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A For the 2014 calendar year, or tax year beginning 07-01-2014

DLN: 93493328007065

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

► Information about Form 990 and its instructions is at www.IRS.gov/form990

and ending 06-30-2015

OMB No 1545-0047

Open to Public Inspection

	eck if ap	•	C Name of organization SOUTH CAROLINA STUDENT LO.	AN CORP			D	Employ 57-06		ntification numbe	er			
	me chan	_	Doing business as					37-00	0260:	,				
┌ Inı	tıal returı	n	Number and street (or D.O. hea	c if mail is not delivered to street addre	pss\ Doom/su	ıto	E	Telepho	ne num	ber				
F ret	nal :urn/term	nınated	PO BOX 102405	t il mail is not delivered to street addre	ss) Room/su	ite	L	(803)	798-0	916				
	nended re plication	eturn pending	City or town, state or province, COLUMBIA, SC 29224	country, and ZIP or foreign postal cod	e		G	G Gross receipts \$ 124,162,105						
			F Name and address of CHARLIE C SANDERS J PO BOX 102405			H(a)	Is this a subordir		return	for	No			
			COLUMBIA,SC 29224			Н(Ь)	Are all s		nates	☐ Yes ☐	- No			
Ta	ıx-exem _l	pt status	▽ 501(c)(3) ○ 501(c) ()	◀ (Insert no)	527		ıncluded If "No,"		a lıst	(see instruction	ns)			
J W	ebsite	:► ww	W SCSTUDENTLOAN ORG			H(c)	Group e	xemptı	on nur	mber ►				
K For	m of org	anızatıon	Corporation Trust Assoc	ciation Other 🕨		L Ye	ear of forma	tion 19	73 M	State of legal dom	ncile SC			
Pa	rt I		mary	ssion or most significant activi										
Governance	P I A S F G I C	URPOS N THE I VAILA CHOOL OUNDA GUARAN N STUE CORPOR VITH ST	SES WITHOUT PECUNIARY FULFILLMENT OF THE DES BLE TO RESIDENTS TO EN L LEVEL THE CORPORATI ATIONS TO RECEIVE, INVI NTEES OF STUDENT LOANS DENT LOANS FOR OTHER P	ION IS TO RECEIVE, DISBURGAIN OR PROFIT ADDITION IRE AND DIRECTION OF THE IABLE THEM TO ATTEND ELIC ON IS ALSO EMPOWERED TO EST, HANDLE AND DISBURSE S, INSURANCE OF STUDENT IN PRIVATE, OR GOVERNMENTA CARRIES ON THE FUNCTION IVING, INVESTING AND DIS CTIVITY SHALL BE	IALLY, THE PEOPLE O GIBLE INST ACT AS AI FUNDS, AI LOANS ANI L INSTITU	PURPO FSOUT TITUTION NAGEN ND TO DACQO TIONS	OSE OF T TH CARO ONS WHI NT FOR O SERVICE UISITIO AND FOU	HE COLLINA I CH AR THER STUD NS OF JNDAT SERVI	RPOR N MA E BEY INSTI ENT L CONT IONS CING	ATION IS TO A KING LOANS OND THE PUB TUTIONS AND OANS, INGENT INTER IN GENERAL, AND DEALING	LIC) REST			
	-													
Activities &	2 0	heck th	nis box 🛏 if the organizatio	n discontinued its operations oi	disposed o	of more	than 25%	ofits	net as	sets				
P.	3 N	lumber	of voting members of the gov	verning body (Part VI, line 1a)					3		11			
				ers of the governing body (Part					4		10			
				d ın calendar year 2014 (Part V e ıf necessary)					5 6		156 0			
	7a ⊤	otal uni	related business revenue fro	m Part VIII, column (C), line 1	2				7a		0			
	b N	let unre	lated business taxable incor	me from Form 990-T, line 34			Prior Y		7b	Current Yea	0			
	8	Contri	butions and grants (Part VII	I, line 1h)			FIIOI	cai	0	current rea	0			
Revenue	9			I, line 2g)			100	719,2	_		7,639			
Нэу	10 11			umn (A), lines 3, 4, and 7d). (A), lines 5, 6d, 8c, 9c, 10c, an				697,5 26,9		2,70	05,854			
	12	Totalr	revenue—add lines 8 through	n 11 (must equal Part VIII, colu	ımn (A), lıne		101			0.9.63				
	13			oart IX, column (A), lines 1–3)		+	101	,443,7 350,0	_	98,63	33,493			
	14			art IX, column (A), line 4) .					0		0			
\$?	15	Saları 5–10)		oloyee benefits (Part IX, column	(A), lines		11	,133,6	38	10,50	3,003			
Expenses	16a	Profes	sional fundraising fees (Part	IX, column (A), line 11e) .					0		0			
ਡੌ	Ь	Total fu	ındraısıng expenses (Part IX, colum	n (D), line 25) ► 0										
	17 18			A), lines 11a–11d, 11f–24e) (must equal Part IX, column (A				3,261,4 9,745,0			35,158 38,161			
	19			line 18 from line 12				,698,7	-		5,332			
% & ≪ € &						Be	ginning of Yea		ıt	End of Year	r			
sset Jafar	20	Totala	assets (Part X, line 16) .					,777,6	18	2,769,38	39,013			
Not Assets or Fund Balances	21					· 🗀		,376,3	-	2,230,22				
	22 rt III		ssets or fund balances Subtr a ture Block	ract line 21 from line 20			517	,401,3	18	539,16	32,301			
Unde my k	er penal nowled	lties of p ge and b	perjury, I declare that I have	e examined this return, including complete Declaration of prepa										
		****	**					11-23						
Sigr Her		,					Date							
ner		IL CHAD	ature of officer											
			ature of officer RLIE C SANDERS JR PRESIDENT/CE or print name and title	EO										
——		Type P	RLIE C SANDERS JR PRESIDENT/CE	Preparer's signature DENISE P HILL CPA	D	ate	Check self-em		PTIN P00046	5615				

