assets Placed in Service During 2012 Tax Year Using the General Depreciation System

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only - see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19a 3-year property | | | | | | |
| b 5-year property | | | | | | |
| c 7-year property | | | | | | |
| d 10-year property | | | | | | |
| e 15-year property | | | | | | |
| f 20-year property | | | | | | |
| g 25-year property | | | 25 yrs | | S/L | |
| h Residential rental property | / | | 27 5 yrs | MM | S/L | |
| | / | | 27 5 yrs | MM | S/L | |
| i Nonresidential real property | / | | 39 yrs | MM | S/L | |
| | / | | | MM | S/L | |

Section C - Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System

| | | | | | | |
|----------------|---|--|---------|----|-----|--|
| 20a Class life | | | | | S/L | |
| b 12-year | | | 12 yrs. | | S/L | |
| c 40-year | / | | 40 yrs. | MM | S/L | |

Part IV Summary (See instructions)

| | | | |
|----|---|----|------------|
| 21 | Listed property. Enter amount from line 28 | 21 | |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr | 22 | 3,133,038. |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 | |

Part V**Listed Property** (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

| (a) Type of property (list vehicles first) | (b) Date placed in service | (c) Business/ investment use percentage | (d) Cost or other basis | (e) Basis for depreciation (business/investment use only) | (f) Recovery period | (g) Method/ Convention | (h) Depreciation deduction | (i) Elected section 179 cost |
|---|-------------------------------------|--|-------------------------------|--|---------------------------|------------------------------|----------------------------------|---------------------------------------|
| 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use | | | | | | | 25 | |
| 26 Property used more than 50% in a qualified business use | | | | | | | | |
| | | % | | | | | | |
| | | % | | | | | | |
| | | % | | | | | | |
| 27 Property used 50% or less in a qualified business use | | | | | | | | |
| | | % | | | | S/L - | | |
| | | % | | | | S/L - | | |
| | | % | | | | S/L - | | |
| 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 | | | | | | | 28 | |
| 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 | | | | | | | | 29 |

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

| | (a) Vehicle | | (b) Vehicle | | (c) Vehicle | | (d) Vehicle | | (e) Vehicle | | (f) Vehicle | |
|---|----------------|----|----------------|----|----------------|----|----------------|----|----------------|----|----------------|----|
| 30 Total business/investment miles driven during the year (do not include commuting miles) | | | | | | | | | | | | |
| 31 Total commuting miles driven during the year | | | | | | | | | | | | |
| 32 Total other personal (noncommuting) miles driven | | | | | | | | | | | | |
| 33 Total miles driven during the year Add lines 30 through 32 | | | | | | | | | | | | |
| 34 Was the vehicle available for personal use during off-duty hours? | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 35 Was the vehicle used primarily by a more than 5% owner or related person? | | | | | | | | | | | | |
| 36 Is another vehicle available for personal use? | | | | | | | | | | | | |

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

| | | |
|---|-----|----|
| 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? | Yes | No |
| 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners. | | |
| 39 Do you treat all use of vehicles by employees as personal use? | | |
| 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? | | |
| 41 Do you meet the requirements concerning qualified automobile demonstration use? | | |

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

| (a) Description of costs | (b) Date amortization begins | (c) Amortizable amount | (d) Code section | (e) Amortization period or percentage | (f) Amortization for this year |
|---|------------------------------------|------------------------------|------------------------|---|--------------------------------------|
| 42 Amortization of costs that begins during your 2012 tax year | | | | | |
| | | | | | |
| 43 Amortization of costs that began before your 2012 tax year | | | | | 43 |
| | | | | | 12,245. |
| 44 Total. Add amounts in column (f). See the instructions for where to report. | | | | | 44 |
| | | | | | 12,245. |