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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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

Open to Public Inspection

A Fo	r the 2013 c	alendar year, or tax year beginning 07-01-2013 , 2013, and ending 06-30	0-2014			
	eck if applicabl	e C Name of organization SOUTH CAROLINA STUDENT LOAN CORP		D Employ	er ident	ification number
_	Iress change	Doing Business As		57-06	02805	
	ne change					
_	ıal return	Number and street (or P O box if mail is not delivered to street address) Room/sui PO BOX 102405	te	E Telepho	ne numbe	er
	mınated			(803)	798-09	16
Am	ended return	City or town, state or province, country, and ZIP or foreign postal code COLUMBIA, SC 29224		(===,		
App	olication pendir			<b>G</b> Gross re	ceipts \$ 3	168,965,769
		F Name and address of principal officer	H(a)	Is this a group	return f	
		CHARLIE C SANDERS JR PO BOX 102405		subordinates?		┌ Yes 🗸 No
		COLUMBIA,SC 29224	H(b)	Are all subordir	ates	┌ Yes ┌ No
- T				included?		
I Tax	x-exempt state	us		If "No," attach	alist (s	see instructions)
J W	ebsite: ► V	VWW SCSTUDENTLOAN ORG	H(c)	Group exempti	on numl	ber 🟲
<b>K</b> Forn	n of organızatı	on   Corporation   Trust   Association   Other   Other	<b>L</b> Ye	ar of formation 197	'3 <b>M</b> S	tate of legal domicile SC
Pa	rt I Su	mmary				
Governance	AVAII SCHO FOUN GUAR IN ST CORP WITH	E FULFILLMENT OF THE DESIRE AND DIRECTION OF THE PEOPLE O LABLE TO RESIDENTS TO ENABLE THEM TO ATTEND ELIGIBLE INST OL LEVEL THE CORPORATION IS ALSO EMPOWERED TO ACT AS AN DATIONS TO RECEIVE, INVEST, HANDLE AND DISBURSE FUNDS, AN ANTEES OF STUDENT LOANS, INSURANCE OF STUDENT LOANS AND UDENT LOANS FOR OTHER PRIVATE, OR GOVERNMENTAL INSTITUTORATION ENGAGES IN AND CARRIES ON THE FUNCTION OF MAKIN STUDENT LOANS, THE RECEIVING, INVESTING AND DISBURSING OF MOVIDED THAT NO ACTIVITY SHALL BE	ITUTION AGEN ND TO S D ACQU TIONS IG, HAN	ONS WHICH AR IT FOR OTHER: SERVICE STUD JISITIONS OF O AND FOUNDAT NDLING, SERVI	E BEYO INSTIT ENT LO CONTII IONS : CING, A	ND THE PUBLIC UTIONS AND ANS, NGENT INTEREST IN GENERAL, THE AND DEALING
Activities &	2 Check	this box দ if the organization discontinued its operations or disposed o	f more	than 25% of its	net ass	ets
٩ctı	<b>3</b> Normale	an africation a manufacture of the manufacture hadry (Dauth VII. line of a V			- 1	
•		er of voting members of the governing body (Part VI, line 1a) er of independent voting members of the governing body (Part VI, line 1b)			3	11
		number of individuals employed in calendar year 2013 (Part V, line 2a)			5	181
		number of volunteers (estimate if necessary)			6	(
		unrelated business revenue from Part VIII, column (C), line 12			7a	C
	<b>b</b> Net un	related business taxable income from Form 990-T, line 34			7b	C
				Prior Year		Current Year
gu	1	tributions and grants (Part VIII, line 1h)		21,193,4		0
Ravenue		gram service revenue (Part VIII, line 2g)		92,239,9	_	100,719,275
<del>В</del>		estment income (Part VIII, column (A), lines 3, 4, and 7d) er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,445,9		697,546 26,964
		al revenue—add lines 8 through 11 (must equal Part VIII, column (A), line	,	-404,0	33	20,904
	12)	<u> </u>		116,474,7	70	101,443,785
		nts and similar amounts paid (Part IX, column (A), lines 1–3)			0	350,000
		efits paid to or for members (Part IX, column (A), line 4)			0	0
8	<b>15</b> Sala 5-1	iries, other compensation, employee benefits (Part IX, column (A), lines 0)		14,223,2	16	11,133,638
913	<b>16a</b> Prof	ressional fundraising fees (Part IX, column (A), line 11e)			0	0
Expenses	<b>b</b> Total	fundraising expenses (Part IX, column (D), line 25) 🛌				
-	<b>17</b> Oth	er expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		92,499,2	36	68,261,436
	<b>18</b> Tota	al expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		106,722,4	52	79,745,074
	<b>19</b> Rev	enue less expenses Subtract line 18 from line 12	_	9,752,3		21,698,711
S ଫ୍ଲ			Beg	inning of Curren Year	t	<b>End of Year</b>
tage Tage	<b>20</b> Tota	al assets (Part X, line 16)		3,069,867,8	41	2,784,777,618
Net Assets or Fund Balances		al liabilities (Part X, line 26)	. [	2,575,496,8	_	2,267,376,300
žĒ.	<b>22</b> Net	assets or fund balances Subtract line 21 from line 20		494,371,0	28	517,401,318
Undei my kr	r penalties on owledge and rer has any	****				
Sign	<b>  '</b>	gnature of officer		Date		
Here	•   <u>⊾</u> <u>c⊦</u>	HARLIE C SANDERS JR PRESIDENT/CEO				
	<b> </b>	pe or print name and title  Print/Type preparer's name  Preparer's signature  Date of the print is prepared by the preparer's preparer's preparer by the preparer's p	ate	T T	ртты	
Dai:	1	Print/Type preparer's name DENISE P HILL CPA Preparer's signature DENISE P HILL CPA	ate	Check If self-employed	PTIN P000466	15
Paid		Firm's name ► ELLIOTT DAVIS DECOSIMO LLCPLLC		Firm's EIN 🕨 57	-0381582	1
	parer	Firm's address ► 1901 MAIN STREET SUITE 900		Phone no (803)	256-000	2
O SE	Only	COLUMBIA, SC 29201		(===)		

Par	Chec	ement of Program Service A k if Schedule O contains a response	Accomplishments or note to any line in this Part III	<u></u> .	٦
1	Briefly desc	ribe the organization's mission			
WITH OF T ENAI ALSO DISE ACQ FOUL SERV	HOUT PECUN HE DESIRE A BLE THEM TO DEMPOWERE BURSE FUNDS UISITIONS NDATIONS /ICING, AND	F THE CORPORATION IS TO REC NIARY GAIN OR PROFIT ADDITION AND DIRECTION OF THE PEOPLE O ATTEND ELIGIBLE INSTITUTION ED TO ACT AS AN AGENT FOR OT S, AND TO SERVICE STUDENT LO OF CONTINGENT INTEREST IN SO IN GENERAL, THE CORPORATION O DEALING WITH STUDENT LOAN ETO, PROVIDED THAT NO ACTIV	NALLY, THE PURPOSE OF THE COME OF SOUTH CAROLINA IN MAKING IN MAKI	CORPORATION IS TO AID ING LOANS AVAILABLE TO FEUR BLIC SCHOOL LEVEL THE DATIONS TO RECEIVE, INVITUALIZATIONS TO RECEIVE, INVITUALIZATIONS, INSURANCE OF SEVATE, OR GOVERNMENTALES THE FUNCTION OF MAKIN	N THE FULFILLMENT RESIDENTS TO CORPORATION IS EST, HANDLE AND TUDENT LOANS AND INSTITUTIONS AND G, HANDLING,
2	the prior For	nızatıon undertake any sıgnıfıcant p m 990 or 990-EZ?		nich were not listed on	┌ Yes ┌ No
		scribe these new services on Sched			
3	services?	nization cease conducting, or make			┌ Yes ┌ No
4	Describe the expenses S	e organization's program service acc ection 501(c)(3) and 501(c)(4) orgonoms, and revenue, if any, for each	complishments for each of its three anizations are required to report th		
	(Code PROVIDE STU	) (Expenses \$ 7 DENT LOANS TO ELIGIBLE BORROWERS FOR	7,461,319 including grants of \$	350,000 ) (Revenue \$ OANS UNTIL PAID BY THE BORROWE	100,719,275 ) ERS
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	Other proa	ram services (Describe in Schedule	0)		
-	(Expenses		grants of \$	) (Revenue \$	)
4e	Total progr	am service expenses ► 77	,461,319		

art IV	Check	list 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>	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II"	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νo
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? If "Yes," complete Schedule D, Part $IV^{\square}$	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
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?  If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
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>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>			
		28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		Νo
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? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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)? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