Use Only

Firm's address ► 1901 MAIN STREET SUITE 900

COLUMBIA, SC 29201

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

Phone no (803) 256-0002

✓ Yes No

Par	t IIII Statement of Progra Check if Schedule O cont			ш	·
1	Briefly describe the organization	's mission			
WITI OF T ENA ALSO DISE ACQ FOU SERV	PURPOSE OF THE CORPORATION OF PROPERTION OF PROPERTIONS OF CONTINGENT IN THE PROPERTION OF PROPERTIONS OF CONTINGENT OF THE CONTING OF THE PROPERTION OF THE PROPERTI	OFIT ADDITIONALLY THE PEOPLE OF SO E INSTITUTIONS WH GENT FOR OTHER IN E STUDENT LOANS, G NTEREST IN STUDEN ORPORATION ENGA	T, THE PURPOSE OF THE UTH CAROLINA IN MAINED IN MECEIVING, INVESTIN	E CORPORATION IS TO A KING LOANS AVAILABLE PUBLIC SCHOOL LEVEL JNDATIONS TO RECEIVE ENT LOANS, INSURANCE RIVATE, OR GOVERNMEI ON THE FUNCTION OF MA	AID IN THE FULFILLMENT TO RESIDENTS TO THE CORPORATION IS TO INVEST, HANDLE AND OF STUDENT LOANS AND NTAL INSTITUTIONS AND AKING, HANDLING,
2	Did the organization undertake a the prior Form 990 or 990-EZ?				
	If "Yes," describe these new ser				
3	Did the organization cease condi- services?			nducts, any program · · · · · · · ·	
4	Describe the organization's progexpenses Section 501(c)(3) and the total expenses, and revenue,	d 501(c)(4) organizatio	ons are required to report		
4a	(Code) (Expe	nses \$ 73,544,17	'8 including grants of \$	0) (Revenue \$	95,927,639)
	PROVIDE STUDENT LOANS TO ELIGIBLE			, ,	
4b	(Code) (Exper	nses \$	including grants of \$) (Revenue \$)
4c	(Code) (Exper	nses \$	including grants of \$) (Revenue \$)
	_				
4d	Other program services (Descr	•			
	(Expenses \$	including grants	of \$) (Revenue \$)
4e	Total program service expenses	► 73 544 13	7.8		

art IV	Checl	clist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		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		No
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? If "Yes," complete Schedule D, Part V	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			
а	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	Yes	
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
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
	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 $11e^{\gamma}$ 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? <i>If "Yes," complete Schedule G, Part II</i>	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 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals 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		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	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 "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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	Yes	
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	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>	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	Yes	
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? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 99 ((2014)

Pal	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V		Yes	. l No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 66			
b	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0	•		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered			
	by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	103	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Νo
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Νo
L	If "Yes," enter the name of the foreign country			
ט	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR)			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a		No
Oa	organization solicit any contributions that were not tax deductible as charitable contributions?	Oa		NO
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).	 		NI -
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Νo
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year	-		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
_	contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
	Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time			
	during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
LO	Section 501(c)(7) organizations. Enter			
а	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			
L1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders	-		
Ь	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? If "Yes " onter the amount of tax-exempt interest received or accrued during the	12a		
D	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
,	Note. See the instructions for additional information the organization must report on Schedule O			
D	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			
c	Enter the amount of reserves on hand	1		
.4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes" has it filed a Form 720 to report these payments? If "No" provide an explanation in Schedule O	14b		

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

Check if Schedule C	contains a respo	nse or note to an	y line in this Part VI							. <u>_</u> _

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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		Νo
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		Νο
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
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
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?	10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	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 V 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, address, and telephone number of the person who possesses the organization's books and records ►JANE HONEYCUTT

Part VII 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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot ect	not box h an or/tr	c uffice Highest compensated	ess er e)	(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
(1) CHARLIE C SANDERS JR	32 00	x		х				512,135	0	136,348
PRESIDENT/CEO (2) FREDERICK T HIMMELEIN ESO	8 00 1 00									
CHAIRMAN	1 00	х						17,500	0	0
(3) J THORNTON KIRBY ESQ	1 00	.,						44.000		
TREASURER	1 00	Х						11,000	0	0
(4) WILLIAM M MACKIE JR	1 00	,						7.500	0	
VICE CHAIRMAN	1 00	Х						7,500	U	0
(5) BARBARA F WESTON	1 00	х						7,000	0	0
DIRECTOR	1 00	^						7,000	U	0
(6) RENEE R BROOKS	1 00	х						9,500	0	0
DIRECTOR	1 00	_ ^						3,300	Ŭ	
(7) NEIL E GRAYSON ESQ	1 00	x						6,500	0	0
DIRECTOR	1 00	^						0,500	Ŭ	
(8) FRED L GREEN III	1 00	x						7,500	0	0
DIRECTOR	1 00	,						7,500		
(9) JEFFREY R SCOTT	1 00	×						7,500	0	0
DIRECTOR	1 00							.,		
(10) D GRANT CARWILE ESQ	1 00	x						7,500	0	0
DIRECTOR	1 00							,		
(11) HARRY BROWN	1 00	x						0	0	0
DIRECTOR - EFFECTIVE 7-1-14	1 00									
(12) VINCE FORD TERM ENDED 6-30-14	1 00	х						2,000	0	0
DIRECTOR (13) HARRY BROWN	1 00									
	32 00			х				131,091	0	47,264
CFO - 1-1-14 TO 6-30-14 (14) JANE HONEYCUTT	8 00 32 00									
CFO - EFFECTIVE 7-1-14	8 00			Х				163,075	0	39,424
CIO - LITECTIVE 7-1-14	600									Form 990 (2014)

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	more pers	than on is	one bot	not box h ar	chec k, unle n office rustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee Individual trustee		Key employee			(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
(15) DONNA DEWISPELAERE	0 00									
PRESIDENT/CEO/CAMPUS PARTN	40 00				Х			0	296,999	2,773
(16) DAVID SIMON	32 00				V			167.060	0	34,436
CIO	8 00				X			167,068	U	34,436
(17) ANNE HARVIN GAVIN	32 00 8 00					х		125,888	0	38,998
(18) CINDI CALLAHAM RISK MANAGEMENT DIRECTOR	32 00 8 00					х		130,977	0	32,423
(19) DENISE EASTERLING VP, REPAY SERVICES	32 00 8 00					х		115,559	0	33,152
(20) WAYNE KIRBY - RETIRED 6-30-14 IT OPERATIONS MGR	32 00					х		127,858	0	44,090
(21) DONNA WEATHERSBEE HR DIRECTOR	32 00 8 00					х		111,574	0	24,726

1b	Sub-Total	•			
c	Total from continuation sheets to Part VII, Section A	•			
d	Total (add lines 1b and 1c)	►	1,668,725	296,999	433,634

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►9

			Yes	No			
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No			
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						
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	5		No			

