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DLN: 93493150002317

OMB No 1545-0047

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private

Department of the Treasury

Form **990**

foundations) ▶ Do not enter social security numbers on this form as it may be made public

Freasu		nue Servic		n about Form 990 and its instruction	ns is at <u>ww</u>	w IRS c	ov/form990		Open to Public Inspection
			lendar year, or tax year b	eginning 09-01-2015 , and ending	1 08-31-2010	<u> </u>			
		plicable	C Name of organization	cynning 05-01-2015 , and ending	, 00-31-2010		D Emr	olover i	dentification number
	eck if ap Idress cl		Columbia College Chicago					-	
	ame cha	-					36-	61120)87
	ıtıal retu		Doing business as						
FII			Number and street (or D.O.	box if mail is not delivered to street addres	sal Daam/suut		E Tele	ohone n	umber
	termina/		600 South Michigan Ave	box if mail is not delivered to street addres	SS) ROOM/Suit	.e	(31	2)369	9-7162
<u>. </u>	nended i	return pending	City or town, state or proving	nce, country, and ZIP or foreign postal code				2,303	7102
I API	plicacion	r pending	Chicago, IL 60605				G Gros	s receip	ots \$ 331,065,291
			F Name and address of	principal officer		H(a)	Is this a gro	un reti	ırn for
			Dr Kwang-Wu Kim			` ,	subordinates		⊤ Yes 🗸
			600 South Michigan Av Chicago, IL 60605	e			No		·
[Ta:	x-exem	pt status		() ◀ (insert no) 4947(a)(1) or	<u></u>	H(b)	Are all subo	rdinate	Yes No
				() ((IIISELL IIIO) +547(a)(1) 01	1 327			ch a lis	st (see instructions)
ı w	ebsite	:► wwv	w colum edu			H(c)	Group exem	ption i	number 🕨
(Forr	n of org	janization	✓ Corporation Trust	Association			ar of formation		M State of legal domicile IL
Pa	rt I		mary						
			_	nission or most significant activitie ucate students for creative occupa		rse fie	lds of the arts	and n	nedia
an an		ic organ	124(1011 3 1111331011 13 (0 64)	deate students for creative occupa-	cions in dive	TISC IIC	ids of the dit.	anan	ledia
<u>`</u>									
Ē	_								
e Ae	2 C	heck th	is box ▶ ☐ if the organiza	ation discontinued its operations or	r disposed o	f more	than 25% of	ıts net	assets
5			of waters manufactor of the	acusaming hadu (Dart VI line 1a)				ء ا	1 22
∀ 5			•	governing body (Part VI, line 1a)				3	32
E E				nbers of the governing body (Part V	•			4	31
Activities & Governance				yed in calendar year 2015 (Part V,	•			5	4,096
ĕ			•	ate if necessary)				6	38
				from Part VIII, column (C), line 12 ome from Form 990-T, line 34 .				7a	0
	D NE	et umeia	ted business taxable inci	Jille Holli Form 990-1, fille 34 .				7b	
		Cantr	butions and grants (Dart)	VIII line 1h)			Prior Year 14,14	0.450	Current Year
ō.	8		,	VIII, line 1h)			235,83		6,838,090
ēn Liē Ač	10	_	,	column (A), lines 3, 4, and 7d).			•	6,419	4,826,251
Ŗ	11		•	nn (A), lines 5, 6d, 8c, 9c, 10c, and			*	1,560	5,876,260
	12		·	ugh 11 (must equal Part VIII, colu	•				
	12	12)	revenue add illies o tillo	agn II (mast equal) are vIII, cold	(A), IIIIC		258,81	0,940	250,866,085
	13	Grants	and similar amounts pai	d (Part IX, column (A), lines 1-3)			38,06	4,969	41,232,309
	14	Benefi	ts paid to or for members	(Part IX, column (A), line 4)					C
	15	Saları	es, other compensation, e	mployee benefits (Part IX, column	(A), lines		127,54	3 366	112,630,923
Expenses		5-10)							
æ	16a			Part IX, column (A), line 11e) .				2,151	5,352
五	b			lumn (D), line 25) ▶2,020,551					
	17		•	nn (A), lines 11a-11d, 11f-24e) .			87,49		86,739,483
	18		•	17 (must equal Part IX, column (A)			253,10	· ·	240,608,067
. <i>u</i> r	19	Reven	ue less expenses Subtra	ct line 18 from line 12		+	5,70	7,423	10,258,018
Net Assets or Fund Balances						Begin	ning of Curre	nt Year	End of Year
set afai	20	Totala	assets (Part X, line 16)				421,93	4,750	442,200,993
d B	21		liabilities (Part X, line 26)			. 🗀	131,87		145,835,910
ξĒ	22		, , , ,	ibtract line 21 from line 20			290,05		296,365,083
Par	t II		ature Block				· · · · · · · · · · · · · · · · · · ·		
ny ki	nowled	Ities of p Ige and b	perjury, I declare that I h	ave examined this return, including nd complete Declaration of prepar		_			•
		****	**				2017-05-1	0	
Sign	1	Signa	ature of officer				Date		
Here		JERR	RY TARRER SENIOR VP BUSINES	SS AFFAIRS/CFO					
		Туре	or print name and title						
			rint/Type preparer's name OHN WOODHULL	Preparer's signature JOHN WOODHULL	Da	ite	Check ıf		N 305268
Paid	k						self-employe	d 101	
Pre	pare	Г ⊢	irm's name CROWE HORW				Firm's EIN ▶		
	Onl	1 -	irm's address ► 225 West Wacl Suite 2600				Phone no (3	112) 899	J- /UUU
			Chicago, IL 60	06061224			1		

201,092,297

Total program service expenses ▶

Par	t IV Checklist of Required Schedules			
	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 🕏	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? *	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		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? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8	Yes	
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	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, Pait V 🛸	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	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	
	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	
	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	11 c		No
	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	11 d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11 f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12 a	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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more 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		

1 0111	10111 330 (2013)						
Pa	rt IV	Checklist of Required Schedules (continued)					
21	Did tl	ne organization report more than \$5,000 of grants or other assistance to any domestic organization or	os-i	21	Yes		

current and former officers, directors, trustees, key employees, and highest compensated employees? If "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

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

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?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

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 . . . Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

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

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

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

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

Νo

Nο

Νo

Nο

22

23

24a

24b

24c

24d

25a

25b

26

27

28a

28h

28c

29

30

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32

33

34

35a

35b

36

37

38

Yes

Yes

Yes

Yes

Form 990 (2015)

Yes

Yes

Yes

22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

Pai	rt V	Statements Regarding Other IRS Filings and Tax Compliance		\			
		Check if Schedule O contains a response or note to any line in this P	art	v	•	Yes	No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	913		165	NO
		· · · · · · · · · · · · · · · · · · ·	1b	0			
С		ne organization comply with backup withholding rules for reportable payments to ng (gambling) winnings to prize winners?	vend	ors and reportable	1c	Yes	
2a		the number of employees reported on Form W-3, Transmittal of Wage and	Ī				
	Tax S	statements, filed for the calendar year ending with or within the year covered					
	•		2a	4,096	26	V	
b		east one is reported on line 2a, did the organization file all required federal empl If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (2b	Yes	
3a		ne organization have unrelated business gross income of \$1,000 or more during			3a		No
		s," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation			3b		
		y time during the calendar year, did the organization have an interest in, or a sig					
		a financial account in a foreign country (such as a bank account, securities acco			_		
	accou	unt)?			4a		No
Ь		es," enter the name of the foreign country 🕨					
	See ir	nstructions for filing requirements for FinCEN Form 114, Report of Foreign Bank	and	Financial Accounts			
F.	•	``) :he organization a party to a prohibited tax shelter transaction at any time durinc	ı the	tay year?	5a		No
		ny taxable party notify the organization that it was or is a party to a prohibited ta	•	•			No
			1V 211	citer transaction.	5b		110
С	It "Ye	es," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does	the organization have annual gross receipts that are normally greater than \$100	0.00	0, and did the	6a		No
		ization solicit any contributions that were not tax deductible as charitable contr					
b		es," did the organization include with every solicitation an express statement that	atsu	ch contributions or gifts	6b		
7		not tax deductible?			60		
	_	ne organization receive a payment in excess of \$75 made partly as a contribution	n an	d partly for goods and	7a	Yes	
u		ces provided to the payor?		· · · ·	/ -	1 03	
b	If"Ye	es," did the organization notify the donor of the value of the goods or services pro	ovide	ed?	7b	Yes	
c		ne organization sell, exchange, or otherwise dispose of tangible personal propert	y for	which it was required to	7c		No
d		orm 8282?	7d		70		NO
-	11 10	is, indicate the number of forms of 202 med during the year.	<u>, </u>				
е	Did th	ne organization receive any funds, directly or indirectly, to pay premiums on a pe	erson	al benefit contract?	7e		No
f	Did th	ne organization, during the year, pay premiums, directly or indirectly, on a persor	nal b	enefit contract?	7f		No
		organization, daring the year, pay premians, aneed, or maneed, or defect, on a person					
9	requir		•		7g		
h		organization received a contribution of cars, boats, airplanes, or other vehicles,	, dıd 1	the organization file a			
8		1098-C?	•		7h		
٠	•	donor advised fund maintaining donor advised rands.	ıness	s holdings at any time			
	durıng	g the year?	•		8		
9a	Did th	ne sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did th	ne sponsoring organization make a distribution to a donor, donor advisor, or relat	ted p	erson [?]	9b		
10	Section	on 501(c)(7) organizations. Enter					
			10a				
b	Gross facilit		10b				
11		on 501(c)(12) organizations. Enter					
а	Gross	s income from members or shareholders	11a				
b		s income from other sources (Do not net amounts due or paid to other sources					
	again	st amounts due or received from them)	11b				
12a	Section	on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	ın lıe	u of Form 1041?	12 a		
b		es," enter the amount of tax-exempt interest received or accrued during the	12b				
12	year Section	L	±2U				
13	Sect 10	on 501(c)(29) qualified nonprofit health insurance issuers.					
а		e organization licensed to issue qualified health plans in more than one state? No	te. S	ee the instructions for			
		onal information the organization must report on Schedule O			13a		
b		the amount of reserves the organization is required to maintain by the states chithe organization is licensed to issue qualified health plans	13b				
С		chi che organization is neclisea to issue qualifica ficalen pians	13c				
		ne organization receive any payments for indoor tanning services during the tax		?	14a		No
		es," has it filed a Form 720 to report these payments? If "No," provide an explanati	•		14b		
	. •	, , , , , , , , , , , , , , , , , , ,		=			

0	,							
Part VI	Gover	nance,	Manage	ment,	and	Disclo	sur	·e
	_							

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.