GII	Statements Regarding Other 1RS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V		Yes	l No
a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   10		162	140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	<b>1</b> c	Yes	
	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			
)	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)	2b	Yes	
ı	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
1	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)?	4a		N
)	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
ı	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
	2. 105, to fine 50 of 55, and the organization metrorin 0000-1.	5c		
1	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?	6a		N
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).	_		_
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		N
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		N
	If "Yes," indicate the number of Forms 8282 filed during the year			
	74 Test, maisure the number of forms of 22 med during the year.			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		N <sub>1</sub>
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make any taxable distributions under section 49667	9a 9b		
	Section 501(c)(7) organizations. Enter	שפ		
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?			
ı	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
)	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			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N
	If "Yes" has it filed a Form 720 to report these payments? If "No" provide an explanation in Schedule O	14h		

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

Se	ection A. Governing Body and Management			
			Yes	No
<b>1</b> a	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			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
60	action P. Daliciae (Thic Section P. requests information about noticies not required by the Internal P.			- \
36	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	je Coa	e.)
36	ection <b>B. Policies</b> (This Section B requests information about policies not required by the Internal R	evenu	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		
10a			Yes	
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	<b>Yes</b> Yes	
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes Yes Yes	
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?  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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	10a 10b 11a 12a 12b	Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes	
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes	
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes	
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes	No

- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
  - ☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)
- 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
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶JANE HONEYCUTT 8906 TWO NOTCH ROAD COLUMBIA, SC 29223 (803) 612-5096

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

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ♦ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

( <b>A)</b> Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations	
(1) CHARLIE C SANDERS JR	32 00	х		х				425,988	0	95,658	
PRESIDENT/CEO	8 00							423,300		75,030	
(2) FREDERICK T HIMMELEIN ESQ	1 00	×						13,000	0	C	
CHAIRMAN	1 00	<u> </u>									
(3) J THORNTON KIRBY ESQ	1 00	×						6,000	0	C	
TREASURER  (4) WILLIAM M MACKIE JR	1 00										
•		x						7,000	0	C	
VICE CHAIRMAN (5) BARBARA F WESTON	1 00										
		х						5,500	0	C	
DIRECTOR (6) VINCE V FORD	1 00	-									
DIRECTOR	1 00	х						2,000	0	C	
(7) RENEE R BROOKS	1 00										
DIRECTOR	1 00	Х						5,500	0	C	
(8) NEIL E GRAYSON ESQ	1 00										
DIRECTOR	1 00	X						4,000	0	C	
(9) FRED L GREEN III	1 00										
DIRECTOR	1 00	X						3,000	0	C	
(10) JEFFREY R SCOTT	1 00	, , ,						6 000			
DIRECTOR	1 00	X						6,000	0	C	
(11) D GRANT CARWILE ESQ	1 00	V						0	0	C	
DIRECTOR	1 00	X						0	0	·	
(12) JASON R CASKEY	1 00	x						3,000	0	O	
DIRECTOR	1 00							3,000			
(13) HARRY BROWN	32 00			×				176,077	0	30,146	
CF0	8 00										
(14) DONNA DEWISPELAERE	0 00				x			0	258,793	3,210	
PRESIDENT/CEO/CAMPUS PARTNERS	40 00								·	•	
(15) ANNE HARVIN GAVIN	32 00					x		124,911	0	23,986	
SVP (16) DAVID SIMON	8 00				$\vdash$						
	32 00					x		145,912	0	42,236	
CIO (17) JANE HONEYCUTT	8 00				$\vdash$						
` '	32 00					х		144,641	0	38,420	
VP - ACCOUNTING	8 00										

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

	(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot rect	note boo	chec x, unle n offic rustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensatio from related organization	on d is	Estim amount comper from	ated of other isation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099 MISC)		organi and re organiz	lated
(18)	DONALD DAY 7-1 TO 7-21-14	0 00						x	(	125,	.963		10,863
	FOR DATA SOLUTIONS	40 00				_				,			
` ,	ANDREW RAMOS 7-1 TO 2-4-14 CTOR OF IT OPERATIONS	0 00						х	C	137,	616		20,740
											_		
1b	Sub-Total						<b>-</b>						
С	Total from continuation sheets to Pa	t VII, Section A		•	•		•						
d	Total (add lines 1b and 1c)				•		<b>P</b>		1,072,529	522,37	'2		265,259
2	Total number of individuals (including \$100,000 of reportable compensation				ed a	bove	e) who	rec	eived more than				
										-		Yes	No
3	Did the organization list any <b>former</b> of on line 1a? <i>If "Yes," complete Schedule</i>			e, ke	y em •	nplo •	yee, o	r hıg	hest compensate	ed employee	3	Yes	
4	For any individual listed on line 1a, is organization and related organizations individual									rom the		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
5	Did any person listed on line 1a received services rendered to the organization									ndıvıdual for	4	Yes	N.o.
					_	_		_			5		No
Se	ection B. Independent Contract	ors											
<u> </u>	Complete this table for your five highe compensation from the organization R	eport compensa								the organization			
	Name and	(A) business address							Descript	(B) Ion of services	_	(C Comper	
MCNA	AIR LAW FIRM 1221 MAIN ST 18 COLUMBIA SC 29	9201							LEGAL MATTERS			•	325,381
WILLI	AMS & FUDGE 300 CHATHAM AVENUE ROCK HIL	L SC 29731							COLLECTION SE LOANS	RVICES- PRIVATE			139,940
	ICK STUBBS & STITH 508 HAMPTON ST 1ST FLC		201							TING SERVICES			129,195
	K ROCK LLP 1111 EAST MAIN STREET RICHMON ON MULLINS RILEY & SCARBOROUGH LLP 1320 N		FLOOR C	OLLIME	STA S	C 291	201		LEGAL MATTERS		$\dashv$		127,739 122,045

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  $\blacktriangleright 5$ 

Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f g
Program Service Revenue	2a b c d e f g
evenue	3 4 5 6a b c d 7a b c d 8a
Other R	b c 9a b c 10a
	b c 11a b c d e