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
APEX SYSTEMS INC 3750 COLLECTIONS CTR DRIVE CHICAGO, IL 60693	IT STAFFING SERVICES	341,003
CLARUS CONSULTING LLC 7600 LEESBURG PIKE SUITE 320 FALLS CHURCH, VA 22043	MANAGEMENT & IT STAFFING SERVICES	257,214
ELLIOTT DAVIS DECOSIMO 1901 MAIN STREET SUITE 900 COLUMBIA, SC 29201	EXTENAL AUDITOR	171,375
PINPOINT IT SERVICES LLC 1340 N GREAT NECK ROAD VIRGINIA BEACH, VA 234542268	IT STAFFING SERVICES	136,595
2. Takal wimbon of independent contractors (including but not limited to the		+

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►4

Part V	Ш	Statement o	of Revenue ule O contains a respo	nse or note to any li	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
တ္က	1a	Federated cam	paigns 1a					
ant	ь	Membership du	ies 1b					
, E	С	Fundraising ev	ents 1c					
ffs, FA	d	Related organiz	zations 1d					
ons, Giffs, Grants Similar Amounts	e	Government grant						
Sir		_						
iệ lịc	f	similar amounts no						
tributio Other	g	Noncash contributi 1a-1f \$	ons included in lines					
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add line:	s 1a-1f					
				Business Code				
Program Serwoe Revenue	2a	STUDENT LOAN IN	TEREST	900099	118,366,456	118,366,456		
ex. ex	ь	US DOE SUBSIDIZE	ED INTEREST	900099	16,413,551	16,413,551		
ъ. Т	С	SERVICING FEES -	STUDENT LOANS	900099	7,377,829	7,377,829		
er Er	d	LATE CHARGES		900099	2,227,935	2,227,935		
S S	e	MISCELLANEOUS I	NCOME	900099	1,733,052	1,733,052		
<u>ت</u> و	f	All other progra	am service revenue		-50,191,184	-50,191,184		
Š	g	Total. Add line:	s 2a-2f		95,927,639			
	3	Investment inc	ome (including dividen	ds, interest,				1 406 065
			ar amounts) stment of tax-exempt bond		1,406,065			1,406,065
	4 5	Royalties .		proceeds				
		Noyulties :	(ı) Real	(II) Personal				
	6a	Gross rents	. , ,	,				
	b	Less rental expenses						
	С	Rental income or (loss)						
	d		me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	26,828,401					
	b	Less cost or other basis and sales expenses	25,528,612					
	С	Gain or (loss)	1,299,789					
	d		ss)		1,299,789			1,299,789
/enne	8a	events (not inc						
Other Revenue	ь	See Part IV, lir	ne 18 a penses b					
δ	С		(loss) from fundraising	events 🛌				
	9a		rom gaming activities ne 19 a					
	ь	Less direct ex	penses b					
	С		(loss) from gamıng actı	vities				
	10a	Gross sales of returns and allo						
	b	Less cost of g	oods sold b					
	С		(loss) from sales of inv	entory 🛌				
		Miscellaneou	s Revenue	Business Code				
	11a							
	b							
	, c	All other rawa						
	d e	All other reven Total. Add lines		▶				
	12							
	**	rocar revenue.	See Instructions .	🕨	98,633,493	95,927,639	0	2,705,854

	IX Statement of Functional Expenses				
ectio	n 501(c)(3) and 501(c)(4) organizations must complete all columns $$ All	other organizati	ions must comp	lete column (A)	
	Check if Schedule O contains a response or note to any line in this	Part IX			· · · ·
	t include amounts reported on lines 6b, , 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 domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,056,869	792,652	264,217	
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	6,754,002	6,237,132	516,870	
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	1,235,324	1,111,791	123,533	
9	Other employee benefits	868,068	781,261	86,807	
LO	Payroll taxes	588,740	529,866	58,874	
l1	Fees for services (non-employees)				
а	Management				
b	Legal	392,567	353,310	39,257	
С	Accounting	172,603	155,343	17,260	
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)	910,227	910,227		
L2	Advertising and promotion				
.3	Office expenses	1,831,314	1,648,182	183,132	
.4	Information technology	401,580	361,422	40,158	
.5	Royalties				
.6	Occupancy	855,497	684,397	171,100	
.7	Travel	167,610	150,849	16,761	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
.9	Conferences, conventions, and meetings	111,500	100,350	11,150	
20	Interest	25,038,151	25,038,151		
1	Payments to affiliates				
22	Depreciation, depletion, and amortization	258,850	232,965	25,885	
23	Insurance	127,554	114,799	12,755	
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	10,403,939	10,403,939		
b	BORROWER INCENTIVES	5,957,897	5,957,897		
c	TLP CANCELLATIONS	4,079,611	4,079,611		
d	AMORTIZATION OF DEFERRE	3,739,624	3,739,624		
e	All other expenses	10,536,634	10,160,410	376,224	
25	Total functional expenses. Add lines 1 through 24e	75,488,161	73,544,178	1,943,983	C
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

Par	t X	Balance Sheet Check if Schedule O contains a response or note to any line	ın thıs Part X				
		,			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		•	156,389,280	1	286,470,121
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			58,467,116	4	45,300,724
	5	Loans and other receivables from current and former officers key employees, and highest compensated employees Compensated L	olete Part II o	f		5	
Assets	6	Loans and other receivables from other disqualified persons section 4958(f)(1)), persons described in section 4958(c)(2) employers and sponsoring organizations of section 501(c)(2) employees' beneficiary organizations (see instructions) Conschedule L	3)(B), and cor 9) voluntary	ntributing			
SS.	_				2 400 704 400	6	2 202 007 400
4	7	Notes and loans receivable, net			2,498,701,489	7	2,262,887,168
	8	Inventories for sale or use			201,833	8	255.000
	9	Prepaid expenses and deferred charges		•	201,633	9	255,000
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	7,320,075			
	ь	Less accumulated depreciation	10b	2,344,441	5,119,173	10c	4,975,634
	11	Investments—publicly traded securities		•		11	
	12	Investments—other securities See Part IV, line 11			57,851,619	12	169,048,474
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			8,047,108	15	451,892
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			2,784,777,618	16	2,769,389,013
	17	Accounts payable and accrued expenses			48,748,089	17	47,303,903
	18	Grants payable				18	
	19	Deferred revenue			3,269,023	19	2,687,161
	20	Tax-exempt bond liabilities				20	
10	21	Escrow or custodial account liability Complete Part IV of S	chedule D .			21	
Liabilities	22	Loans and other payables to current and former officers, direkey employees, highest compensated employees, and disqu		es,			
ab		persons Complete Part II of Schedule L		22			
	23	Secured mortgages and notes payable to unrelated third par	ties		2,204,551,337	23	2,169,990,501
	24	Unsecured notes and loans payable to unrelated third partie	s			24	
	25	Other liabilities (including federal income tax, payables to reand other liabilities not included on lines 17-24) Complete D	Part X of Sch	edule	10,807,851	25	10,245,147
	26	Total liabilities. Add lines 17 through 25			2,267,376,300	26	2,230,226,712
		Organizations that follow SFAS 117 (ASC 958), check here I		nlete	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
ě		lines 27 through 29, and lines 33 and 34.	y una com	piece			
and	27	Unrestricted net assets			218,803,774	27	353,278,600
B3	28	Temporarily restricted net assets			298,597,544	28	185,883,701
М	29	Permanently restricted net assets				29	
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check complete lines 30 through 34.	k here ► ┌ a	nd			
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund	d			31	
	32	Retained earnings, endowment, accumulated income, or other	er funds			32	
Net	33	Total net assets or fund balances			517,401,318	33	539,162,301
~	34	Total liabilities and net assets/fund balances			2,784,777,618	34	2,769,389,013