<i>C</i> -	Check if Schedule O contains a response or note to any line in this Part VI		• •	· · ~
Se	ection 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 11a 132			
	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 1b 31			
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	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu		
100	Did the erganization have local chanters, branches, or affiliates?	10a	Yes	No No
	Did the organization have local chapters, branches, or affiliates?	10a		NO
11a	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing		V	
	the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the erganization have a written conflict of interest policy? If "Mo" go to line 12			
	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?			
b c	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	Yes Yes	
b c 13	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b 12c 13	Yes Yes Yes	
b c 13 14	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	Yes Yes	
b c 13 14 15	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b 12c 13	Yes Yes Yes	
b c 13 14 15	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b 12c 13 14	Yes Yes Yes	
b c 13 14 15	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	12a 12b 12c 13 14	Yes Yes Yes Yes	No
b c 13 14 15 a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	12a 12b 12c 13 14	Yes Yes Yes Yes	No
b c 13 14 15 a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization 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?	12a 12b 12c 13 14	Yes Yes Yes Yes	No
b c 13 14 15 a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization 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	12a 12b 12c 13 14 15a	Yes Yes Yes Yes	
b c 13 14 15 a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization 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? 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	12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes	
b c 13 14 15 a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes	
b c 13 14 15 a b 16a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes	

interest policy, and financial statements available to the public during the tax year

►Matthew Jaehrling 600 SOUTH MICHIGAN AVE Chicago, IL 60605 (312) 369-7162

State the name, address, and telephone number of the person who possesses the organization's books and records

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII .

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0 - in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, 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	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2,2035 11100,	MISC)	organization and related organizations
See Additional Data Table										

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

	1	1							T	<u> </u>
(A) Name and Title	(B) Average hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		2/1099-MISC)	related organizations
See Additional Data Table										
1b Sub-Total						. •				
d Total (add lines 1b and 1c)				٠.	٠.	•		2,763,287	0	563,025
2 Total number of individuals (i	ncluding but not	limited	to the	se I	ıste		e) wl	no received more th	an	

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	_		
	on time 14 17 rest, complete senegales for such marviada.	3	Yes	
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 I for such			
	ındıvıdual	4	Yes	
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 I for such person	5	Yes	

Section B. Independent Contractors

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)	(B)	(C)
Name and business address	Description of services	Compensation
ALLIED BARTON SECURITY	SECURITY SERVICES	2,816,507
PO BOX 828854		
PHILADELPHIA, PA 19812		
O'MALLEY CONSTRUCTION CO	CONSTRUCTION	2,665,700
55 WEST SEEGERS ROAD		
ARLINGTON HEIGHTS, IL 60005		
HARVARD MAINTENANCE INC	MAINTENANCE	2,602,795
570 SEVENTH AVE		
NEW YORK, NY 10018		
TURNER CONSTRUCTION COMPANY	CONSTRUCTION	1,343,245
570 Seventh Ave		
New York, NY 10018		
RAM MECHANICAL SERVICES INC	MECHANICAL SERVICES	1,006,677
258 S Westgate Drive		
Carol Stream, IL 60188		

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization \blacktriangleright 51

 \boldsymbol{d} . All other revenue Total. Add lines 11a-11d .

Total revenue. See Instructions

12

orm 99	0 (20	15)						Page 9
art V	ш	Statement of	f Revenue					
		Check if Schedu	ile O contains a respor	nse or note to any l <u>i</u> r	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
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated camp	paigns 1a	0				
	ь	Membership du	es 1b	0				
<u>ور</u>	c	Fundraising eve	ents 1c	210,920				
fş r A	d	Related organiz	ations 1d	0				
<u>.</u>		Government grants		3,859,136				
ns, Sir	e	Government grants	s (contributions) 1e		ļ			
er ë	f	All other contribution similar amounts no	ons, gifts, grants, and 1f t included above	2,768,034				
atijy 4 Oth	g	Noncash contribution 1a-1f \$	ons included in lines	553,082				
	h	Total. Add lines	:1a-1f	· · · •	6,838,090			
				Business Code				
Ĕ	2a	TUITION AND FEES	;	611600	204,969,889	204,969,889	0	0
خ ب ا ئم	ь			611600	28,355,595	28,355,595	0	0
Program Service Revenue	С							
	d							
ε Ω	e							
grar	f	All other progra	m service revenue		0	0	0	0
Ě	g	Total. Add lines	:2a-2f	•	233,325,484			
	3		ome (including dividen					
		and other simila	aramounts)		3,256,634	0	0	3,256,634
	4 Income from investment of tax-exempt bond procee 5 Royalties		` · · · .	37 39,708	0	0	37 39,708	
	5	Royalties	(ı) Real	(II) Personal	39,700	0		33,700
	6a	Gross rents	275,139	0				
	_		250.444	0				
	Ь	Less rental expenses	258,441	0				
	С	Rental income or (loss)	16,698	0				
	d	Net rental incor	me or (loss)		16,698	0	0	16,698
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	80,953,871	0				
	ь	Less cost or other basis and sales expenses	79,384,291	0				
	С	Gain or (loss)	1,569,580	0				
	d	-	s)		1,569,580	0	0	1,569,580
Other Revenue	8a	Gross income fi events (not incl \$ 210, of contributions	luding					
eve		See Part IV, lin	e 18					
<u>.</u> بر		1	a	103,621				
₽			penses b loss)from fundraising	55,893	47,728		0	47,728
ō			rom gaming activities	events •	47,720		3	47,720
			a penses b	0	0	0	0	0
	C	iver income or (loss) from gaming acti	vides				
	10a	Gross sales of returns and allo		509,097				
	b	Less cost of go		500,581				
			loss) from sales of inve		8,516	0	0	8,516
		Miscellaneous		Business Code				
	11a	PERFORMANC BOOK SALES	E FEES AND	611600	501,777	501,777	0	0
	b	SHERWOOD SO MUSIC LESSO		611600	815,861	815,861	0	0
		INCOME FROM ORGANIZATIO) N	900099	3,300,212	3,300,212	0	0
	d	All other revenu	ie		1,145,760	1,039,370	0	106,390

5,763,610

238,982,704

250,866,085

Form 990 (2015) Page **10** Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (B) (C) (D) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 54,869 54,869 Grants and other assistance to domestic individuals See Part IV, line 22 41,177,440 41,177,440 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and 1,836,509 646,302 1,052,341 137,866 key employees . . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . 0 Ω Other salaries and wages 85,136,501 73,455,943 10,847,310 833,248 Pension plan accruals and contributions (include section 401(k) 6.372.315 5.429.304 871.860 and 403(b) employer contributions) 71,151 Other employee benefits . . 13,197,487 11,244,447 1.805.681 147.359 10 Payroll taxes 6,088,111 5,187,157 832,976 67,978 Fees for services (non-employees) Management . 299.391 293.603 5,788 437,163 200 436,963 Legal . . Accounting 379,771 379,771 . 0 0 0 d Lobbying . 0 Professional fundraising services See Part IV, line 17 5,352 5,352 Investment management fees 1,052,104 1.052.104 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . 13,106,839 9,350,322 3,561,108 195,409 12 Advertising and promotion . 1,314,023 1,128,976 184,024 1,023 13 Office expenses . . 8,187,194 5,254,147 2,868,628 64,419 14 Information technology . 7,003,052 2,859,490 4,059,045 84,517 15 Royalties . . 39,081 33,419 5,662 0

32,154,684

1,933,057

2.442.817

2,959,453

14,289,179

1,083,391

58,284

240,608,067

0

Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings .

Depreciation, depletion, and amortization . 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

16

17

18

19

20

21

22

23

24

h

d

25

Occupancy .

Interest

All other expenses

Payments to affiliates

Schedule O) LOSS ON DISPOSAL OF EQUIPMENT

Total functional expenses. Add lines 1 through 24e **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) 29,251,968 2,798,310 104,406 1,774,903 106,166 51,988 1.769.023 583,295 90.499 n 2,959,453 0

O 0 0 12,174,585 159,548 1.955,046 6,199 1,077,192

58,284 201,092,297 37,495,219 2,020,551 1

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Net Assets or Fund Balances

(B)

End of year

7,097

7,056,766

4,578,665

1,083,389

295,155

3,478,119

211,027,626

82,461,958

132,212,218

442,200,993

23,913,767

37,436,533

57,043,072

27.352.538

90,000

145,835,910

282,554,195

8.830.967

4,979,921

296,365,083

442,200,993

Form 990 (2015)

0

0

(A)

Beginning of year

7,097

11,766,936

1,910,372

2,513,260

416,474

3,724,117

213,393,809

36.833.640

149,441,967

1,927,078

421,934,750

24,344,291

20,304,186

86.459.650

728.472

40 000

131,876,599

275,476,639

9.817.402

4,764,110

290.058.151

421,934,750

414,620,870

203,593,244

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Part X	ваі	an	ıce	Si	1e	е

Check if Schedule O contains a response or note to any line in this Part X

10a 10b

Cash-non-interest-bearing

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part

Savings and temporary cash investments

Notes and loans receivable, net . . .