Part V	/ • • •	Statement o									
		Check If Schedi	ule O contains a respoi	nse or note to any lu	(A) Total revenue	<b>(B)</b> Related or exempt function	(C) Unrelated business revenue	(D)  Revenue excluded from tax under			
						revenue		sections 512-514			
e e	1a	Federated cam	paigns 1a								
ant Gru	b	Membership du	es <b>1b</b>								
ے آھ	c	Fundraising eve	ents <b>1c</b>								
ar, /	d	Related organiz	zations 1d								
Contributions, Giffs, Grants and Other Similar Amounts	e	Government grant	s (contributions) <b>1e</b>								
Sis	f f	All other contribution	ons, gifts, grants, and <b>1f</b>			i					
e e		sımılar amounts no	ot included above								
Contributions, Giffs, Grants and Other Similar Amounts	g	1a-1f \$	ons included in lines								
<u> </u>	h	Total. Add lines	s 1a-1f	🕨							
a.				Business Code							
weru	2a	STUDENT LOAN IN	TEREST	900099	125,451,946	125,451,946					
æ	b	US DOE SUBSIDIZE	ED INTEREST	900099	18,603,032	18,603,032					
Program Serwoe Revenue	С	SERVICING FEES		900099	10,298,525	10,298,525					
	d	LATE CHARGES		900099	2,159,082	2,159,082					
Ē	e	SCEAA REMITTANO		900099	617,555	617,555					
iBo.	f	All other progra	am service revenue		-56,410,865	-56,410,865					
<u>~</u>	g	Total. Add lines	s 2a – 2f		100,719,275						
	3		ome (including dividen ar amounts)		672,664	672,664					
	4		stment of tax-exempt bond								
	5	Royalties		🕨							
			(ı) Real	(II) Personal							
	6a	Gross rents	26,964								
	b	Less rental expenses	0								
	С	Rental income or (loss)	26,964								
	d	Net rental inco	me or (loss)		26,964	26,964					
		Gross amount	(ı) Securities	(II) O ther							
	7a	from sales of assets other than inventory	67,546,866								
	Ь	Less cost or other basıs and	67,521,984								
	l c	sales expenses Gaın or (loss)	24,882								
	d	Net gain or (los	ss)		24,882	24,882					
Other Revenue	8a	Gross income f events (not inc \$	luding s reported on line 1c)								
<u>.</u>			a								
₹			penses b								
•	9a	Gross income f	rom gaming activities ie 19	events 🛌							
	Ь	less directer	penses b								
	c		(loss) from gaming acti								
	10a	Gross sales of	ınventory, less	·							
		returns and allo	owances . a								
	Ь	less costofa	oods sold <b>b</b>								
			(loss) from sales of inv	entory 🛌							
		Miscellaneous		Business Code							
	11a										
	ь										
	c										
	d	All other reven	ue								
	e	Total. Add lines	s 11a-11d	•							
	12	Total revenue.	See Instructions .	🖊	101,443,785	101,443,785	0				

	990 (2013)				Page 10
	Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must complete all columns All	other organizati	one must some	lete column (A.)	
ectio	Check if Schedule O contains a response or note to any line in this			iete colullin (A.)	
<b>\_</b>	·		(B)	(c)	* (D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	350,000	350,000		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
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	987,359	740,519	246,840	
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	7,689,602	6,920,642	768,960	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	649,189	584,270	64,919	
9	Other employee benefits	1,150,842	1,035,758	115,084	
10	Payroll taxes	656,646	590,981	65,665	
11	Fees for services (non-employees)				
а	Management				
b	Legal	2,216,527	1,994,874	221,653	
c	Accounting	242,050	217,845	24,205	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,753,220	2,753,220		
12	Advertising and promotion	2,733,220	2,733,220		
L3	Office expenses	2,046,628	1,841,965	204,663	
L4	Information technology	534,208	480,787	53,421	
L <del>-,</del> L5	Royalties	334,208	460,767	33,421	
	·	077.462	701.070	105 403	
16	Occupancy	977,463	781,970	195,493	
17 18	Payments of travel or entertainment expenses for any federal, state, or local public officials	173,242	155,918	17,324	
19	Conferences, conventions, and meetings	60,000	54,000	6,000	
20	Interest	23,424,849	23,424,849	, - }	
21	Payments to affiliates	, , , , , ,	, , , , , , , , , , , , , , , , , , , ,		
22	Depreciation, depletion, and amortization	270,410	243,369	27,041	
23	Insurance	157,292	141,563	, 15,729	
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)	,	,	,	
а	ORIGINATION FEES	11,729,154	11,729,154		
b	BORROWER INCENTIVES	6,159,167	6,159,167		
C	TLP CANCELLATIONS	4,707,663	4,707,663		
d	PAYMENTS TO SC SEAA FOR	4,206,296	4,206,296		
е	All other expenses	8,603,267	8,346,509	256,758	
25	Total functional expenses. Add lines 1 through 24e	79,745,074	77,461,319	2,283,755	0
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 Sheet

		Check if Schedule O contains a response or note to any line in	n this Part X			· · · · · · · · · · · · · · · · · · ·
				(A) Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing		196,319,078	1	156,389,280
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net	68,846,845	4	58,467,116	
Assets	5	Loans and other receivables from current and former officers, key employees, and highest compensated employees Compl Schedule L		5		
	6	Loans and other receivables from other disqualified persons (section 4958(f)(1)), persons described in section 4958(c)(3 employers and sponsoring organizations of section 501(c)(9) employees' beneficiary organizations (see instructions) CompSchedule L	g	6		
	7	Notes and loans receivable, net		2,731,692,373	7	2,498,701,489
⋖	8	Inventories for sale or use		2,101,002,010	8	2, 100,101,100
	9	Prepaid expenses and deferred charges		78,340	-	201,833
	10a	Land, buildings, and equipment cost or other basis		70,540	9	201,000
	104	Complete Part VI of Schedule D	<b>10a</b> 7,113,33	_		
	b	Less accumulated depreciation	<b>10b</b> 1,994,16	7,092,694	10c	5,119,173
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		56,609,063	12	57,851,619
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		9,229,448	15	8,047,108
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .		3,069,867,841	16	2,784,777,618
	17	Accounts payable and accrued expenses		50,037,677	17	48,748,089
	18	Grants payable		18		
	19	Deferred revenue	1,357,222	19	3,269,023	
	20	Tax-exempt bond liabilities		20		
Ø.	21	Escrow or custodial account liability Complete Part IV of Sci		21		
Liabilities	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disqua				
æ		persons Complete Part II of Schedule L			22	
<b>=</b>	23	Secured mortgages and notes payable to unrelated third parti	es	2,512,867,205	23	2,204,551,337
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to rel and other liabilities not included on lines 17-24) Complete P				
		D		11,234,709	25	10,807,851
	26	Total liabilities. Add lines 17 through 25		2,575,496,813	26	2,267,376,300
ě		Organizations that follow SFAS 117 (ASC 958), check here ► lines 27 through 29, and lines 33 and 34.	and complete			
ä	27	Unrestricted net assets		218,875,748	27	218,803,774
8	28	Temporarily restricted net assets		275,495,280	28	298,597,544
Fund Balance	29	Permanently restricted net assets			29	
Ë		Organizations that do not follow SFAS 117 (ASC 958), check	here ► ┌ and			
P.		complete lines 30 through 34.	,			
8	30	Capital stock or trust principal, or current funds			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other	funds		32	
Net	33	Total net assets or fund balances		494,371,028	33	517,401,318
_	34	Total liabilities and net assets/fund balances		3,069,867,841	34	2,784,777,618

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				V
1	Total revenue (must equal Part VIII, column (A), line 12)	1		101,4	143,785
2	Total expenses (must equal Part IX, column (A), line 25)	2		79,7	745,074
3	Revenue less expenses Subtract line 2 from line 1	3		21,6	598,711
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		494,3	371,028
5	Net unrealized gains (losses) on investments	5		8	332,884
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		4	198,695
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		517,4	401,318
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	☐ Separate basis ☐ Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	t of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	1			
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?	9	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3b		

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As Filed Data -

DLN: 93493047010365

OMB No 1545-0047

#### **SCHEDULE A**

(Form 990 or 990EZ)