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				৮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		98,6	533,493
2	Total expenses (must equal Part IX, column (A), line 25)	2		75.4	188,161
3	Revenue less expenses Subtract line 2 from line 1	3			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))				145,332
5	Net unrealized gains (losses) on investments	5			101,318 588,774
6	Donated services and use of facilities	6		- 1 , .	00,774
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		2	204,425
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		539,:	162,301
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. ᅜ
				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 revi a separate basis, consolidated basis, or both	ewed o	n		
	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 sep basis, consolidated basis, or both	arate			
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of th	ne 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t Single Audit Act and OMB Circular A-133?	ne	3a		No
b	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		3b		

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OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Total

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.

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

2011

Open to Public Inspection

Employer identification number Name of the organization SOUTH CAROLINA STUDENT LOAN CORP 57-0602805 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) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% 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). 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement. (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s) (i)Name of supported (ii) EIN (iv) Is the organization (vi) A mount of (iii) Type of (v) A mount of listed in your governing other support (see organization organization monetary support (described on lines document? (see instructions) instructions) 1-9 above or IRC section (see instructions)) Yes No

Sch	edule A (Form 990 or 990-EZ) 2014						Page 2
Pa	Support Schedule for (Complete only if you c	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	ow, please com	ipiete Part I	11.)
	endar year (or fiscal year beginning	(-) 2010	(1) 2011	(-) 2012	(4) 2012	(-) 201	(6) T. t. l
	in) 🟲	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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						
,	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						
S	ection B. Total Support	1	l			1	
	endar year (or fiscal year beginning	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	in) ►	(a) 2010	(0) 2011	(6) 2012	(d) 2013	(e) 2014	(I) Total
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 VI)						
11	Total support Add lines 7 through 10						
12	Gross receipts from related activities	es, etc (see inst	ructions)		•	12	<u> </u>
13	First five years. If the Form 990 is f	or the organizati	on's first, second	l, thırd, fourth, or	fifth tax year as a	section 501	(c)(3)
	organization, check this box and sto					<u> </u>	<u> </u>
	ection C. Computation of Pub			4.4 1 (5)		 	
14	Public support percentage for 2014	· ·		11, column (f))		14	
15	Public support percentage for 2013	•	•			15	
16a	33 1/3% support test—2014. If the				line 14 is 33 1/3%	∕o or more, ch	
h	and stop here. The organization qua 33 1/3% support test—2013. If the				and line 15 is 3	3 1/3% or mo	re check this
	box and stop here. The organization				, and fine 13 is 3.	3 1/3/0 01 1110	re, check this ▶□
17a	10%-facts-and-circumstances test-	-2014. If the org	anızatıon dıd not	check a box on li			,
	is 10% or more, and if the organizat						
	in Part VI how the organization mee	ts the "facts-and	d-circumstances'	test The organi	zation qualifies as	s a publicly s	
h	organization 10%-facts-and-circumstances test-	-2013. If the ora	anization did not	check a hov on li	ne 13 16a 16b	or 17a and b	▶ ┌
	15 is 10% or more, and if the organ						
	Explain in Part VI how the organizat						ublicly
	supported organization				471		▶ ┌
18	Private foundation. If the organizations	on ala not check	cabox on line 13	, 16a, 16b, 1/a,	or 1 / b, check this	s pox and see	• ▶ □

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							
	ndar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 201	4	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	36,705,414	27,113,745	21,193,491				85,012,650
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	72,193,000	5 75,036,369	72,166,115	100,719,275	95,92	27,639	416,042,404
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	108,898,420	102,150,114	93,359,606	100,719,275	95,92	27,639	501,055,054
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							0
b	A mounts 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 from line 6)							501,055,054
	ction B. Total Support				1			
Cale	ndar year (or fiscal year beginning in) 🏲	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 201	4	(f) Total
9	Amounts from line 6	108,898,420	102,150,114	93,359,606	100,719,275	95,92	7,639	501,055,054
L0a	Gross income from interest,							
	dividends, payments received on securities loans, rents, royalties and income from similar sources	921,135	745,261	3,445,952	699,628	1,40	6,065	7,218,041
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
c	Add lines 10a and 10b	921,135	745,261	3,445,952	699,628	1,40	6,065	7,218,041
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 VI)	5,044,809	2,906,809	19,669,212				27,620,830
13	Total support. (Add lines 9, 10c, 11, and 12)	114,864,364	105,802,184	116,474,770	101,418,903		3,704	535,893,925
14	First five years. If the Form 990 is check this box and stop here	for the organizat	ion's first, second	l, third, fourth, or i	fifth tax year as a	section 50	·1(c)(3	organization,
Se	ction C. Computation of Pul							
15	Public support percentage for 201	4 (line 8, column	(f) divided by line	13, column (f))		15		93 500 %
16	Public support percentage from 20	13 Schedule A, F	Part III, line 15			16		90 200 %
Se	ction D. Computation of Inv							
17	Investment income percentage for	2014 (line 10c, d	olumn (f) dıvıded	by line 13, colum	n (f))	17		1 350 %
18	Investment income percentage fro	m 2013 Schedule	A, Part III, line 1	. 7		18		1 150 %
19a	33 1/3% support tests—2014. If the more than 33 1/3%, check this box						‰,and	line 17 is not ▶✓

b 33 1/3% support tests—2013. 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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V $\,)$

Section A. All Supporting Organizations

Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or (2) ? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section $509(a)(1)$ or (2) .	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If</i> "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
l1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below,			
	the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