Prepaid expenses and deferred charges

Investments—publicly traded securities .

Land, buildings, and equipment cost or other basis

Investments—other securities See Part IV, line 11

Investments—program-related See Part IV, line 11

Total assets. Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability Complete Part IV of Schedule D .

Secured mortgages and notes payable to unrelated third parties . . .

Unsecured notes and loans payable to unrelated third parties

Organizations that follow SFAS 117 (ASC 958), check here ▶

Organizations that do not follow SFAS 117 (ASC 958), check here ▶

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

and other liabilities not included on lines 17-24)

Total liabilities.Add lines 17 through 25 .

lines 27 through 29, and lines 33 and 34.

Temporarily restricted net assets .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Permanently restricted net assets

Total net assets or fund balances

complete lines 30 through 34.

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L

Other liabilities (including federal income tax, payables to related third parties,

Pledges and grants receivable, net .

Accounts receivable, net . .

Schedule L .

II of Schedule L

Grants payable

Deferred revenue

Tax-exempt bond liabilities

Complete Part X of Schedule D

Unrestricted net assets

Inventories for sale or use

Complete Part VI of Schedule D

Intangible assets

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Less accumulated depreciation .

Part X	Balance	Sheet
--------	---------	-------

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

Total revenue (must equal Part VIII, column (A), line 12)

Check if Schedule O contains a response or note to any line in this Part XII . . .

If the organization changed its method of accounting from a prior year or checked "Other," explain in

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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

If the organization changed either its oversight process or selection process during the tax year, explain in

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

Consolidated basis

	1	
Total expenses (must equal Part IX, column (A), line 25)	2	
Revenue less expenses Subtract line 2 from line 1	3	
Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	
Net unrealized gains (losses) on investments	5	
Donated services and use of facilities	6	
Investment expenses	7	
Prior period adjustments	8	
Other changes in net assets or fund balances (explain in Schedule O)	9	
Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	10	

Cash ✓ Accrual COther

Both consolidated and separate basis

Both consolidated and separate basis

Page **12**

250,866,085

240,608,067

10,258,018

290,058,151

4,061,706

-8,012,792

296,365,083

No

Νo

Yes

Yes

Yes

Yes

Yes Form 990 (2015)

2a

2b

2c

3a

3b

10 Net assets or fund balances at end of year Combine lines 3 column (B))

Part XII Financial Statements and Reporting

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Software ID: 15000238

Software Version: 2015v3.0

EIN: 36-6112087

Name: Columbia College Chicago

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, an		ent Co	ntra	cto	rs	,				
(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
WILLIAM WOLF	1 0	×		x				0	0	0
CHAIRMAN OF THE BOARD (AS OF 5/12/2016)	1.0									
RICHARD PKIPHART CHAIRMAN OF THE BOARD (THRU 5/12/2016)	1 0	×		х				0	0	0
CHESTER T KAMIN	1 0									
VICE CHAIR		Х		Х				0	0	0
SYLVIA NEIL	1 0	×		х				0	0	0
VICE CHAIR		^		^				l		0
HUGH C WILLIAMS	1 0	х		х				0	0	0
VICE CHAIR	10									
BARRY M SABLOFF	1 0	×		×				0	0	o
TREASURER										
SHARON REESE DALENBERG	1 0	l x		×				0	0	0
SECRETARY								,	, and the second	
KWANG-WU KIM	1 0	l x		×				452,453	0	180,981
PRESIDENT AND CEO		^		ĺ.				+32,+33	J	100,901
LUIS DE LA PARRA	1 0	×						0	0	0
TRUSTEE		^						0		0
JEREMY EFROYMSON	10									
TRUSTEE		×						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Empl Compensated Employees, and Independent Contractors (A) (B) (C) (D) (E) (F) Name and Average Position (do not check Reportable Reportable Estimated Title hours per more than one box, compensation compensation amount of week (list unless person is both an from the from related other any hours officer and a organization organizations compensation for related director/trustee) (W-2/1099-(W-2/1099from the organizations MISC) MISC) organization Officer Ť emplovee Highest compensated Individual trustee below and related Institutional Trust⊷e director. dotted line) organizations employee 10 JANE GATELY Х TRUSTEE JOHN R 10 **GEHRON** Χ 0 0 TRUSTEE ALLISON 10 **GRANT** WILLIAMS Х TRUSTEE DEVIN A 10 GROSS Χ 0 0 TRUSTEE JOHN MCLAIN 10 HOLMES Χ TRUSTEE JOAN 10 HAMMEL Х 0 0 TRUSTEE TERRY 10 DIAMOND Х 0 0 TRUSTEE AVERILL 10 LEVITON Х 0 0 TRUSTEE JAY LEIB Х TRUSTEE FREDERICK 10 C LOWINGER

Χ

TRUSTEE

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Emplo **Compensated Employees, and Independent Contractors** (E) (A) (B) (C) (D) (F) Name and Average Position (do not check Reportable Reportable Estimated Title hours per more than one box, compensation compensation amount of week (list unless person is both an from the from related other any hours officer and a organization organizations compensation for related director/trustee) (W-2/1099-(W-2/1099from the organizations MISC) MISC) organization Officer × Former or director Highest compensat Individual trustee below In stituti chal Trustee and related dotted line) organizations employee Ē **HOWARD** 10 MENDELSOHN Х 0 TRUSTEE MADELINE 10 MOORE BURRELL Х 0 TRUSTEE 1.0 ARLEN RUBIN Х 0 0 TRUSTEE 10 ASHA SPENCER 0 Х 0 TRUSTEE ROBERT J 10 **BUFORD** Х 0 TRUSTEE ANDREAS 10 WALDBURG-WOLFEGG Х 0 0 TRUSTEE 10 SONA WANG O Х TRUSTEE 10 LEN AMATO 0 0 Х TRUSTEE YMMIL 10 CHAMBERLAIN 0 0 Х TRUSTEE ROBERT A 10 WISLOW Х TRUSTEE

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Emplo Compensated Employees, and Independent Contractors (A) (B) (C) (D) (E) (F) Name and Average Position (do not check Reportable Reportable Estimated amount of Title hours per more than one box, compensation compensation week (list unless person is both an from the from related other any hours officer and a organization organizations compensation from the for related director/trustee) (W-2/1099-(W-2/1099organizations MISC) MISC) organization Highest compensated employee Officer Post Individual trustee é below Institutional Trustee and related OFFICE OF dotted line) organizations employee SUSAN V 1.0 DOWNING Х 0 0 TRUSTEE ANDREW J N 1.0 **ALEXANDER** 0 Χ 0 TRUSTEE 10 LESTER CONEY 0 0 Х TRUSTEE ARTHUR SUSSMAN 10 Х 0 0 TRUSTEE (THRII 8/10/2016) STANLEY 40 0 WEARDEN Х 277,222 0 19,65 **PROVOST** PATRICIA BERGESON 40 0 VP OF LEGAL 0 30,48 Х 220,158 AFFAIRS & **GENERAL** COUNSEL MICHELLE **GATES** 40 0 VP OF Х 248,753 8,91 0 **BUSINESS** AFFAIRS & CFO (THRU FEB 2016) RICHARD **DOWSEK** 40 0 VP OF Χ 0 0 BUSINESS AFFAIRS & CFO (AS OF FEB 2016) MARK KELLY 40 0 VP OF STUDENT Х 178,734 0 44,84 **AFFAIRS** (THRU 8/06/2016) ONYE OZUZU 40 0 DEAN SCHOOL 151,627 22,68 OF FINE AND PERFORMING ARTS

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Emplo **Compensated Employees, and Independent Contractors** (A) (B) (D) (E) (F) Name and Average Position (do not check Reportable Reportable Estimated Title hours per more than one box, compensation compensation amount of unless person is both an week (list from the from related other any hours officer and a organization organizations compensation for related director/trustee) (W-2/1099-(W-2/1099from the organizations MISC) MISC) organization Officer Officer Ke) er director emploviee Highest compensated Individual trustee below In stituti chal Trustee and related dotted line) organizations employee JESSICA D 40 0 MATCHETT Х 165,304 0 23,16 CHIEF OF STAFF CAROLINE 40 0 LATTA Х 167,518 0 40,14 **PROFESSOR** ELIZA NICHOLS 40 0 DEAN SCHOOL Х 162,862 0 38,18 OF FINE AND PERFORMING **ARTS TERENCE SMITH** 40 0 SPECIAL Х 199,550 0 28,69 COUNSEL LABOR RELATIONS SUZANNE BLUM MALLEY 40 0 Х 196,555 0 43,00 **SENIOR** ASSOCIATE **PROVOST** JOHN GREEN 40 0 FORMER KE -Χ 185,704 0 41.11 ASSOCIATE DEAN DEBORAH HOLDSTEIN 40 0 FORMER KE -Χ 156,847 0 41,15 DEAN SCHOOL OF LIBERAL ARTS

&SCIENCES

efile GRAPHIC	print -	DO NOT	PROCESS	As Filed	Data

hospital's name, city, and state

170(b)(1)(A)(iv). (Complete Part II)

DLN: 93493150002317

Employer identification number

Schedule A (Form 990 or 990-EZ) 2015

36-6112087

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.