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public **Inspection** 

Name	of the organization
SOUTH	CAROLINA STUDENT LOAN CORP

**Employer identification number** 

									57-06028				
Par				blic Charity Sta						<u>nstructions</u>			
Γhe o	rganı	zatıon ıs	not a privat	e foundation becaus	eitis (Forl	ınes 1 throu	ıgh 11, check	only one b	ox)				
1	Г	A chur	ch, conventi	on of churches, or a	ssociation of	churches d	lescribed in <b>s</b> e	ection 170(	b)(1)(A)(i).				
2	Г	A scho	ol described	in <b>section 170(b)(1</b>	l <b>)(A)(ii).</b> (At	tach Sched	ule E )						
3	Γ	A hosp	ıtal or a coo	perative hospital se	rvice organiz	atıon descr	ibed in <b>sectio</b>	n 170(b)(1	)(A)(iii).				
4	Γ	A medi	cal researcl	n organization operat	ted ın conjun	ction with a	hospital des	cribed in <b>se</b>	ction 170(b)(	1)(A)(iii). E	nter the		
_	_			ty, and state							<del></del>		
5	ı	_	•	erated for the benefi	_	or universi	ty owned or o	perated by	a governmen	tal unit desc	ribed in		
	_			A)(iv). (Complete P	•	,							
6	<u> </u>			local government or	-			. , ,	,, ,, ,				
7	1	_		at normally receives		•	support from	a governm	ental unıt or f	rom the gen	eral public		
8	$\vdash$			on 170(b)(1)(A)(vi). described in <b>sectior</b>			mnlete Dart II						
9	<u>'</u>		-	at normally receives			•	-	hutions mam	harchin faac	and gross		
9	1*	_		ities related to its ex					•	-	-		
		•		oss investment inco	· ·	=							
			_					=		cax) nom be	1311163363		
10	$\overline{}$		acquired by the organization after June 30, 1975 See <b>section 509(a)(2).</b> (Complete Part III )  An organization organized and operated exclusively to test for public safety. See <b>section 509(a)(4).</b>										
11	<u>'</u>			ganized and operated						o carry out	the nurnoses of		
	J	_	,	ly supported organiz	,				,	,			
					orting organization and complete lines 11e through 11h								
		a [	Type I	b	Type II	I - Function	ally integrate	d <b>d</b>	Type III - No	on-functiona	illy integrated		
e	Γ	•	_	ox, I certify that the	_		,		, ,	•	•		
				on managers and otl	her than one	or more pub	olicly support	ed organıza	itions describ	ed in sectio	n 509(a)(1) or		
f			509(a)(2)	received a written de	otormination	from the ID	C that it is a	Type I Tyr	o II or Type	III support	ing organization		
•			this box	received a writter di	ecerminacion	mom the m	.5 that it is a	i ype i, i yp	be 11, or 1 ype	III support			
g				2006, has the organi	ızatıon accep	ted any gift	or contributi	on from any	of the		,		
			ig persons?										
				rectly or indirectly o	•		5	persons de	scribed in (ii)		Yes No		
		-		governing body of th		_	n?			11g	<del>``</del>		
				er of a person descr						11g	<del></del>		
				lled entity of a perso						11g	(iii)		
h		Provide	the followi	ng information about	the supporte	ed organizat	ion(s)						
		-	(**) = T.N.	("") T	(: ) 7 .	1	1,,,,,,				1		
•	) Nam uppor		(ii) EIN	(iii) Type of organization	( <b>iv)</b> Is t organızatı		(v) Did you the organiz	•	(vi) Is organizat		(vii) A mount of monetary		
	ganiza			(described on	col (i) list		in col (i) o		col (i) org		support		
			lines 1- 9 above		your gove		suppor	•	in the U				
				or IRC section	docume	nt?							
				(see									
				instructions))	Yes	No	Yes	No	Yes	No			
T-4-1						1	1	1	1				

Sch	edule A (Form 990 or 990-EZ) 2013						Page <b>2</b>
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation failed	to qualify under
_	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	low, please con	iplete Part .	.111.)
	endar year (or fiscal year beginning	(-) 2000	(1-) 2010	(-) 2011	(4) 2012	(-) 201	(5) T. I.
	in) ►	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 201:	3 (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						
3	behalf The value of services or facilities						
3	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	<b>Public support.</b> Subtract line 5 from line 4						
S	ection B. Total Support	I	<u> </u>		I		I
	endar year (or fiscal year beginning	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	in) ►	(a) 2009	(6) 2010	(6) 2011	(u) 2012	(e) 2013	(I) I otal
7	A mounts 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	<b>Total support</b> (Add lines 7 through 10)						
12	Gross receipts from related activities	es, etc (see inst	ructions)	•		12	1
13	First five years. If the Form 990 is t	for the organizati	on's first, second	l, thırd, fourth, or	fifth tax year as a	501(c)(3) o	rganızatıon, check
	this box and stop here				<u> </u>	<u> </u>	<u></u>
	ection C. Computation of Pub			4.4 1 (5)			
14	Public support percentage for 2013			11, column (f))		14	
15	Public support percentage for 2012	· ·	•			15	_
16a	33 1/3% support test—2013. If the condition have				line 14 is 33 1/3%	or more, che	ck this box
b	and <b>stop here.</b> The organization qua <b>33</b> 1/3% <b>support test—2012.</b> If the				and line 15 is 33	8 1/3% or more	
	box and <b>stop here.</b> The organization				, 10 00	. 40.001111011	► F
17a	10%-facts-and-circumstances test-	<b>-2013.</b> If the org	anızatıon dıd not	check a box on lı			
	is 10% or more, and if the organizat						
	in Part IV how the organization mee	ts the "facts-and	d-circumstances'	test The organ	ızatıon qualıfıes a	s a publicly s	
Ь	organization 10%-facts-and-circumstances test-	<b>-2012</b> . If the ora	anization did not	check a hov on li	ne 13 16a 16b	or 17a and L	<b>▶</b> 厂
	15 is 10% or more, and if the organ						
	Explain in Part IV how the organizat						ublicly
	supported organization				4-71		<b>▶</b> □
18	<b>Private foundation.</b> If the organizat instructions	ion aid not check	k a box on line 13	, 16a, 16b, 1/a,	or 1/p, check thi	s pox and se	e ▶□
							г,

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2009	<b>(b)</b> 2010	(c) 2011	<b>(d)</b> 2012	<b>(e)</b> 2013	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	50,256,006	36,705,414	27,113,745	21,193,491	18,603,032	153,871,688
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	65,583,54	7 72,193,006	75,036,369	72,166,115	77,956,847	362,935,884
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	<b>Total.</b> Add lines 1 through 5	115,839,553	108,898,420	102,150,114	93,359,606	96,559,879	516,807,572
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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						0
c	Add lines 7a and 7b						0
8	Public support (Subtract line 7c						516,807,572
Se	rom line 6 ) ction B. Total Support						
	ndar year (or fiscal year	(-) 2000	<b>(b)</b> 2010	(-) 2011	(4) 2012	(-) 2012	(6) Tatal
	beginning in) 🟲	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	A mounts from line 6	115,839,553	108,898,420	102,150,114	93,359,606	96,559,879	516,807,572
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from	726,475	921,135	745,261	3,445,952	724,510	6,563,333
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	726,475	921,135	745,261	3,445,952	724,510	6,563,333
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)	8,580,180	5,044,809	2,906,809	09 19,669,212 13,3		49,570,489
13	Total support. (Add lines 9, 10c, 11, and 12)	125,146,208	114,864,364	105,802,184	116,474,770	110,653,868	572,941,394
14	First five years. If the Form 990 is check this box and stop here		·	, thırd, fourth, or f	ifth tax year as a	501(c)(3) orgar	nization, ►
<u>5e</u> 15	ction C. Computation of Pub Public support percentage for 2011			13 column (f))		15	90 200 %
16	Public support percentage from 20			= 2 / 2 2 (4) (1) / (1)		16	67 730 %
	ction D. Computation of Inv			ne .		10	07 / 30 %
17	Investment income percentage for				n (f))	17	1 150 %
18	Investment income percentage fro					18	1 770 %
19a	33 1/3% support tests—2013. If the				line 15 is more t		
				_1.6	المصاهب مستويد ما ينا		<b>₽</b> .