11c

Pa	rt IV Supporting Organizations (continued)			
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions.			
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3				
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
	b Did the organization evergice a substantial degree of direction over the policies, programs and activities of each			l

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions			Current Year			
1 Amounts paid to supported organizations to accom	plish exempt purposes					
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity						
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons				
4 Amounts paid to acquire exempt-use assets						
5 Qualified set-aside amounts (prior IRS approval rec	nured)					
6 Other distributions (describe in Part VI) See instru	JCTIONS					
7 Total annual distributions. Add lines 1 through 6						
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide				
9 Distributable amount for 2014 from Section C, line	6					
10 Line 8 amount divided by Line 9 amount						
		(::)	(:::)			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014			
1 Distributable amount for 2014 from Section C, line 6						
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)						
3 Excess distributions carryover, if any, to 2014						
a From 2009						
b From 2010						
c From 2011						
d From 2012						
e From 2013						
f Total of lines 3a through e						
g Applied to underdistributions of prior years						
h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions)						
j Remainder Subtract lines 3g, 3h, and 3i from 3f						
4 Distributions for 2014 from Section D, line 7 \$						
A pplied to underdistributions of prior years						
b Applied to 2014 distributable amount						
c Remainder Subtract lines 4a and 4b from 4						
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)						
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)						
7 Excess distributions carryover to 2015. Add lines 31 and 4c						
8 Breakdown of line 7						
a From 2010						
b From 2011						
c From 2012						
d From 2013						

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2014

DLN: 93493328007065

OMB No 1545-0047

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.

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

Open to Public Inspection

	ne of the organization		Employer identification number
SOU	TH CAROLINA STUDENT LOAN CORP		57-0602805
Pai	organizations Maintaining Donor Advorganization answered "Yes" to Form 990,	Part IV, line 6.	unds or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year		
	Aggregate value of contributions to (during year)		
	Aggregate value of grants from (during year)		
	Aggregate value at end of year		<u> </u>
	Did the organization inform all donors and donor advisor funds are the organization's property, subject to the organization of	ganızatıon's exclusıve legal control?	☐ Yes ☐ No
	Did the organization inform all grantees, donors, and do used only for charitable purposes and not for the benefit conferring impermissible private benefit?	t of the donor or donor advisor, or for a	ny other purpose Yes No
ar	t II Conservation Easements. Complete if	the organization answered "Yes" t	o Form 990, Part IV, line 7.
	Purpose(s) of conservation easements held by the orga Preservation of land for public use (e g , recreation Protection of natural habitat Preservation of open space	or education)	n historically important land area certified historic structure
	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservation contribution in t	the form of a conservation
	,, ,		Held at the End of the Year
3	Total number of conservation easements		2a
)	Total acreage restricted by conservation easements		2b
	Number of conservation easements on a certified histo	rıc structure ıncluded ın (a)	2c
	Number of conservation easements included in (c) acq historic structure listed in the National Register	uired after 8/17/06, and not on a	2d
	Number of conservation easements modified, transferre	ed, released, extinguished, or terminate	ed by the organization during
	the tax year 🕨		
	Number of states where property subject to conservati	on easement is located 🕨	
	Does the organization have a written policy regarding t enforcement of the conservation easements it holds?		dling of violations, and Yes No
	Staff and volunteer hours devoted to monitoring, inspec	cting, and enforcing conservation easer	ments during the year
			- dome - de
	A mount of expenses incurred in monitoring, inspecting	, and enforcing conservation easements	s during the year
	▶ \$	N - L	-
	Does each conservation easement reported on line $2(d)$ and section $170(h)(4)(B)(II)$?	i) above satisfy the requirements of sec	Yes No
	In Part XIII, describe how the organization reports con balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme	e footnote to the organization's financial nts	l statements that describes
ari	Organizations Maintaining Collections Complete if the organization answered "Ye		or Other Similar Assets.
1	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asset service, provide, in Part XIII, the text of the footnote to	ts held for public exhibition, education,	or research in furtherance of public
)	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asset service, provide the following amounts relating to these	16 (ASC 958), to report in its revenue ts held for public exhibition, education,	statement and balance sheet
	(i) Revenue included in Form 990, Part VIII, line 1		► \$
	(ii) Assets included in Form 990, Part X		► \$
	If the organization received or held works of art, historic following amounts required to be reported under SFAS		or financial gain, provide the
ı	Revenue included in Form 990, Part VIII, line 1		► \$
b	Assets included in Form 990. Part X		▶- \$

Part	Organizations Maintaining Collections of Art, His	tor	ica	al Treasu	ires, or Ot	the	r Similar Ass	ets (c	ontinued)
3	Using the organization's acquisition, accession, and other records, checollection items (check all that apply)	neck	an	y of the foll	owing that a	re a	significant use o	fıts	
а	Public exhibition d	Γ	I	oan or exc	hange progra	ams			
b	Scholarly research e	Γ	(Other					
c	Preservation for future generations								
4	Provide a description of the organization's collections and explain how Part XIII	v the	y 1	urther the o	organization'	s ex	cempt purpose in		
5	During the year, did the organization solicit or receive donations of ar assets to be sold to raise funds rather than to be maintained as part of							Yes	□ No
Par	t IV Escrow and Custodial Arrangements. Complete if						<u> </u>		1 140
	Part IV, line 9, or reported an amount on Form 990, Pa								
1a 	Is the organization an agent, trustee, custodian or other intermediary included on Form 990, Part X?				or other asse	ets	not	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIII and complete the follow	ving	tai	oie	Г		Amo	unt	
С	Beginning balance				F	1c	Allo	unc	
d	Additions during the year				<u> </u>	1d			
e	Distributions during the year				<u> </u>	1u 1e			
f	Ending balance				-	16 1f			
2a	Did the organization include an amount on Form 990, Part X, line 21,	for o	· · ·	row or cust	<u> </u>		hulity?	Yes	
-u b									
Dat	If "Yes," explain the arrangement in Part XIII Check here if the explaint V Endowment Funds. Complete if the organization ans							• •	<u>'</u>
FG)Prior						e) Four y	ears back
1a	Beginning of year balance								
b	Contributions								
C	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	e 1 g), c	olumn (a))	held as				
а	Board designated or quasi-endowment ►								
b	Permanent endowment ▶								
С	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c should equal 100%								
3a	Are there endowment funds not in the possession of the organization	that	ar	e held and a	admınıstered	for	the		
	organization by						2-(1)	Yes	No
	(i) unrelated organizations	•				•	3a(i) 3a(ii)		
ь	If "Yes" to 3a(II), are the related organizations listed as required on S	che	• dul	e R?		٠.	Sa()	1	
4	Describe in Part XIII the intended uses of the organization's endowm						<u> </u>	1	
Par	t VI Land, Buildings, and Equipment. Complete if the o 11a. See Form 990, Part X, line 10.	rgai	ΊZ	ation ansv	wered 'Yes'	to	Form 990, Part	IV, lı	ne
	Description of property			ost or other (investment)	(b) Cost or ot basis (othe		(c) Accumulated depreciation	(d) B	ook value
1 a l	_and	T			364,	900			364,900
	Buildings				4,358,		396,713		3,961,957
	_easehold improvements								
d i	Equipment				2,526,	290	1,905,413		620,877
_e (Other				70,	215	42,315		27,900
	I. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, colu	mn ((B)	line 10(c).,					4,975,634
							Schedule D (Form 9	990) 2014