OMB No 1545-0047

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at

Open to Public Inspection

Internal Revenue Service Name of the organization Columbia College Chicago

SCHEDULE A

(Form 990 or

990EZ)

Part I

⊽

1

2

3

Treasury

Department of the

www.irs.gov/form990.

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

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

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 (Form 990 or 990-EZ))

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

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

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 Seesection 509(a)(2). (Complete Part III) 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 Enter the number of supported organizations Provide the following information about the supported organization(s) (i) (ii)EIN (iii) (iv) (v) (vi) Name of supported organization Type of Is the organization A mount of A mount of other listed in your governing organization monetary support support (see (described on lines document? (see instructions) instructions) 1-9 above (see instructions)) Yes No Total Cat No 11285F For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ.

Schedule A (Form 990 or 990-EZ) 2015 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) ▶ 1 Gifts, grants, contributions, and 6,838,090 11,806,259 12,740,957 7,933,050 14,149,450 53,467,806 membership fees received (Do not include any unusual grants) 2 Tax revenues levied for the 0 organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 11,806,259 12,740,957 7,933,050 14,149,450 6.838.090 53,467,806 The portion of total contributions by each person (other than a governmental unit or publicly 0 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11 column

6	(f) Public support. Subtract line 5 from line 4							53,467,806
S	ection B. Total Support				·			
(01	Calendar year fiscal year beginning in) ▶	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 20	15	(f) Total
7	Amounts from line 4	11,806,259	12,740,957	7,933,050	14,149,450	6	.838,090	53,467,806
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,049,067	1,933,401	2,289,894	3,308,293	3	.571,518	14,152,173
9	Net income from unrelated business activities, whether or not the business is regularly carried on							0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	318,695	323,417	247,620	270,846		218,527	1,379,105
11	Total support. Add lines 7 through 10							68,999,084
12	Gross receipts from related activit	ies, etc (see instr	ructions)			12		1,217,695,025

Section C. Computation of Public Support Percentage

	contain or comparation or rubic support rescentings		
14	Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	77 49 %
15	Public support percentage for 2014 Schedule A, Part II, line 14	15	78 43 %

First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

16a 33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test-2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported.

organization

b 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.

Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

supported organization

8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

▶□

▶□

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						
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) ⊤otal
•	iscal year beginning in) ▶	(-)	(-)	(0)_00	(-)	(-)	(1)
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions,						
_	merchandise sold or services						
	performed, or facilities furnished						
	in any activity that is related to						
	the organization's tax-exempt						
_	purpose						
3	Gross receipts from activities that are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
-	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit						
	to the organization without charge Total. Add lines 1 through 5						
6	Amounts included on lines 1, 2,						
/a	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and						
	3 received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of						
_	the amount on line 13 for the year Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
٥	from line 6)						
Se	ction B. Total Support		•		•		•
	Calendar year						7.5.
(or f	iscal year beginning in) ▶	(a)2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
0a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
b	and income from similar sources Unrelated business taxable						
U	income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
C	Add lines 10a and 10b						
L1	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)						
L3	Total support. (Add lines 9, 10c, 11, and 12)						
L4	First five years.If the Form 990 is	cor the organizati	n's first, second	, third, fourth, or	I fifth tax vear as a	section 501(c)(3) organization
	check this box and stop here		,	,,,	,		▶ □
Se	ction C. Computation of Pub	lic Support P	ercentage				-
15	Public support percentage for 2015			13 column (f))		45	
		•		15, column (1))		15	
L6	Public support percentage from 20		<u> </u>			16	
Se	ction D. Computation of Inv	estment Inco	me Percenta	ge			
L7	Investment income percentage for	2015 (line 10c, c	olumn (f) dıvıded	by line 13, colun	nn (f))	17	
18	Investment income percentage from	n 2014 Schedule	A, Part III, line	17		18	
L9a	33 1/3% support tests—2015.If the				l line 15 is more t		nd line 17 is not
-	more than 33 1/3%, check this box	=					▶ □
b	33 1/3% support tests—2014.If the	•				-	•
_	18 is not more than 33 1/3%, check	-					
20	Private foundation If the organizat						

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, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and Complete Part V.)

	I, complete Sections A and D, and complete Part V)			
Se	ction A. All Supporting Organizations			
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	Yes	No
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		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
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)? 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? If "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		
.0a	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)	10 b		
.1	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	11 c		

each of the supported organizations? Provide details in Part VI

b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

Par	t IV Supporting Organizations (continued)			
Se	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		
Se	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		
Se	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		
	estion F. Tune III Functionally Internated Companies Operations			
	ection E. Type III Functionally-Integrated Supporting Organizations			
1 a b c	The organization is the parent of each of its supported organizations. Complete line 3 below			
2	Activities Test Answer (a) and (b) below.		Yes	No
	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	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of			

3a

3b

1 Check here if the organization satisfied the Integral Part Test as a qualifying Type III non-functionally integrated supporting organizations must complete.	_		ructions. All other
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
Net short-term capital gain	1		
Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
Add lines 1 through 3	4		
Depreciation and depletion	5		
Portion of operating expenses paid or incurred for production or collection gross income or for management, conservation, or maintenance of proper held for production of income (see instructions)			
Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1 c		
d Total (add lines 1a, 1b, and 1c)	1 d		
Discount claimed for blockage or other factors (explain in detail in Part VI)	, _		
Acquisition indebtedness applicable to non-exempt use assets	2		
Subtract line 2 from line 1d	3		
Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by 035	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		
Enter 85% of line 1	2		
Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
Enter greater of line 2 or line 3	4		
Income tax imposed in prior year	5		
Distributable A mount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
Check here if the current year is the organization's first as a non-functiona	ılly-ıntegrate	d Type III supporting	organization (see
instructions)			

Part V Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (co	ontinuea)
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 Amounts paid to perform activity that directly furthe excess of income from activity	ers exempt purposes of supp	ported organizations, in	
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	quired)		
6 Other distributions (describe in Part VI) See instru	ıctions		
	200.0110		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	to which the organization is r	esponsive (provide	
9 Distributable amount for 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6		110 2022	711110411111111111111111111111111111111
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
a .			
b c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
A pplied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013			
d From 2014			
e From 2015			
		Calcadada A	(F 000 000 F7) (201 F

Facts And Circumstances Test

Return Reference	Explanation
Schedule A, Part II, Line 10 Other	DESCRIPTION - INVENTORY INCOME, COLUMN A - 94486 0, COLUMN B - 70006 0, COLUMN C

SCHEDULE D Supplemental Fina

Supplemental Financial Statements

► Complete if the organization answered "Yes," on 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 $\underline{www.irs.gov/form990}$.

OMB No 1545-0047

DLN: 93493150002317

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

Employer identification number Name of the organization Columbia College Chicago 36-6112087 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) **2**c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶_ Number of states where property subject to conservation easement is located ▶_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the A mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4) (B)(I) and section 170(h)(4)(B)(II)? ☐ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

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

- If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
- (i) Revenue included on Form 990, Part VIII, line 1

377,075

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

\$ ______14,269,720

- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- a Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

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

Par	t III	Organizations Maintaining (continued)	Collections of	Art, Hi	storica	l Tre	asures, o	r Ot	her Similar A	sset	:s	
3		g the organization's acquisition, acc ction items (check all that apply)	cession, and other r		heck any	of the	e following th	at ar	e a significant us	se of i	ts	
а	✓	Public exhibition		d		oan o	r exchange p	orogra	ams			
b	~	Scholarly research		е	Го	ther						
c	~	Preservation for future generations										
4	Provi Part	de a description of the organization	n's collections and e	explain ho	ow they fu	rther	the organiza	tıon's	exempt purpose	e in		
5		ng the year, did the organization sol ts to be sold to raise funds rather tl								.s	□ No	
Pa	rt IV		angements.									
1a		e organization an agent, trustee, cu ded on Form 990, Part X?	istodian or other int	termediar	y for cont	rıbutı	ons or other	asse	ts not Y e	:s	∏ No	
ь	If	"Yes," explain the arrangement in F	Part XIII and comp	lete the fo	ollowing ta	able			An	nount		
c	Ве	ginning balance						1 c				
d	A d	lditions during the year						1d				
e	Dis	stributions during the year						1e				
f	En	ding balance					Г	1f				
2a	Did t	he organization include an amount i	on Form 990, Part)	X, line 21	, for escro	ow or	custodial acc	count	t liability? Ye	s	□ No	
b Pa	If"Ye	es," explain the arrangement in Par Endowment Funds. Comple									<u> </u>	
			(a)Current year		or year)Two years bac		T)Three years back		our yea	ars back
1 a	Begii	nning of year balance	131,641,189	1	.40,721,915		127,320,09	98	112,333,798		106	,553,385
b	Cont	· · · ributions	10,040,994		283,411			0	74,651			312,367
c	Netı losse	nvestment earnings, gains, and	5,889,819		-3,195,291		17,159,51	19	14,980,911		5	,508,353
d		ts or scholarships	164,600		106,023		50,77	75	69,262			39,307
e		r expenditures for facilities programs	5,427,245		6,062,823		3,706,92	27				1,000
f	A dm	ınıstratıve expenses	0					0				
g	End o	of year balance	141,980,157	1	31,641,189		140,721,91	1.5	127,320,098		112	,333,798
2	Provi	ide the estimated percentage of the	current year end b	alance (li	ne 1g, co	lumn	(a)) held as					
а	Board	d designated or quasi-endowment 🕨	95 26 %									
b	Perm	nanent endowment ► 3 51 %										
c		porarily restricted endowment > Dercentages on lines 2a, 2b, and 2c	1 23 %	%								
3a	•	here endowment funds not in the po	·		that are	held a	and administ	ered	for the			
		nization by		,							Yes	No
	(i) ur	nrelated organizations								a(i)	\Box	No
		elated organizations					•			a(ii)		No
ь 4		es" on 3a(II), are the related organi ribe in Part XIII the intended uses						•		3b		
	rt VI	Land, Buildings, and Equi		3 CHOOW	nene iuna.							
		Complete if the organization		o Form		t IV,		ee Fo				
		Description of property		C	(a) ost or other (investmer		(b) Cost or other (other)	basıs	Accumulated (c) depreciation	(d) Book	value
1a	Land				/ 1114 63611161	,	24,97	8,066			24	,978,066
b	Buildir	ngs										<u> </u>
				<u> </u>			270,94				151	,401,952
		hold improvements		· ·				0	<u> </u>	0		0
	Equipr Other	ment		· ·			87,19	6,361	72,852,20	1	14	,344,154
				.			31.50	4.040	11,200,58	6	20	.303.454

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . .

211,027,626

Part VII Investments—Other Securities. Co See Form 990, Part X, line 12.	omplete if the orga	inization answered 'Yes'	on Form 990, Part IV, line 11b.
(a) Description of security or category (including name of security)	у	(b)Book value	(c)Method of valuation Cost or end-of-year market value
(1)Financial derivatives			
(2)Closely-held equity interests (3)Other		65.204.002	
(A) Other Equity Investments		65,284,082	F
(B) Alternative Investments		66,928,136	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•	132,212,218	
Part VIII Investments—Program Related. Complete if the organization answere	d 'Yes' on Form 99		Farm 000 Bart V line 12
(a) Description of investment	Tes of Torm 35	(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)	•		
Part IX Other Assets. Complete if the organization (a) Description		Form 990, Part IV, line 11	Ld See Form 990, Part X, line 15 (b) Book value
(a) best			(D) Book Value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the org			▶
See Form 990, Part X, line 25.	(b) Book valu		210 T 111
	(B) Book Valu		
Federal Income taxes			
Deferred Compensation Payable	90,	000,	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions In Part XIII, provi	ıde the text of the foo		
organization's liability for uncertain tax positions under F	FIN 48 (ASC 740) C	heck here if the text of the	footnote has been provided in Part

Schedule D (Form 990) 2015

1

2

a b

c d

3

Part XIII

information

collections

Return Reference

Schedule D, Part III, Line 4

Collections of art - description of

214,770,401

4,061,706

210,708,695

240,608,067

1

2e

3

5

4,061,706

0

4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 1,052,105		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	40,157,39
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	250,866,08
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s per	Return.
1	Total expenses and losses per audited financial statements	1	192,379,80
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities 2a		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	814,91
3	Subtract line 2e from line 1	3	191,564,88
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 1,052,105		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	49,043,18

Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional

Explanation

THE MUSEUM OF CONTEMPORARY PHOTOGRAPHY (MOCP) AIMS TO PROMOTE A GREATER

UNDERSTANDING AND APPRECIATION OF THE ARTISTIC, CULTURAL AND POLITICAL

IMPLICATION OF THE PHOTOGRAPHIC IMAGES IN OUR WORLD TODAY, AS WELL AS PRESERVE ARTIFACTS OF HISTORICAL AND CULTURAL SIGNIFICANCE THE COLLEGE ALSO MAINTAINS COLLECTIONS OF FASHION DESIGNS, PAINTINGS, DRAWINGS, AND OTHER FORMS OF ARTISTIC EXPRESSION TO PRESERVE THESE PIECES FOR THEIR HISTORICAL SIGNIFICANCE AND TO USE FOR SCHOLARLY RESEARCH AND PEDANTIC PURPOSES

2a

2b

2c

2d

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

Total revenue, gains, and other support per audited financial statements

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Net unrealized gains (losses) on investments .

Supplemental Information

Donated services and use of facilities . .

Recoveries of prior year grants .

Other (Describe in Part XIII)

Subtract line 2e from line 1 .

Add lines **2a** through **2d** .

OMB No 1545-0047

2015

Open to Public Inspection

SCHEDULE E Schools (Form 990 or

▶Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

▶ Attach to Form 990 or Form 990-EZ.

Treasury Internal Revenue Service

Department of the

990-EZ)

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

	e of the organization bia College Chicago	Employer identification number					
	3	6-6112087					
Pa	rt I			YES	NO		
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its other governing instrument, or in a resolution of its governing body?	charter, bylaws,	1	Yes	NO		
2	Does the organization include a statement of its racially nondiscriminatory policy toward students brochures, catalogues, and other written communications with the public dealing with student adm programs, and scholarships?		2	Yes			
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcathe period of solicitation for students, or during the registration period if it has no solicitation progrethat makes the policy known to all parts of the general community it serves? If "Yes," please describes explain. If you need more space use Part II	ram, in a way	3	Yes			
4 a	Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff?		4a	Yes			
b	Records documenting that scholarships and other financial assistance are awarded on a racially no basis?	'	4b	Yes			
c	Copies of all catalogues, brochures, announcements, and other written communications to the pub with student admissions, programs, and scholarships?	-	4 c	Yes			
d	Copies of all material used by the organization or on its behalf to solicit contributions?	_	4d	Yes			
5	If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to						
	Students' rights or privileges? Admissions policies?		5a 5b		No No		
c	Employment of faculty or administrative staff?		5c		No		
d	Scholarships or other financial assistance?	_	5d		Νo		
е	Educational policies?	-	5e		Νo		
	Use of facilities?	-	5f		Νo		
_	Athletic programs?		5g		No		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II		5h		No		
	Does the organization receive any financial aid or assistance from a governmental agency?	-	6a	Yes			
b	Has the organization's right to such aid ever been revoked or suspended?	-	6b		No I		
7	If you answered "Yes" to either line 6a or line 6b, explain on Part II Does the organization certify that it has complied with the applicable requirements of sections 4 0 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part	_	7	Yes			

Page 2

Schedule E (Form 990 or 990-EZ) (2015)

Return Reference	Explanation
Schedule E, Part I, Line 3 RACIALLY NONDISCRIMINATORY POLICY	included in all recruitment advertisements
Calcadada E. Dant I. I. no a CCa) FINIA NICIA I. A ID OD	Calcumbra Callega Chronic vaccius a compant from the LLC Department of Education. The

Schedule E (Form 990 or 990EZ) (2015)

Schedule E, Part I, Line 6(a) FINANCIAL AID OR Columbia College Chicago receives support from the U.S. Department of Education, The ASSISTANCE FROM A GOVERNMENT Department of Health and Human Services and the Illinois Board of Higher Education

efile GRAPHIC print - DO NOT	PROCESS	As Filed Dat	ta -	DLN	93493150002317		
	tement of	Activities (Outside the Unit	ed States	OMB No 1545-0047		
(Form 990) Department of the Treasury Internal Revenue Service ► Informati		Part IV, line : ► Attach t	n answered "Yes" to Form 14b, 15, or 16. o Form 990. nd its instructions is at wi		2015 Open to Public Inspection		
Name of the organization Columbia College Chicago				Employer ide 36-6112087	ntification number		
Part I General Informatio Complete if the organ				14b.			
 For grantmakers. Does the and other assistance, the grants or used to award the grants or For grantmakers. Describe a assistance outside the Uniter 	antees' eligibil assistance? n Part V the oi	lity for the grar	nts or assistance, and	the selection criteria	Yes No nts and other		
3 Activites per Region (The follow	ving Part I, line	3 table can be d	uplicated if additional spa	ice is needed)			
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is program service, describe specific type of service(s) in region			
(1) See Add'l Data			,				
(2)							
(3)							
(4)							
(5)							
Sa Sub-total Total from continuation sheets to Part I	0				374,586		
c Totals (add lines 3a and 3b) For Paperwork Reduction Act Notice, see	the Instructions	o for Form 990.		No 50082W Sche	374,586 edule F (Form 990) 2015		

Schedule F (Form 990) 2015

	and EIN (if applicable)	5	dıs burs ement	assistance	assistance	(book, FMV, appraisal, other)
(1)						
(2)						
(3)						
(4)						

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Page 2

	ther Assistance duplicated if addit			ed States. Complete	if the organization a	nswered "Yes" to Form	990, Part IV, line 16.
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							

(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
(12)				
(42)				

(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
(12)				
(13)				
(14)				
(15)				
(16)				
(17)				
(18)				
			Schedu	lle F (Form 990) 2015

(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							,
(17)							
(18)							
Schedule F (Form 990) 2015							

8621)

Yes

Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the

organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships Yes (see Instructions for Form 8865)

Did the organization have any operations in or related to any boycotting countries during the tax year? If

"Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form

Yes 5713, do not file with Form 990) Νo

IJ No

Additional Data

Software ID: 15000238
Software Version: 2015v3.0

EIN: 36-6112087

Name: Columbia College Chicago

(e) If activity listed in (d)

is a program service,

Schedule F (Form 990) 2015

Page **5**

(f) Total expenditures

for region

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting

method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

conducted in region (by

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region (b) Number of (c) Number of (d) Activities

offices in the

employees or

	region	agents in region	type) (i e , fundraising, program services, grants to recipients located in the region)	describe specific type of service(s) in region	
Europe (Including Iceland and Greenland)	0	0	Program Services	SEMESTER STUDY ABROAD ADMISSIONS, RECRUITING, BUSINESS TRAVEL ABROAD (INCLUDES TRAVEL TO SEMINARS AND CONFERENCES)	265,027
East Asia and the Pacific	0	0	Program Services	SEMESTER STUDY ABROAD ADMISSIONS, RECRUITING, BUSINESS TRAVEL ABROAD (INCLUDES TRAVEL TO ATTEND SEMINARS AND CONFERENCES)	70,711
North America (Canada & Mexico only)	0	0	Program Services	SEMESTER STUDY ABROAD ADMISSIONS, RECRUITING, BUSINESS TRAVEL ABROAD (INCLUDES TRAVEL TO ATTEND SEMINARS AND CONFERENCES)	8,531

Form 990 Schedule F	<u> Part I - Activi</u>	ties Outside 1	he United States		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (ie, fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean	0	0	Program Services	SEMESTER STUDY ABROAD ADMISSIONS, RECRUITING, BUSINESS TRAVEL(INCLUDES TRAVEL TO ATTEND SEMINARS AND CONFERENCES)	3,798
South America	0	0	Program Services	SEMESTER STUDY ABROAD ADMISSIONS, RECRUITING, BUSINESS TRAVLE ABROAD (INCLUDES TRAVEL ABRAOD TO ATTEND SEMINARS AND CONFERENCES)	14,601
Sub-Saharan Africa	0	0	Program Services	SEMESTER STUDY ABROAD ADMISSIONS, RECRUITING, BUSINESS TRAVLE ABROAD (INCLUDES TRAVEL ABRAOD TO ATTEND SEMINARS AND CONFERENCES)	9,575

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Middle East and North Africa	0	0		SEMESTER STUDY ABROAD ADMISSIONS, RECRUITING, BUSINESS TRAVEL ABROAD (INCLUDES TRAVEL TO SEMINARS AND	2,343

CONFERENCES)

Form 990 Schedule F Part I - Activities Outside The United States

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DLN: 93493150002317

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ

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

OMB No 1545-0047

2015

Open to Public Inspection

	ne of the organization Imbia College Chicago						Employer ide 36-6112087	ntification number
Pa	rt I Fundraising A	ctivities.Comple	ete if the	organiza	ition answered	"Yes" on Form		
	Form 990-EZ file	ers are not requir	red to co	mplete t	nis part.			
1	Indicate whether the orga	anızatıon raısed fun	ds throug	h any of th	e following activit	ties Checkallt	hat apply	
а	Mail solicitations				e	on of non-goverr	nment grants	
b	Internet and email so	olicitations			f Solicitation	on of governmen	t grants	
c	Phone solicitations				g	ındraısıng event	S	
d	In-person solicitatio	ns						
2a	Did the organization have or key employees listed i services?							es No
b	If "Yes," list the ten high to be compensated at lea				ısers) pursuant to	agreements un	der which the f	undraiser is
	i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai cust cont contrib	Did ser have ody or crol of putions?	(iv) Gross rece from activity	(or re fundra	nount paid to stained by) ser listed in col (i)	(vi) A mount paid to (or retained by) organization
1			Yes	No				
2								
3								
4								
5								
6								
7								
8								
9								
10								
Tota	ıl			>				
	ist all states in which the registration or licensing	organization is regi	istered or	licensed t	o solicit contribut	tions or has bee	n notified it is	exempt from

Part II	Fundraising	Events

Fundraising Events.
Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of

	fundraising event contribution receipts greater than \$5,000		(b) Event #2	(c)Other events	(d)
		MOCP BENEFIT (DARKROOM) (event type)	(event type)	(total number)	Total events (add col (a) through col (c))
Reversie	1 Gross receipts	314,541 210,920 103,621		0	314,541 210,920 103,621
Expenses	7 Food and beverages	25,235			25,235
edx	8 Entertainment	1,049			1,049
й П	9 Other direct expenses	29,609			29,609
Direct	10 Direct expense summary Add lines				55,893
	11 Net income summary Subtract line 1	.0 from line 3, column (c	1)		47,728
Par	Complete if the organization Form 990-EZ, line 6a.	answered "Yes" on F	Form 990, Part IV, line	e 19, or reported mor	re than \$15,000 on
Revernie		(a)Bingo	(b)Pull tabs/Instant bingo/progressive bingo	(c)Other gaming	(d) Total gaming (add col (a) through col (c))
_	1 Gross revenue				
ed Expenses	2 Cash prizes				
Direct	- Other durch conserve				
	5 Other direct expenses	☐ Yes%	Yes	☐ Yes %	
	6 Volunteer labor		<u>'</u>	•	
	7 Direct expense summary Add lines				
	8 Net gaming income summary Subtra	ict line 7 from line 1, col	umn (d)	P	
9 a b	Enter the state(s) in which the organization licensed to conduct If "No," explain	gaming activities in eac	ch of these states?		Yes No
10 a b	Were any of the organization's gaming l	icenses revoked, suspe			Yes No
ט	1. 1637 CAPIGIT				

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493150002317 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) 2015 Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization Employer identification number Columbia College Chicago 36-6112087 **General Information on Grants and Assistance** Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient Part II that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (c) IRC section (d) A mount of cash **(b)** EIN (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance or government (book, FMV, assistance appraisal, other) See Additional Data Table

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

grant funds

THE STUDENT'S ACCOUNT

Part III Grants and Other Assistance to Domestic Individuals. Complete If the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed

(a)Type of grant or assista			(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) INSTITUTIONAL SCHOLARS	SHIP	5047	39,920,000			
(2) TUITION WAIVERS		96	1,257,440			
1						
Part IV Supplemental 1	Informat	ion. Provide the infor	rmation required in Pa	art I, line 2, Part III,	column (b), and any other	additional information.
Return Reference	Explanation	on				
Schedule I, Part III, Column (b)						NES A STUDENT'S FINANCIAL
Estimated Number Of Recipients	1 '	INTERNAL COMMITTE AS NEEDED AND POS			, AND BASED ON THE COMM	ITTEE'S ANALYSIS AID IS
Schedule I, Part III, Column (b)	TUITION WAIVERS THE COLLEGE'S OFFICE OF STUDENT FINANCIAL SERVICES DETERMINES A STUDENT'S FINANCIAL NEED, AN					

Estimated Number Of Recipients

INTERNAL COMMITTEE ANALYZES THE NEEDS OF ALL STUDENTS, AND BASED ON THE COMMITTEE'S ANALYSIS AID IS AWARDED AS NEEDED AND POSTED TO THE STUDENT'S ACCOUNT

Schedule I, Part I, Line 2
Procedures for monitoring use of ANALYZES THE NEEDS OF ALL STUDENTS, AND BASED ON THE COMMITTEE'S ANALYSIS AID IS AWARDED AS NEEDED AND POSTED TO

Additional Data

Filter Photo

1821 W Hubbard Suite 207

Chicago, IL 60622

46-2070232

Software ID: 15000238
Software Version: 2015v3.0

501 C 3

EIN: 36-6112087

Name: Columbia College Chicago

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant ıf applıcable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Chicago Loop Alliance 36-1819460 501 C 3 15,000 Support of Community 27 F Monroe Suite 900A Chicago, IL 60603 Hyde Park Art Center 36-2887294 501 C 3 10,000 Support of Community 5020 S Cornell Ave Chicago, IL 60615

5,500

Support of Community

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Arts Alliance Illinois 36-3177592 501 C 3 5,000 Support of Community 70 E Lake Suite 420 Chicago, IL 60601 t of Community

Chicago Scholars 247 S State Suite 700 Chicago,IL 60604	36-4117530	501 C 3	5,000		Support of Community
DePaul University -	36-2167048	501 C 3	5,000		Support of Community

American's Urban Campus 1 E Jackson

Suite 1940 Chicago, IL 60604

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -Schedule J

Compensation Information

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

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

2015

OMB No 1545-0047

DLN: 93493150002317

(Form 990)

easi	epartment of the easury ternal Revenue Service Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990 .			pen t Insp	o Pul ectio		
Naı	me of the organiz	zation		Employer identificat	ion nui	nber	
COIL	umbia College Chica	rgo		36-6112087			
Рa	rt I Questi	ions Regarding Compensation	1	122 22220,			
						Yes	No
La				y of the following to or for a person listed on Form de any relevant information regarding these items			
	First-clas	s or charter travel	✓	Housing allowance or residence for personal use			
	Travel for	companions	\Box	Payments for business use of personal residence			
	Tax idemi	nification and gross-up payments	√	Health or social club dues or initiation fees			
	Discretion	nary spending account	Г	Personal services (e g , maid, chauffeur, chef)			
b	•	•	_	on follow a written policy regarding payment or above? If "No," complete Part III to explain	1b		No
!				ing or allowing expenses incurred by all rector, regarding the items checked in line 1a?	2	Yes	
3	organızatıon's	CEO/Executive Director Check all th	at apply	used to establish the compensation of the Do not check any boxes for methods the CEO/Executive Director, but explain in Part III			
	Compens	ation committee	√	Written employment contract			
	Independ	ent compensation consultant	√	Compensation survey or study			
	Form 990	of other organizations	✓	Approval by the board or compensation committee		 	
ŀ	During the yea or a related org		Part VII	, Section A , line 1a with respect to the filing organization			
а	Receive a seve	erance payment or change-of-control	payment	7	4a		Νo
b	Participate in,	or receive payment from, a supplemer	ntal nonc	qualified retirement plan?	4b		Νo
c	Participate in,	or receive payment from, an equity-ba	sed con	npensation arrangement?	4c		Νo
	If "Yes" to any	of lines 4a-c, list the persons and pro	ovide the	e applicable amounts for each item in Part III			
5	For persons lis	, 501(c)(4), and 501(c)(29) organizat ted on Form 990, Part VII, Section A contingent on the revenues of		st complete lines 5-9. , did the organization pay or accrue any			
а	The organization	on?			5a		Νo
b	Any related org	ganization? e 5a or 5b, describe in Part III			5b		No
5	For persons lis	·	, line 1a	, did the organization pay or accrue any			
а	The organization	on?			6a		No
b	Any related ord				6b		No
	,	e 6a or 6b, describe in Part III					
,		ted on Form 990, Part VII, Section A described in lines 5 and 6? If "Yes," d		, did the organization provide any non-fixed in Part III	7		No
š				ccured pursuant to a contract that was tions section 53 4958-4(a)(3)? If "Yes," describe	8		No

section 53 4958-6(c)?