<sup>33 1/3%</sup> support tests—2012. 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 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

	<b>Part IV Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).									
Facts And Circumstances Test										
	Return Referen	ice	Explanation							
•			Sch	adula A (Form 990 or 990-E7) 201						

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DLN: 93493047010365

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at  $\underline{www.irs.gov/form990}$ .

Open to Public

emal Revenue Service	and its instruct	ions is at <u>www.irs.gov/form990</u> .		Inspection				
Name of the organi SOUTH CAROLINA STUD			Emp	ployer identification number				
SOUTH CAROLINA STUD	LIVI LOAN CORP		57-	0602805				
	izations Maintaining Donor Adv							
organiz	zation answered "Yes" to Form 990			(b) Funds and other accounts				
. Total number a	t and of year	(a) Donor advised funds		(b) Funds and other accounts				
	ributions to (during year)							
	its from (during year)							
	e at end of year							
	ration inform all donors and donor advisor rganization's property, subject to the or		onor adv	rsed Yes No				
used only for c	ration inform all grantees, donors, and do haritable purposes and not for the benef ermissible private benefit?							
	rvation Easements. Complete if	the organization answered "Yes"	to Forr	<u> </u>				
Preservation Protection Preservation Complete lines	conservation easements held by the orgon of land for public use (e g , recreation of natural habitat on of open space 2 a through 2d if the organization held a	or education)  Preservation of a	a certifie	d historic structure				
easement on th	ne last day of the tax year			Hold at the Find of the Year				
a Total number o	f conservation easements		2a	Held at the End of the Year				
<del></del>	restricted by conservation easements		2b					
	servation easements on a certified histo	oric structure included in (a)	2c					
Number of cons	servation easements included in (c) acq ure listed in the National Register		2d					
	servation easements modified, transferr	ed, released, extinguished, or termina	ted by t	he organization during				
Number of stat	es where property subject to conservati	on easement is located 🛌						
	nization have a written policy regarding t the conservation easements it holds?	he periodic monitoring, inspection, ha	ndling o	f violations, and <b>Yes No</b>				
Staff and volun ►	teer hours devoted to monitoring, inspe	cting, and enforcing conservation easo	ements	during the year				
•	enses incurred in monitoring, inspecting	, and enforcing conservation easemer	nts durın	g the year				
Does each con and section 17	servation easement reported on line 2(o 0(h)(4)(B)(ii)?	d) above satisfy the requirements of so	ection 1	70(h)(4)(B)(ı)				
balance sheet,	escribe how the organization reports cor and include, if applicable, the text of the n's accounting for conservation easeme	e footnote to the organization's financi						
art III Organ Comple	izations Maintaining Collection ete if the organization answered "Y	<b>s of Art, Historical Treasures</b> es" to Form 990, Part IV, line 8.	, or Ot	her Similar Assets.				
works of art, hi	tion elected, as permitted under SFAS 1 storical treasures, or other similar asse e, in Part XIII, the text of the footnote t	ts held for public exhibition, educatior	n, or rese	earch in furtherance of public				
works of art, hi	tion elected, as permitted under SFAS 1 storical treasures, or other similar asse e the following amounts relating to thes	ts held for public exhibition, educatior						
(i) Revenues II	ncluded in Form 990, Part VIII, line 1		<b>►</b> \$					
(ii) Assets incl	luded in Form 990, Part X	<b>▶</b> \$						
If the organizat	tion received or held works of art, histor nts required to be reported under SFAS			· ·				
Revenues inclu	ided in Form 990, Part VIII, line 1			<b>▶</b> \$				
<b>b</b> Δssets include	d in Form 990, Part X			<b>▶</b> \$				

Part	Organizations Maintaining Collections of Art, His	stor	ca	l Treasu	res, or Ot	he	· Similar Asse	ts (co	ntınued)
3	Using the organization's acquisition, accession, and other records, cleollection items (check all that apply)	heck	any	of the foll	owing that ar	e a	significant use of	ıts	
а	Public exhibition d	Γ	L	oan or exc	hange progra	ms			
b	Scholarly research e	Γ	0	ther					
С	Preservation for future generations								
4	Provide a description of the organization's collections and explain ho Part XIII	w the	y fu	irther the o	organızatıon's	ex	empt purpose in		
5	During the year, did the organization solicit or receive donations of a assets to be sold to raise funds rather than to be maintained as part							Yes	□ No
Par	t IV Escrow and Custodial Arrangements. Complete if Part IV, line 9, or reported an amount on Form 990, P	the	org	z ganızatıor					,
1a	Is the organization an agent, trustee, custodian or other intermediary included on Form 990, Part X?				or other asse	ts r		Yes	┌ No
ь	If "Yes," explain the arrangement in Part XIII and complete the follow	wing	tabl	е					
							Amou	ınt	
С	Beginning balance				_1	lc			
d	Additions during the year				<u>_1</u>	ld			
е	Distributions during the year				1	le			
f	Ending balance				_1	Lf			
2a	Did the organization include an amount on Form 990, Part X, line 217	<b>&gt;</b>					_	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIII Check here if the expl	anat	on	has been p	orovided in Pa	art )	(III		Γ
Pa	rt V Endowment Funds. Complete if the organization and	swer	ed	"Yes" to					
		<b>)</b> Prior	yea	r <b>b (c)</b> ⊤	wo years back	(d)	hree years back (e	)Four ye	ears back
1a	Beginning of year balance								
Ь	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
e	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the current year end balance (lin	ne 1 g	, cc	lumn (a))	held as				
а	Board designated or quasi-endowment ►								
b	Permanent endowment ▶								
c	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c should equal 100%								
За	Are there endowment funds not in the possession of the organization	that	are	held and a	idministered	for	the		
	organization by						2-(:)	Yes	No
	(i) unrelated organizations		•			•	3a(i) 3a(ii)		
ь	If "Yes" to 3a(II), are the related organizations listed as required on 9	Sche	• dule	 :R?		. '	3b		
4	Describe in Part XIII the intended uses of the organization's endown						<u> </u>		
Par	<b>t VI</b> Land, Buildings, and Equipment. Complete if the of 11a. See Form 990, Part X, line 10.	rgai	nıza	ition ansv	vered 'Yes'	to	Form 990, Part	IV, lır	ne
	Description of property			st or other nvestment)	<b>(b)</b> Cost or other		(c) Accumulated depreciation	( <b>d</b> ) Bo	ok value
1a	Land				364,9	900			364,900
b	Buildings				4,358,6	570	284,953	4	1,073,717
	Leasehold improvements								
d	Equipment				2,336,4	119	1,655,863		680,556
	Other				53,3	348	53,348		0
Tota	I. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, colu	ımn (	Έ),	line 10(c).)			►	Ţ	5,119,173
							Schedule D (F	orm 9	90) 201:

(a) Description of security or category	(b)Book value	(c) Method of valuation
(a) Description of security or category (including name of security)	(b)book value	Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests Other		
- Cities		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	<b>F</b>	
Part VIII Investments—Program Related. C	omplete if the organization	n answered 'Yes' to Form 990, Part IV, line 11c.
See Form 990, Part X, line 13.	1 (1) 5 1 1	
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		·
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<b>*</b>	
Part IX Other Assets. Complete if the organization		J ), Part IV, line 11d See Form 990, Part X, line 15
(a) Desc		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line	15.)	
Part X Other Liabilities. Complete if the org		
Part X Other Liabilities. Complete if the org Form 990, Part X, line 25.	anızatıon answered 'Yes' t	
Part X Other Liabilities. Complete if the org Form 990, Part X, line 25.  1 (a) Description of liability		
Part X Other Liabilities. Complete if the org Form 990, Part X, line 25.  1 (a) Description of liability  Federal income taxes	(b) Book value	
Part X Other Liabilities. Complete if the org Form 990, Part X, line 25.  1 (a) Description of liability	anızatıon answered 'Yes' t	
Part X Other Liabilities. Complete if the org Form 990, Part X, line 25.  1 (a) Description of liability  Federal income taxes	(b) Book value	
Part X Other Liabilities. Complete if the org Form 990, Part X, line 25.  1 (a) Description of liability  Federal income taxes	(b) Book value	
Part X Other Liabilities. Complete if the org Form 990, Part X, line 25.  1 (a) Description of liability  Federal income taxes	(b) Book value	
Part X Other Liabilities. Complete if the org Form 990, Part X, line 25.  1 (a) Description of liability  Federal income taxes	(b) Book value	
Part X Other Liabilities. Complete if the org Form 990, Part X, line 25.  1 (a) Description of liability  Federal income taxes	(b) Book value	
Part X Other Liabilities. Complete if the org Form 990, Part X, line 25.  1 (a) Description of liability  Federal income taxes	(b) Book value	
Part X Other Liabilities. Complete if the org Form 990, Part X, line 25.  1 (a) Description of liability  Federal income taxes	(b) Book value	
Part X Other Liabilities. Complete if the org Form 990, Part X, line 25.  1 (a) Description of liability  Federal income taxes	(b) Book value	
Part X Other Liabilities. Complete if the org Form 990, Part X, line 25.  1 (a) Description of liability  Federal income taxes	(b) Book value	
Part X Other Liabilities. Complete if the org Form 990, Part X, line 25.  1 (a) Description of liability  Federal income taxes	(b) Book value	
Part X Other Liabilities. Complete if the org Form 990, Part X, line 25.  1 (a) Description of liability  Federal income taxes	(b) Book value	

Part	ΧI	Reconciliation of Rethe organization answ							nts W	ith R	even	ue p	er Ret	<b>urn</b> Complete ıf
1	Tota	I revenue, gains, and other											1	103,179,80
2	A mo	unts included on line 1 but	not on Form 990	0, Part VI	II, lıne	12						l		
а	Net	unrealized gains on investr	ments				.	2a			832	,884		
b	Dona	ated services and use of fa	cilities				Ī	2b						
С	Reco	overies of prior year grants					Ī	2c						
d	Othe	er (Describe in Part XIII )					. [	2d			903	,132		
e	Add	lines <b>2a</b> through <b>2d</b> .											2e	1,736,01
3	Subt	ract line <b>2e</b> from line <b>1</b> .										.	3	101,443,78
4	A mo	unts included on Form 990	), Part VIII, line	12, but no	ot on lı	ne <b>1</b>						l		
а	Inve	stment expenses not inclu	ded on Form 990	, Part VI	II, lıne	7b .		4a						
b	Othe	er (Describe in Part XIII )					Γ	4b						
c	Add	lines <b>4a</b> and <b>4b</b>											4c	(
5	Tota	I revenue Add lines 3 and	<b>4c.</b> (This must e	qual Form	990, F	art I,	line 1	12)				. [	5	101,443,78
Part	XII	Reconciliation of Ex								Vith I	Expe	nses	per R	eturn. Complete
1	Tota	l expenses and losses per			_								1	80,302,20
2	A mo	unts included on line 1 but	not on Form 990	), Part IX,	, line 2	5								
а	Dona	ated services and use of fa	cilities					2a						
b	Prior	year adjustments						2b						
c	Othe	erlosses						2c						
d	Othe	er (Describe in Part XIII )						2d			557	,128		
e	Add	lines 2a through 2d							٠				2e	557,128
3	Subt	ract line <b>2e</b> from line <b>1</b> .											3	79,745,07
4	A mo	unts included on Form 990	, Part IX, line 25	, but not	on line	1:								
а	Inve	stment expenses not inclu	ded on Form 990	, Part VII	II, line	7b .		4a						
b	Othe	er (Describe in Part XIII )						4b						
c	Add	lines 4a and 4b											4c	(
5	Tota	l expenses Add lines <b>3</b> an	d <b>4c.</b> (This must	equal For	m 990,	, Part I	, line	18)					5	79,745,07
Part	XIII	Supplemental Info	ormation											
Provi Part \	de the	e descriptions required for lack 4, Part X, line 2, Part XI,	Part II, lines 3, 5											any additional
	R	eturn Reference			Expl	lanatıo	n							
PART	X, LIN	IE 2	501(C)(3) OF T CORPORATION NO UNCERTAI STATEMENTS	HE INTE N'S TAX P N TAX PC TO COMP	RNAL F OSITI OSITIC PLY WI	REVEN ONS A ONS TH TH TH	IUE ( AND HAT I E PR	ODE CONC REQU OVIS	MANA LUDE IRE AI IONS	AGEM DTH/ DJUS1 OFTH	ENT H AT TH MEN HIS GU	HASE ECO TTO JIDA	VALUAT RPORAT THE FIN NCE WI	ION HAD TAKEN ANCIAL

PART X, LINE 2	THE CORPORATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION
	501(C)(3) OF THE INTERNAL REVENUE CODE MANAGEMENT HAS EVALUATED THE
	CORPORATION'S TAX POSITIONS AND CONCLUDED THAT THE CORPORATION HAD TAKEN
	NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL
	STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE WITH FEW
	EXCEPTIONS, THE CORPORATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATION
	BY THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2011
PART XI, LINE 2D - OTHER ADJUSTMENTS	RENTAL EXPENSE INCLUDED ON LINE 6B FROM EDVANTAGE INCOME 903,132
PART XII, LINE 2D - OTHER ADJUSTMENTS	RENTAL EXPENSE INCLUDED ON LINE 6B FROM EDVANTAGE EXPENSES 907,128 GRANT TO EDVANTAGE -350,000
	C-h-d-d- D (F 000) 2012

•	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2013

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

DLN: 93493047010365 OMB No 1545-0047

Schedule I (Form 990) 2013

SOUTH CAROLINA STUDENT LOAN CORP

(Form 990)

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

Open to Public **Inspection** 

Department of the Treasury	F Attach to Form 990
Internal Revenue Service	Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.
Name of the organization	

Employer identification number 57-0602805

Part I General Inform	mation on Grants	and Assistance					
Does the organization ma the selection criteria use	d to award the grants	orassistance?					✓ Yes 🗀
2 Describe in Part IV the o	<u> </u>						
		Governments and received					d "Yes" to
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) EDVANTAGE CORPORATION PO BOX 21508 COLUMBIA,SC 29223	47-1482379		350,000		FMV	I .	TO ASSIST IN LOAN COLLECTIONS
2 Enter total number of sec	tion 501(c)(3) and go	overnment organizations	listed in the line 1 tabl	e		▶	1
3 Enter total number of other	er organizations lister	d in the line 1 table				<b>I</b>	

Cat No 50055P

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	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance						

			-			
Part IV	Supplemental Informa	tion. Provide the info	ormation required in Pa	rt I, line 2, Part III, c	olumn (b), and any other a	ddıtıonal ınformatıon.