Part VII Investments—Other Securities. Con See Form 990, Part X, line 12.	mplete if the organization a	inswered 'Yes' to Form 990, Part IV, line 11b.
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives (2)Closely-held equity interests		
(3)Other		
(A) SCOTT & STRINGFELLOW	162,062,785	F
(B) OTHER INVESTMENTS	6,985,689	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	1 69.048.474	
Part VIII Investments—Program Related. C		answered 'Yes' to Form 990. Part IV. line 11c.
See Form 990, Part X, line 13.		
(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)	F	
Part IX Other Assets. Complete if the organization (a) Description		Part IV, line 11d See Form 990, Part X, line 15 (b) Book value
(4) 5 656	The state of the s	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1		
Part X Other Liabilities. Complete if the organized Form 990, Part X, line 25.	anızatıon answered 'Yes' to	Form 990, Part IV, line 11e or 11f. See
1 (a) Description of liability	(b) Book value	
Federal Income taxes		
DUE TO US DEPARTMENT OF EDUCATION	10,245,147	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	10,245,147	
 		e organization's financial statements that reports the

PART XI, LINE 2D - OTHER

PART XII, LINE 2D - OTHER

ADJUSTMENTS

ADJUSTMENTS

Par		evenue per Audited F vered 'Yes' to Form 990,			ts Wit	h Reve	nue p	er Re	eturn Complete If
1	Total revenue, gains, and othe							1	98,425,510
2	Amounts included on line 1 bu	t not on Form 990, Part VI	II, line 12						
а	Net unrealized gains (losses)	on investments	•	2a		-1,58	8,774		
b	Donated services and use of fa	acılıtıes		2b					
c	Recoveries of prior year grants	s		2c					
d	Other (Describe in Part XIII)			2d		1,38	0,791		
e	Add lines 2a through 2d .						[2e	-207,983
3	Subtract line ${f 2e}$ from line ${f 1}$.						. [3	98,633,493
4	Amounts included on Form 99	0, Part VIII, line 12, but no	ot on line 1						
а	Investment expenses not incl	uded on Form 990, Part VI	II, line 7b .	4a					
b	Other (Describe in Part XIII)			4b					
C	Add lines 4a and 4b						. [4c	0
5	Total revenue Add lines 3 and							5	98,633,493
Part		xpenses per Audited swered 'Yes' to Form 99			nts Wi	th Exp	enses	per	Return. Complete
1	Total expenses and losses per							1	76,664,527
2	A mounts included on line 1 bu	t not on Form 990, Part IX,	line 25						
а	Donated services and use of fa	icilities		2a					
b	Prior year adjustments			2b					
C	Otherlosses			2c					
d	Other (Describe in Part XIII)			2d		1,17	6,366		
e	Add lines 2a through 2d							2e	1,176,366
3	Subtract line ${f 2e}$ from line ${f 1}$.							3	75,488,161
4	Amounts included on Form 99	0, Part IX, line 25, but not ϵ	on line 1:						
а	Investment expenses not incl	uded on Form 990, Part VII	I, line 7b	4a					
b	Other (Describe in Part XIII)			4b					
C	Add lines 4a and 4b							4c	0
5	Total expenses Add lines 3 ar		n 990, Part I, lın	e 18)			•	5	75,488,161
Prov Part Infor	IXIII Supplemental Information Supplemental Information Supplemental Information Supplemental Information Return Reference X, LINE 2	Part II, lines 3, 5, and 9, F	XII, lines 2d and Explanation EXEMPT FROM	4b Als	AL AND	ete this	part to	provid E TAX	ES UNDER SECTION
		CORPORATION'S TAX PO NO UNCERTAIN TAX PO STATEMENTS TO COMP EXCEPTIONS, THE COR BY THE U S FEDERAL, S	OSITIONS AND SITIONS THAT LY WITH THE P PORATION IS N	CONC REQU ROVIS	LUDED IRE ADJ IONS O IGER SU	THAT T USTMEN F THIS O BJECT T	HE CO NT TO SUIDAI	RPOR THEF NCE V OME	ATION HAD TAKEN INANCIAL VITH FEW TAX EXAMINATION

INCOME FROM EDVANTAGE (FILES SEPARATE FORM 990) 1,380,791

EXPENSES FROM EDVANTAGE (FILES SEPARATE FORM 990) 1,176,366

Concada S (101111 550) 2025			
Part XIII Supplemental Information	on (continued)		
Return Reference	Explanation		
l			
-			

Schedule D (Form 990) 2014

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DLN: 93493328007065

OMB No 1545-0047

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. ▶ Information about Schedule J (Form 990) 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**