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

Selledales (Form 550) 2015					r age 🕳			
Part III Officers, Directors,	Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.							
ınstructions, on row (II) Do not list ar	tion must be reported on Schedule J, report compensation from the ony individuals that are not listed on Form 990, Part VII for each listed individual must equal the total amount of Form 990, F	.,	-	·				
(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in			

Page 2

Schedule J (Form 990) 2015

(A) Name and Title	(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
	B	(ii)	(ıiı)	other deferred	benefits	(B)(ı)-(D)	column(B) reported
	Base (1) compensation	Bonus & incentive	Other reportable	compensation			as deferred on prior
	(1) compensation	compensation	compensation				Form 990

Schedule 1 (Form 990) 2015

See Additional Data Table

Senedale 3 (1 01111 330) 2013	i age 5					
Part III Supplemental Inform	Part III Supplemental Information					
Provide the information, explanation, o	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					
	Personal use of housing is generally based on the provisions of the employee's services agreement with the College The value of the housing provided is not taxable to the extent it is a condition of employment and necessary to carry on their duties					
	Social club dues or initiation fees are generally provided based on the provisions of the employee's services agreement with the College. The value of the					

Page 3

Schedule J (Form 990) 2015

social club dues or initiation fees ldues or fees provided is not taxable to the extent it is a condition of employment and necessary to carry on their duties Schedule J. Part I. Line 1b Written Policies are in progress related to the areas of tax indemnification and housing allowances. Neither of these instances had occurred in past years,

Schedule 1 (Form 990) 2015

therefore, no written polices existed at fiscal year end policy regarding payment or

reimbursement of expenses

 Software ID:
 15000238

 Software Version:
 2015v3.0

 EIN:
 36-6112087

Name: Columbia College Chicago

Form 990, Schedule J,	Part							
(A) Name and Title		(B) Breakdown o (i) Base Compensation	f W-2 and/or 1099-MIS (ii) Bonus & Incentive compensation	C compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1KWANG-WU KIM PRESIDENT AND CEO	(1)	404,280	40,000	8,173	37,888	143,093	633,434	C
	(11)	0	0	0	0	-		C
1STANLEY WEARDEN PROVOST	(1)	272,750	0	4,472	0	19,653	296,875	С
	(11)	0	0	0	0			C
2PATRICIA BERGESON VP OF LEGAL AFFAIRS &	(1)	213,416	0	6,742	21,108	9,374	250,640	C
GENERAL COUNSEL	(11)	0	0	0	0			C
3MICHELLE GATES VP OF BUSINESS AFFAIRS &	(1)	245,524	0	3,229	0	8,916	257,669	C
CFO (THRU FEB 2016)	(11)	0	0	0	0			C
4MARK KELLY VP OF STUDENT AFFAIRS	(1)	175,939	0	2,795	26,669	18,176	223,579	C
(THRU 8/06/2016)	(11)	0	0	0	0			C
5ONYE OZUZU DEAN SCHOOL OF FINE AND	(1)	151,170	0	457	4,050	18,635	174,312	C
PERFORMING ARTS	(11)	0	0	0	0			C
6 JESSICA D MATCHETT CHIEF OF STAFF	(1)	164,072	0	1,232	5,154	18,011	188,469	C
5.1 <u>2.</u> 1	(11)	0	0	0	0			C
7CAROLINE LATTA PROFESSOR	(1)	163,946	0	3,572	20,528	19,620	207,666	C
	(11)	0	0	0	0			C
8ELIZA NICHOLS DEAN SCHOOL OF FINE AND	(1)	159,789	0	3,073	18,540	19,644	201,046	C
PERFORMING ARTS	(11)	0	0	0	0			C
9TERENCE SMITH SPECIAL COUNSEL LABOR	(1)	197,750	0	1,800	9,049	19,647	228,246	С
RELATIONS	(11)	0	0	0	0			C
10SUZANNE BLUM MALLEY	(1)	195,450	0	1,105	23,357	19,647	239,559	С
SENIOR ASSOCIATE PROVOST	(11)	0	0	0	0			C
11JOHN GREEN FORMER KE - ASSOCIATE	(1)	182,199	0	3,505	22,452	18,664	226,820	C
DEAN	(11)	0	0	0	0			C
12DEBORAH HOLDSTEIN	(1)	152,732	0	4,115	21,506	19,644	197,997	C
FORMER KE - DEAN SCHOOL OF LIBERAL ARTS &SCIENCES	(11)	0	0	0	0			C

efile GRAPHIC print - DO NOT PROCESS As Filed Data -Schedule K

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

2015

DLN: 93493150002317 OMB No 1545-0047

> Open to Public Inspection

Department of the Treasury

(Form 990)

Internal Revenue Service

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

Name of the organization Columbia College Chicago

Employer identification number 36-6112087

										36	-61120	8 /			
P	art I Bond Issues		<u> </u>												
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date issued	(e) Issue	Issue price (f) Description of purpose		(f) Description of purpose		(g) De	feased	beha	On alf of uer		Pool ncing
										Yes	No	Yes	No	Yes	No
A	Illinois Finance Authority	86-1091967	45203H5Q1	10-15-2015	50,49		Current refunding of 2003 and 2007 issues			Х		Х		Х	
В	Illinois Finance Authority	86-1091967		10-30-2013	7,85		PARTIAL REFUNDING OF 2003 ISSUE			Х		Х		Х	
Pa	rt II Proceeds	•								•					
						A		ı	В		С			D	
1	A mount of bonds retired.						0		7,695,000						
2	Amount of bonds legally defe	eased					0		0						
3	Total proceeds of issue					59,126	5,710		7,850,000						
4	Gross proceeds in reserve funds								0						
5	Capitalized interest from proceeds					0 0									
6	Proceeds in refunding escrows					58,459	,464		0						
7	Issuance costs from procee	Issuance costs from proceeds				665,335 155,000									
8	Credit enhancement from pro	oceeds			0 0										
9	Working capital expenditures	s from proceeds			0 0										
10	Capital expenditures from pr	oceeds			0										
11	Other spent proceeds					1	,911		0						
12	Other unspent proceeds .						0		0						
13	Year of substantial completi	on			20	015		20	13						
					Yes	No	0	Yes	No	Yes		No	Ye	5	No
14	Were the bonds issued as pa	art of a current refund	ıngıssue?		X			Х							
15	Were the bonds issued as pa	art of an advance refu	nding issue?			Х	:		Х						
16	Has the final allocation of pr	oceeds been made? .			х			Х							
17	Does the organization maintallocation of proceeds?	•		х			х								
	rt IIII Private Business				•	•	'		<u> </u>		•			•	
						Ą		E	3		Ç			D	
					Yes	No	•	Yes	No	Yes	r	No	Ye	5	No
1	Was the organization a partn	ier in a partnership, o	r a member of an Ll	LC, which owned		x			x						

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

property financed by tax-exempt bonds? .

Χ

			Į.	١	I	В	С		1)	
			Yes	No	Yes	No	Yes	No	Yes	No	
3a	Are there any management or service contracts that may result in private b of bond-financed property?	usiness use	X		Х						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or counsel to review any management or service contracts relating to the finar		Х		Х						
prope	· · · · · · · · · · · · · · · · · · ·										
С	Are there any research agreements that may result in private business use financed property?	of bond-		×		Х					
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or counsel to review any research agreements relating to the financed property										
4	Enter the percentage of financed property used in a private business use by other than a section $501(c)(3)$ organization or a state or local government.			0 %		0 %	,				
5	Enter the percentage of financed property used in a private business use as unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government	rsection	0 %			0 %					
6	Total of lines 4 and 5			0 %		0 %					
7	Does the bond issue meet the private security or payment test?			Х		Х					
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?			Х		Х					
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of										
С	c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?										
9				х		Х					
Par	t IV Arbitrage										
		А			В		С		D		
		Yes	No	Yes	No	Ye	s	No	Yes	No	
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		Х		×						
2	If "No" to line 1, did the following apply?										
а	Rebate not due yet?	Х		Х							
b	Exception to rebate?										
С	No rebate due?										
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed										
3	Is the bond issue a variable rate issue?		Х		X						
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х		х						
b	Name of provider										
С	Term of hedge										
d	Was the hedge superintegrated?										
е	Was the hedge terminated?										
					-						

D

			Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds in contract (GIC)?	nvested in a guaranteed investment		х		×				
b	Name of provider									
С	Term of GIC									
d		the regulatory safe harbor for establishing the fair market e of the GIC satisfied?								
6		eds invested beyond an available temporary								
7	Has the organization established written procedures to monitor the requirements of section 148?			х		×				
Pa	rt V Procedures 1	To Undertake Corrective Action								
			А		В		С		D	
			Yes	No	Yes	No	Yes	No	Yes	No
	that violations of feder and corrected through	established written procedures to ensure ral tax requirements are timely identified the voluntary closing agreement program if t available under applicable regulations?		X		x				
Pā	art VI Suppleme	ntal Information. Provide additional inforn	mation for resp	onses to que	estions on So	chedule K (s	ee <u>i</u> nstructioi	ns).		
	Return Reference		Explanation							
Schedule K, Part II Total Proceeds of Issue The difference between the issue price of the bon cash transfer from the Debt Service Fund and De institutional cash contribution										

В

С

Return Reference	Explanation
Schedule K, Part III, Line 9 Private Business Use	The organization is in the process of adopting written procedures to ensure all nonqualified bonds (if any) of the issue are remediated in accordance with the associated regulations. The organization strives to stay abreast of federal regulations and considers the repercussions of all significant activities which could foreseeably have an impact on the organization's tax exempt bonds and the associated federal tax regulations.