Return Reference Explanation

Schedule I (Form 990) 2013

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#### DLN: 93493047010365

OMB No 1545-0047

Inspection

Open to Public

#### Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

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

**Compensation Information** 

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

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization SOUTH CAROLINA STUDENT LOAN CORP **Employer identification number** 

57-0602805

Pa	rt I Questions Regarding Compensation		•			
					Yes	No
1a						
	First-class or charter travel	$\Gamma$	Housing allowance or residence for personal use			
	Travel for companions	$\sqcap$	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	$\Box$	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b				1b		
2				2		
		box(es) if the organization provided any of the following to or for a person listed in Form 1 A, line 1a Complete Part III to provide any relevant information regarding these items inter travel				
3	organization's CEO/Executive Director Check all that a	appl	y Do not check any boxes for methods			
	∇ Compensation committee	$\sqcap$	Written employment contract			
	Independent compensation consultant	굣	Compensation survey or study			
	Form 990 of other organizations	Γ	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part or a related organization	VI	I , Section A , line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control pay	mer	nt?	4a		No
b	Participate in, or receive payment from, a supplemental	nor	nqualified retirement plan?	4b		Νo
С	Participate in, or receive payment from, an equity-based	d co	mpensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provid	le th	he applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must o	om	plete lines 5-9.			
5						
а	The organization?			5a		No
	Any related organization?			5b		No
	If "Yes," to line 5a or 5b, describe in Part III					110
6	For persons listed in Form 990, Part VII, Section A, line compensation contingent on the net earnings of	e 1 a	a, did the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		No
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, line payments not described in lines 5 and 6? If "Yes," desc			7		No
8	Were any amounts reported in Form 990, Part VII, paid	ora	accured pursuant to a contract that was			
	subject to the initial contract exception described in Re					
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow the resection 53 $4958-6(c)$ ?	butt	able presumption procedure described in Regulations	9		

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of	(F) Compensation
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	reported as deferred in prior Form 990
(1)CHARLIE C SANDERS JR PRESIDENT/CEO	(i) (ii)	288,488 0	137,500 0	0	73,287 0	22,371 0	521,646 0	37,591 0
(2)HARRY BROWN CFO	(i) (ii)	148,577 0	27,500 0	0	27,646 0	2,500 0	206,223	20,463 0
(3)DONNA DEWISPELAERE PRESIDENT/CEO/CAMPUS PARTNERS	(i) (ii)	0 233,793	0 25,000	0	0 3,210	0	0 262,003	0
(4)DAVID SIMON CIO	(i) (ii)	120,912	25,000 0	0 0	31,056 0	11,180 0	188,148 0	12,799 0
(5)JANE HONEYCUTT VP - ACCOUNTING	(i) (ii)	122,641 0	22,000	0	30,576 0	7,844 0	183,061 0	16,512 0
(6)DONALD DAY 7-1 TO 7-21-14 LEAD FOR DATA SOLUTIONS	(i) (ii)	0 105,963	0 20,000	0	0	0 10,863	0 136,826	0
(7)ANDREW RAMOS 7- 1 TO 2-4-14 DIRECTOR OF IT OPERATIONS	(i) (ii)	0 134,016	0 3,600	0	0 4,209	0 16,531	0 158,356	0

Schedule J (Form 990) 2013

#### Part III Supplemental Information

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

Return Reference Explanation

Schedule J (Form 990) 2013

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization SOUTH CAROLINA STUDENT LOAN CORP

# Supplemental Information to Form 990 or 990-EZ

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

• Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

DLN: 93493047010365

Employer identification number

57-0602805

2013

Open to Public Inspection

Return Reference	Explanation
FORM 990, PAGE 1, PART I, LINE 1	CARRIED ON WHICH IS NOT PERMITTED BY A CORPORATION EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE
FORM 990, PAGE 2, PART III, LINE 1	CARRIED ON WHICH IS NOT PERMITTED BY A CORPORATION EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE
FORM 990, PART VI, SECTION B, LINE 11	THE COMPLETED FORM 990 WAS SENT TO THE CORPORATION FOR REVIEW AND FINAL SIGNATURE BEFORE S UBMISSION TO THE IRS THE PROCESS ENTAILED A REVIEW BY THE CHIEF FINANCIAL OFFICER, THE CHIEF EXECUTIVE OFFICER AND ALL MEMBERS OF THE AUDIT COMMITTEE OF THE CORPORATION ANY QUEST IONS/ISSUES WERE CLARIFIED AND ADDRESSED AS NECESSARY BEFORE THE FINAL SIGNATURE AND SUBMI SSION
FORM 990, PART VI, SECTION B, LINE 12C	A WRITTEN CONFLICT OF INTEREST POLICY IS DISTRIBUTED WITH THE MEETING MAERIALS FOR THE AUG UST MEETING OF THE BOARD OF DIRECTORS FOR COMPLETION BY EACH DIRECTOR ALL FORMS ARE COLLE CTED AND REVIEWED BY STAFF FOR ANY APPARENT CONFLICT ALL EMPLOYEES COMPLETE DOCUMENTATION ANNUALLY TO DISCLOSE ANY CONFLICTS OF INTEREST NEW HIRES COMPLETE THIS FORM AT THE TIME OF HIRING
FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS OF THE CORPORATION DETERMINES THE COM PENSATION OF THE PRESIDENT/CEO MEMBERS OF THE COMPENSATION COMMITTEE ARE VERY KNOWLEDGEAB LE ABOUT EXECUTIVE COMPENSATION IN GENERAL ONE MEMBER IS A FORMER PRESIDENT OF A STUDENT LOAN PROVIDER AND THE CHAIRMAN OF THE COMPENSATION COMMITTEE IS A FORMER SENIOR VICE PRESI DENT AND HUMAN RESOURCES DIRECTOR OF A COMMUNITY BANK NEITHER THE PRESIDENT NOR OTHER MEM BERS OF THE CORPORATION STAFF ARE INVOLVED IN THESE PRESIDENT/CEO COMPENSATION DISCUSSIONS TOP MANAGEMENT COMPENSATION IS DETERMINED BY THE PRESIDENT/CEO, WHO IS FAMILIAR WITH COM PENSATION STRUCTURES IN THE REGIONAL MARKETPLACE FOR SIMILAR TYPES OF ORGANIZATIONS BOTH THE COMPENSATION COMMITTEE AND THE CEO USE INDUSTRY COMPENSATION SURVEYS TO ASSIST IN THEI R COMPENSATION DECISIONS
FORM 990, PART VI, SECTION C, LINE 19	THE CORPORATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON R EQUEST TO THE PUBLIC THE CORPORATION'S YEARLY AUDITED FINANCIAL STATEMENTS ARE POSTED TO ITS WEBSITE
FORM 990, PART IX, LINE 24E	AMORTIZATION OF DEFERRED COST OF BOND PROGRAM SERVICE EXPENSES 3,209,733 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 3,209,733 LOAN LOSS EXPENSE P ROGRAM SERVICE EXPENSES 2,764,469 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 2,764,469 OTHER OPERATING EXPENSES PROGRAM SERVICE EXPENSES 1,906,431 MANAGEMENT AND GENERAL EXPENSES 211,824 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 2,118,25 5 OTHER PROGRAM SERVICE EXPENSES 404,405 MANAGEMENT AND GENERAL EXPENSES 44,934 FUNDRA ISING EXPENSES 0 TOTAL EXPENSES 449,339 SUBSCRIPTIONS AND FEES PROGRAM SERVICE EXPENSES 61,471 MANAGEMENT AND GENERAL EXPENSES 61,471
FORM 990, PART XI, LINE 9	EMPLOYEE BENEFITS-RELATED CHANGES OTHER THAN NET PERIODIC PENSION COST 215,920 EDVANTAGE NET ASSETS 282,775
FORM 990, PAGE 5, PART V, LINE 2A	IN ADDITION TO THE EMPLOYEES REPORTED ON PAGE 5, PART V, LINE 2A, THE ORGANIZATION OWNS 10 0% OF A DISREGARDED ENTITY, EDUCATIONAL LOAN SERVICING, LLC D/B/A CAMPUS PARTNERS, WHICH R EPORTED 93 EMPLOYEES ON THEIR SEPARATE 2013 FORM W-3
FORM 990, PAGE 5, PART V, LINE 1A	IN ADDITION TO THE NUMBER OF 1099'S REPORTED ON PAGE 5, PART V, LINE 1A, THE ORGANIZATION OWNS 100% OF A DISREGARDED ENTITY, EDUCATIONAL LOAN SERVICING, LLC D/B/A CAMPUS PARTNERS, WHICH REPORTED 11 FORM 1099'S ON THEIR SEPARATE 2013 FORM 1096