57-0602805

Pai	rt I Questions Regarding Compensation				
			Yes	No	
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 idemnification and gross-up payments Health or social club dues or initiation fees				
	Discretionary spending account Personal services (e g , maid, chauffeur, chef)				
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		No	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?			NI -	
	directors, trustees, officers, metading the elo/executive birector, regulating the items effected in line 14.	2		No	
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				
	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				
а	Receive a severance payment or change-of-control payment?	4a		No	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo	
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo	
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III				
	Only 501(c)(3), 501(c)(4), and 501(c)(29) 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				
а	The organization?	5a		No	
b	Any related organization?	5b		Νo	
	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				
а	The organization?	6a		Νo	
b	Any related organization?	6b		Νo	
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	Yes		
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was				
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe				
	ın Part III	8		No	
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	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	of W-2 and/or 1099-MISC compensation		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in	
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred in prior Form 990	
	(i) (ii)	349,635 0	162,500 	0 0	90,197	46,151 	648,483	0 	
2 HARRY BROWN, CFO - 1- 1-14 TO 6-30-14		118,591	12,500	0	31,800	15,464	178,355	0	
	(ii)	0	0	0	0	0	0	0	
	(i)	135,575	27,500	0	21,610	17,814	202,499	0	
	(ii)	0	0	0	0	0	0	0	
	(i)	0	0	0	0	0	0	0	
PARTN	(ii)	279,691	17,308	0	0	2,773	299,772	0	
5 DAVID SIMON, CIO	(i)	137,068	30,000	0	22,836	11,600	201,504	0	
	(ii)	0	0	0	0	0	0	0	
6 ANNE HARVIN GAVIN, SVP	(i)	108,388	17,500	0	13,193	25,805	164,886	0	
	(ii)	0	0	0	0	0	0	0	
7 CINDI CALLAHAM, RISK MANAGEMENT DIRECTOR	(i)	119,977	11,000	0	16,507	15,916	163,400	0	
THURSELLENT BIRECTOR	(ii)	0	0	0	0	0	0	0	
	(i)	127,858	0	0	33,877	10,213	171,948	0	
MGR	(ii)	0	0	0	0	0	0	0	

Schedule J (Form 990) 2014

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
•	NON-BUSINESS HOUSING WAS PROVIDED TO DONNA DEWISPELAERE, PRESIDENT AND CEO OF CAMPUS PARTNERS (SINGLE MEMBER LLC) THIS COMPENSATION WAS INCLUDED IN HER TAXABLE WAGES
PART I. LINE 7	THE BOARD PROVIDES DISCRETIONARY BONUSES FOR CERTAIN EXECUTIVES

Schedule J (Form 990) 2014

DLN: 93493328007065

OMB No 1545-0047

Open to Public

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Transactions with Interested Persons

► Attach to Form 990 or Form 990-EZ.

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

Inspection

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(2) 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 1 (a) Name of disqualified person (b) Relationship between disqualified persons during the year under section 4958. 2 Enter the amount of tax incurred by 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. 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. 4 **S** 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. 5 **S** 4 **S** 5 **Coans 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 eported an amount on Form 990, Part X, line 5, 6, or 22 a) Name of line with organization purpose of loan organization? To From the principal due default? Approved apreement by board or committee? Yes No Y		the organization ROLINA STUDENT LOAN CORP						Employer identification number						
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (a) Name of disqualified person (b) Relationship between disqualified persons during the year under section 4958								5	7-06	02805				
(a) Name of disqualified person (b) Relationship between disqualified person of transaction (c) Description of transaction (d) Correcte Yes														
person and organization Person and organization answered section Ap58														
2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958	(a) Name of disqualifie	ed person	(b) H				(c) Desc	ription	or tra	nsaction	-		1	
### SENTENTIAL COMPLETE SET OF THE PRINCIPLE OF THE PRINC				регооп	and organizat	cion					-+	Yes	NO	
Name of the rested person Name of the rested person Purpose of loan Purpose o	4958 Enter the amount of tax,							he year	· under	rsection \$ \$ \$				
rt III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested (b) Relationship between (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance	oans to and/or From					V, line 38a, c	or Form 990, I	Part IV	, line 2	26, or if t	the org	anızatıo	n	
Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested (b) Relationship between (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance	coans to and/or From complete if the organization eported an amount on Form a) Name of (b) Relations interested with organiza	answered "' 990, Part X ship (contion Purpo	Yes" (, line () se of	on Form 9 ^o 5, 6, or 2: (d) Loan or from t	90-EZ, Part ' 2 to he	(e)Original principal	(f) Balance	(g)	In	(h) Approv	ved d or	(i)Wr	ıtten	
person Interested person and the	oans to and/or From omplete if the organization eported an amount on Form a) Name of nterested (b) Relations with organiza	answered "' 990, Part X ship (contion Purpo	Yes" (, line () se of	on Form 9 5, 6, or 2 (d) Loan or from t organizati	90-EZ, Part 1 2 to he on?	(e)Original principal	(f) Balance	(g) defa	In ult?	(h) A pprov by boar commit	ved d or tee?	(i)Wr agreer	ıtten	

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) A mount of transaction	(d) Description of transaction	(e) Sh of organiz reven	ation's							
				Yes	No							
(1) GRANT CARWILE	DIRECTOR OF SL CAPITAL STRATEGIES	,	ADVISOR FOR AMBAC/2004 TRUST RESTRUCTURING AND 2015 SERIES BOND ISSUE		No							

Part V	Supplemental Information								
	Provide additional information for responses to questions on Schedule L (see instructions)								
	Return Reference	Explanation							

Schedule L (Form 990 or 990-EZ) 2014

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

FORM 990, PART III, LINE 3

FORM 990, PART VI, SECTION

FORM 990, PAGE 9, PART VIII,

FORM 990, PART IX, LINE 24E

FORM 990, PART XI, LINE 9

FORM 990, PAGE 12, PART XII,

FORM 990, PAGE 5, PART V,

FORM 990, PAGE 5, PART V,

B, LINE 11

B. LINE 12C

B, LINE 15

C, LINE 19

LINE 2F

LINE 2C

LINE 2A

LINE 1A

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.

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

OMB No 1545-0047

DLN: 93493328007065

Inspection

Name of the organization SOUTH CAROLINA STUDENT LOAN CORP	Employer identification number
SOUTH CAROLINA STODENT LOAN CORP	57-0602805

Name of the organization SOUTH CAROLINA STUDENT LOAN COR	Employer identification number				
	57-0602805				
990 Schedule O, Suppler	nental Information				
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				

CAMPUS PARTNERS (SINGLE MEMBER LLC) ENDED ITS CORE BUSINESS THROUGH ASSIGNMENT OF

THE COMPLETED FORM 990 WAS SENT TO THE CORPORATION FOR REVIEW AND FINAL SIGNATURE

UBMISSION TO THE IRS THE PROCESS ENTAILED A REVIEW BY THE CHIEF FINANCIAL OFFICER, THE CH IEF 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

A WRITTEN CONFLICT OF INTEREST POLICY IS DISTRIBUTED WITH THE MEETING MATERIALS FOR THE AU

GUST MEETING OF THE BOARD OF DIRECTORS FOR COMPLETION BY EACH DIRECTOR ALL FORMS ARE

N ANNUALLY TO DISCLOSE ANY CONFLICTS OF INTEREST. NEW HIRES COMPLETE THIS FORM AT THE TIME

THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS OF THE CORPORATION DETERMINES THE