Return Reference	Explanation
Schedule K, Part IV , Line 7 A rbitrage	The organization is in the process of adopting written procedures to monitor the organization's ability to remain in compliance with the arbitrage requirements under Section 148 of the Internal Revenue Code The organization strives to stay abreast of federal regulations and considers the repercussions of all significant activities which could foreseeably have an impact on the organization's tax exempt bonds and the associated federal tax regulations

Return Reference	Explanation
Schedule K, Part V Procedures To Undertake Corrective Action	The organization is in the process of adopting written procedures which dictate how management timely identifies and corrects violations of federal tax requirements using the voluntary closing agreement program provided by the IRS when self-remediation is not available to the organization The organization Strives to stay abreast of federal regulations and considers the repercussions of all significant activities which could foreseeably have an impact on the organization's tax exempt bonds and the associated federal tax regulations. In the event a violation is identified the organization will correct the violation as soon as possible, while working with the federal authorities as necessary to ensure that sufficient controls are present which will guard against future violations.

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▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

DLN: 93493150002317

OMB No 1545-0047

2015

Noncash Contributions

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

(Form 990)

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

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	e of the organization nbia College Chicago				Employer identificat	ion nu	mber	
Colui	Tibla College Chicago				36-6112087			
Pa	rt I Types of Property							
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1q	(d Method of d noncash contrib	etermı	_	ıts
1	Art—Works of art	Х	23	•	Other - APPRAISA	LS		
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property			17.065	NA - mic - hour - lour			
9	Securities—Publicly traded .	X	5	17,862	Market value			
10 11	Securities—Closely held stock . Securities—Partnership, LLC,							
	or trust interests							
12								
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles	X	41	121,350	Market value			
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
	Scientific specimens Archeological artifacts							
	Other • (X	63	36.795	Market value			
	cellaneous - sport	_ ^		30,733	Trance value			
	ets, theatre tickets,							
	items, etc)							
	Other ► () Other ► ()							
	Other ▶ (
	Number of Forms 8283 received	by the orga	nization during the tax yea	r for contributions				
	for which the organization comple				29			C
							Yes	No
30a	During the year, did the organiza	ation receiv	e by contribution any prope	rty reported in Part I, lines	1 through 28, that			
	it must hold for at least three ye	ars from th	e date of the initial contribu	tion, and which is not requ	red to be used			
	for exempt purposes for the enti	re holding p	period?			30a		No
b	If "Yes," describe the arrangem	ent in Part :	II					
31	Does the organization have a gif	ft acceptan	ce policy that requires the r	eview of any non-standard	contributions?	31	Yes	<u> </u>
32a	Does the organization hire or us	e third part	ies or related organizations	to solicit, process, or sell	noncash			
	contributions?					32a		No
33	If "Yes," describe in Part II If the organization did not report	t an amount	: in column (c) for a type of	property for which column	(a) is checked,			
	describe in Part II					L		

Schedule M (Form 990) (2015)

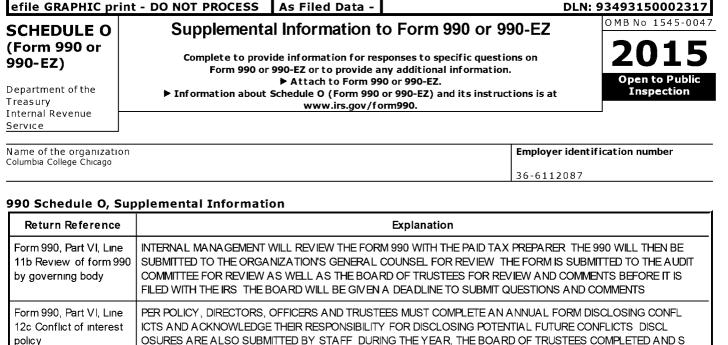
Page 2

Schedule M (Form 990) (2015)

Also complete this part for any additional information. Return Reference Explanation

Art - Works of art - THE NUMBER OF ITEMS OF ARTWORK RECEIVED Collectibles - THE NUMBER OF DONORS Other - Miscellaneous - sport tickets, theatre tickets, food items, etc. NUMBER OF ITEMS RECEIVED Securities - Publicly traded - NUMBER OF CONTRIBUTIONS contributions

Schedule M. Part I Explanations of reporting method for number of



G IN DISCUSSION OF CONFLICTED TRANSACTIONS

UBMITTED CONFLICT OF INTEREST FORMS REPORTED CONFLICTS ARE SUBMITTED TO THE AUDIT COMMITT
EE FOR EVALUATION CONFLICTED BOARD MEMBERS ARE PROHIBITED FROM VOTING ON AND PARTICIPATIN

Return Reference Explanation

Form 990, Part VI, Line 15a THE CHAIR OF THE BOARD OF TRUSTEES, USING VARIOUS DATA SOURCES INCLUDING COMPARATIVE

DATA CREATES AN EMPLOYMENT CONTRACT FOR THE PRESIDENT. THE FINAL CONTRACT IS PRESENTED.

990 Schedule O, Supplemental Information

Process to establish

compensation of top management official	TO THE COLLEGE'S EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES FOR APPROVAL WHICH IS DOCUMENTED IN THE MINUTES THIS PROCESS WAS LAST UNDERTAKEN IN 2016
Form 990, Part VI, Line 19	AUDITED FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC ON THE ORGANIZATION'S WEBSITE TH

Form 990, Part VI, Line 19
Required documents available to the public

Required Mocuments available to the public Mo

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	Vending Commissions - Total Revenue 106390, Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 106390, Miscellaneous Income - Total Revenue 170410, Related or Exempt Function Revenue 170410, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , Course Materials/ Bookstore - Total Revenue 268751, Related or Exempt Function Revenue 268751, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , Indirect Cost Recovery - Total Revenue 160921, Related or Exempt Function Revenue 160921, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , Contracted services provided - Total Revenue 439288, Related or Exempt Function Revenue 439288, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 ,
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	LOSS ON EXTINGUISHMENT OF DEBT6874068, CHANGE IN PENSION COST - 1551482, NET PERIODIC PENSION COST2690206,

990 Schedule O, Supplemental Information

Return Reference Explanation

Part X BALANCE SHEET	THE COLLEGE ADOPTED A NEW ACCOUNTING STANDARD DURING THE FISCAL YEAR ENDED AUGUST 31,
REGINNING OF YEAR	2016 THAT RECLASSIFIED SOME REGINNING OF YEAR BALANCE SHEET ITEMS ON THE ALIDITED FINANCIAL

STATEMENTS

BALANCES

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SCHEDULE R | Related Or

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

DLN: 93493150002317OMB No 1545-0047

Related Organizations and Unrelated Partnerships

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

2015

Open to Public Inspection

Schedule R (Form 990) 2015

Department of the Treasury Internal Revenue Service

(Form 990)

► Attach to Form 990.

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

Cat No 50135Y

Name of the organization Columbia College Chicago				Employer ider 36-6112087	ntification number		
Part I Identification of Disregarded Entities Comp	plete if the organization	answered "Yes" or	Form 990, Part 1				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income End	(e) d-of-year assets	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Organ 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 stat (if section 501(c)(ing Section (13) corenti	
						Yes	No
(1)EDUCATIONAL ADVANCEMENT FUND INC 525 S STATE STREET CHICAGO, IL 60605 36-4480416	UNIVERSITY HOUSING	IL	501(c)(3	Type I	NA		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h Disprop alloca) irtionate itions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partner?		General or managing partner?		General or managing		(k) Percentage ownership
				314)			Yes	No		Yes	No					
												İ				
												I				
												I				
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												<u> </u>				
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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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

				90 -
Pa	Transactions With Related Organizations Complete if 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	euring 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		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
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		No
o	Sharing of paid employees with related organization(s)	10	Yes	
р	Reimbursement paid to related organization(s) for expenses	1 p		No
q	Reimbursement paid by related organization(s) for expenses	1 q		No
r	Other transfer of cash or property to related organization(s)	1r		No
s	Other transfer of cash or property from related organization(s)	1 s	Yes	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			
	(a)(b)(c)(d)Name of related organizationTransaction type (a-s)Amount involvedMethod of determining amount involved	nount i	nvolved	l

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

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

revenue) that was not a related organization. See instructions r													
(a) Name, address, and EIN of entity	(a) ess, and EIN of entity Primary activity Primary activity Legal domicile (state or foreign country) excluded from tax under sections 512-		(e) all partners section (01(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentage ownership		
			314)	Yes	No			Yes	No		Yes	No	
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