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

#### DLN: 93493047010365

2013

OMB No 1545-0047

Open to Public Inspection

# **SCHEDULE R** (Form 990)

Department of the Treasury

Internal Revenue Service

# **Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990. ► See separate instructions.

► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization SOUTH CAROLINA STUDENT LOAN CORP

**Employer identification number** 57-0602805

(a) Name, address, and EIN (ıf applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity		
		or foreign country)			Cherry		
(1) EDUCATIONAL LOAN SERVICING LLC (DBA CAMPUS PARTNER) 2400 REYNOLDA ROAD WINSTOMSALEM, NC 27106	LOAN SERVICING	NC	8,977,390	1,933,075	SC STUDENT LOAN CORPORATION		
Part II Identification of Related Tax-Exempt Organ or more related tax-exempt organizations during	<b>izations</b> Complete If the tax year.	the organization a	inswered "Yes"	on Form 990, Pa	art IV, line 34 because it l	had on	ie
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	on Public charity sta (if section 501(c)	atus (f) Direct controlling (3)) entity	Section (13) co ent	ontrolle tity?
(1) EDVANTAGE CORPORATION	DIRECT LOAN COLLECTIONS	SC	501(C)(3)	LINE 9	SC STUDENT LOAN	Yes Yes	No
8906 TWO NOTCH RD					CORPORATION		
COLUMBIA, SC 29223 45-1482379							
						<u> </u>	
For Paperwork Reduction Act Notice, see the Instructions for Form 990	). D.	Cat No 50:	135Y	•	Schedule R (Form	990) 2	013

<b>(a)</b> Name, address, and EIN of related organization		<b>(b)</b> Primary activ	(c) Legal domicile (state o foreign country)	r entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets		prtionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	j) eral or aging ener?	(k) Percentag ownersh
					314)			Yes	No		Yes	No	
													]
Identification of Related Org line 34 because it had one or m								swere	d "Yes	" on Form	990,	Part	IV,
<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreig country)	n	(d) Direct controllin entity	(e) Type of entit (C corp, S corp, or trust)	y Share of income	total Share e of	(g) e of end -year ssets		(h) ercentage wnership	Section (b) cont	on 512 (13) rolled	2
		I		<u> </u>	1				_				No
									+				+
											(i) e Section		

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No			
<b>1</b> D	uring the tax year, did the orgranization engage in any of the following transactions with one or more re	elated organizations li	sted in Parts II-IV	>						
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a	Yes				
Ь					1b	Yes				
c	Gift, grant, or capital contribution from related organization(s)				1c		No			
d	Loans or loan guarantees to or for related organization(s)				1d		No			
е	Loans or loan guarantees by related organization(s)				1e		No			
f	Dividends from related organization(s)				1f		No			
g	Sale of assets to related organization(s)				<b>1</b> g		No			
h	Purchase of assets from related organization(s)				1h		No			
i	Exchange of assets with related organization(s)				1i		No			
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	Yes				
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		No			
1	Performance of services or membership or fundraising solicitations for related organization(s)				11		No			
m	<b>m</b> 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)				1n	Yes				
0	Sharing of paid employees with related organization(s)				10	Yes				
р	Reimbursement paid to related organization(s) for expenses				1р		No			
q	Reimbursement paid by related organization(s) for expenses				1q		No			
r	Other transfer of cash or property to related organization(s)				1r		No			
s	Other transfer of cash or property from related organization(s)				1s		No			
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete	T	1							
	(a)  Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	( <b>d)</b> Method of determining amo	ount i	nvolved	l			
<b>1)</b> E	DVANTAGE CORP	J	23,040	RENT BASED ON SQ FT UTILIZED						
<b>2)</b> E	DVANTAGE CORP	В	350,000	CAPITAL CONTRIBUTION						
<b>3)</b> E	DVANTAGE CORP	N	0	NO AMOUNT CHARGED						
<b>4)</b> E	EDVANTAGE CORP O NO AMOUNT CHARGED									
5) E	DVANTAGE CORP	М	420,488	COLLECTION FEES PER CONTRACT	Г					

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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

revenue) that was not a related organization. See instructions													
<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		(e) all partners section 501(c)(3) anizations?	(f) Share of total Income	(g) Share of end-of-year assets	( <b>h)</b> Disproprtiona allocations <sup>7</sup>	_	(i) Code V <sup>2</sup> UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	_	(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
												1	
		·					<u> </u>						

#### Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
SCHEDULE R, PART V, 1I	EDVANTAGE CORPORATION RECEIVED APPROVAL OF ITS TAX-EXEMPT STATUS EFFECTIVE APRIL 1, 2011 SCHEDULE R DISCLOSURE IS AS
	FOLLOWS EDVANTAGE CORPORATION WAS FORMED APRIL 1, 2011 AS A SOUTH CAROLINA NON-PROFIT PUBLIC BENEFIT CORPORATION
	WITH THE PRIMARY PURPOSE OF BECOMING A CONTRACTOR FOR DIRECT LOAN COLLECTIONS FOR THE UNITED STATES DEPARTMENT OF
	EDUCATION (THE "DOE") UNDER GUIDELINES OF THE SMALL BUSINESS ADMINISTRATION (THE "SBA") THE CORPORATION MADE A
	CONTRIBUTION OF CAPITAL TO EDVANTAGE AT THE INCEPTION OF EDVANTAGE IN EXCHANGE FOR ALL OF THE OWNERSHIP RIGHTS IN
	EDVANTAGE THE SECOND CONTRIBUTION WAS FOR OPERATING CAPITAL EDVANTAGE ENTERED INTO A CONTRACT WITH
	PERFORMANT/DCS ("EDVANTAGE CONTRACT") AS A SUBCONTRACTOR TO PROVIDE COLLECTION SERVICES PERFORMANT/DCS IS A LARGE
	CONTRACTOR FOR DOE EDVANTAGE BEGAN PERFORMING THE SUBCONTRACT UNDER THE SMALL BUSINESS SET ASIDE, AS DEFINED BY
	REGULATIONS OF THE SBA WHEN EDVANTAGE APPLIED FOR SMALL BUSINESS CERTIFICATION, IT LEARNED THAT IT WOULD NOT OUALIFY
	DUE TO SBA REQUIREMENTS RELATED TO REVENUE OF ITS PARENT AND ITS NON-PROFIT STATUS AS A RESULT, EDVANTAGE CEASED
	PROVIDING SUBCONTRACTOR SERVICES FOR PFC AS OF APRIL 1, 2014, HOWEVER, EDVANTAGE HAS MAINTAINED REQUIRED LICENSING
	ON APRIL 1, 2014, EDVANTAGE BEGAN PROVIDING 3RD PARTY COLLECTION SERVICES FOR THE SOUTH CAROLINA STUDENT LOAN
	CORPORATION, PURSUANT TO THEIR CONTRACTUAL RELATIONSHIP WITH THE SOUTH CAROLINA STATE EDUCATION ASSISTANCE
	AUTHORITY

Schedule R (Form 990) 2013