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

ION DISCUSSIONS TOP MANAGEMENT COMPENSATION IS DETERMINED BY THE PRESIDENT/CEO, WHO IS FA MILIAR WITH COMPENSATION STRUCTURES IN THE REGIONAL MARKETPLACE FOR SIMILAR TYPES OF

IZATIONS BOTH THE COMPENSATION COMMITTEE AND THE CEO USE INDUSTRY COMPENSATION SURVEYS

EQUEST TO THE PUBLIC THE CORPORATION'S YEARLY AUDITED FINANCIAL STATEMENTS ARE POSTED TO

ALL OTHER PROGRAM SERVICE REVENUE IS COMPRISED OF (50,757,155) SPECIAL ALLOWANCE, SCSEAA

LOAN LOSS EXPENSE. PROGRAM SERVICE EXPENSES 3,468,335 MANAGEMENT AND GENERAL EXPENSES

FUNDRAISING EXPENSES 0 TOTAL EXPENSES 3,468,335 OTHER OPERATING EXPENSES PROGRAM SERVIC E EXPENSES 3,018,055 MANAGEMENT AND GENERAL EXPENSES 335,339 FUNDRAISING EXPENSES 0 TOT AL EXPENSES 3,353,394 PAYMENTS TO SC SEAA FOR STUDENT LOAN INC PROGRAM SERVICE EXPENSES

3,234,864 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 3,234 ,864 OTHER PROGRAM SERVICE EXPENSES 367,963 MANAGEMENT AND GENERAL EXPENSES 40,885

DRAISING EXPENSES 0 TOTAL EXPENSES 408,848 SUBSCRIPTIONS AND FEES PROGRAM SERVICE EXPEN SES 71,193 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 71,1

THE AUDIT COMMITTEE OF SCSLC ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS CONS

IN ADDITION TO THE EMPLOYEES REPORTED ON PAGE 5, PART V, LINE 2A, THE ORGANIZATION OWNS 10

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

0% OF A DISREGARDED ENTITY, EDUCATIONAL LOAN SERVICING, LLC D/B/A CAMPUS PARTNERS, WHICH R

OLIDATED FINANCIAL STATEMENTS, INCLUDING EDVANTAGE, AND SELECTION OF AN INDEPENDENT

EMITANCES 578,882 AND (12,911) MISCELLANEOUS PAYMENTS OF STUDENT LOANS

EDVANTAGE FYE 6-30-15 CHANGE IN NET ASSETS 204,425

EPORTED 57 EMPLOYEES ON THEIR SEPARATE 2014 FORM W-3

WHICH REPORTED 5 FORM 1099'S ON THEIR SEPARATE 2014 FORM 1096

THE CORPORATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE

DENT AND HUMAN RESOURCES DIRECTOR OF A NATIONAL AND A COMMUNITY BANK NEITHER THE

T NOR OTHER MEMBERS OF THE CORPORATION STAFF ARE INVOLVED IN THESE PRESIDENT/CEO

ECTED AND REVIEWED BY STAFF FOR ANY APPARENT CONFLICT. ALL EMPLOYEES COMPLETE.

PENSATION OF THE PRESIDENT/CEO MEMBERS OF THE COMPENSATION COMMITTEE ARE VERY

ONTRACTS TO A 3RD PARTY FUTURE PLANS FOR THIS ENTITY ARE BEING EVALUATED

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DLN: 93493328007065

2014

OMB No 1545-0047

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SCHEDULE R (Form 990)

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization **Employer identification number** SOUTH CAROLINA STUDENT LOAN CORP 57-0602805

Related Organizations and Unrelated Partnerships

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.										
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity					
(1) EDUCATIONAL LOAN SERVICING LLC (DBA CAMPUS PARTNER) 2400 REYNOLDA ROAD WINSTOMSALEM, NC 27106	LOAN SERVICING	NC	21,064,771	1,336,127	SC STUDENT LOAN CORPORATION					

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))		Section (13) co ent	512(b) ntrolled
						Yes	No
(1) EDVANTAGE CORPORATION 8906 TWO NOTCH RD COLUMBIA, SC 29223 45-1482379	DIRECT LOAN COLLECTIONS	SC	501(C)(3)		SC STUDENT LOAN CORPORATION	Yes	

Yes No

Yes

No

(a) Name, address, and EIN of related organization (b) Primary activity I Legal domicile (state or foreign country) (state or foreign countr	Part III	Identification of Related Organizations Taxable a because it had one or more related organizations treated.					atıon ansv	vered "Ye:	s" on Form	990, Part I	V, line 34	4
		Name, address, and EIN of	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income(related, unrelated, excluded from tax under sections 512-		Share of end-of-year	Disproprtionate allocations?	Code V-UBI amount in box 20 of Schedule K-1	managing	(k) Percentage ownership

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	
Name, address, and EIN of	Primary activity	Legal	Direct controlling	Type of entity	Share of total	Share of end-	Percentage	Section 512	
related organization		domicile	entity	(C corp, S	ıncome	of-year	ownership	(b)(13)	
		(state or foreign		corp,		assets		controlled	
		country)		or trust)				entity?	
								Yes	No

No No

No

No

SCHE	edule k (Form 990) 2014		Рa	ige 3
Pa	Transactions With Related Organizations Complete of the organization answered "Yes" on 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		Yes	No
1 D	ouring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to related organization(s)	1b		No
C	Gift, grant, or capital contribution from related organization(s)	1 c		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)	1 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
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o	Sharing of paid employees with related organization(s)	10	Yes	

q Reimbursement paid by related organization(s) for expenses	
---	--

p Reimbursement paid to 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	r to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds		
	/- \	71-1	(-)	(4)

· · · · · · · · · · · · · · · · · · ·	<u> </u>		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) EDVANTAGE CORP	J	23,040	RENT BASED ON SQ FT UTILIZED
(2) EDVANTAGE CORP	N	0	NO AMOUNT CHARGED
(3) EDVANTAGE CORP	0	0	NO AMOUNT CHARGED
(4) EDVANTAGE CORP	М	1,176,366	COLLECTION FEES PER CONTRACT

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

1 <u> </u>													
(a) Name, address, and EIN of entity	(b) Primary activity	domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	so 50 organ	(e) all partners section 01(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets		Disproprtionate allocations? Code V-UB: amount in box 20 of Schedule K-1		Code V-UBI General or amount in managing box 20 partner? of Schedule		(k) Percentage ownership
	<u> </u>	<u> </u>	514)	Yes	No	1	<u> </u>	Yes	No		Yes	No	
									\Box	1			

Part VII Supplemental Information

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

Return Reference	Explanation
Return Reference 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

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