Form, 990

Return of Organization Exempt From Income Fax

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

Department of the Treasury

Do not enter social security numbers on this form as it may be made public.
 Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

		a Revenue							- •	!		!
'2	Α	For the 2	016 calenda	ar year, or tax year begi	nning Jul 1	, 20	16, and end	iing Jun	30	- -	, 201-7 -	
いり	B	Check if app	licable	Name of organization Ba:	rber-Scotia	·College, I	nc.		D Employ	er ident	fication number	
`		Address	s change	- Doing business as					56-	6007	078 -	
`		Name o		Number and street (or P O bo	x if mail is not delivered	I to street address)	Roc	m/suite	E Telepho			
•		Initial re	- I	.45 Cabarrus Ave					170	41 7	89-2900 '	
•		H		City or town, state or province		eron nostal code			1 10	1) /	09-2900	
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	ı	Tax-exen	npt status	X 501(c)(3) 501(c) () d (insert	no.) 4947(a)(1)	or \52/7	7 : "				
٠.	J	Websit	e: Nww	.b-sc.edu		1		H(c) Group	exemption nu	mber Þ		
	K	Form of or		X Corporation Trust	Association C	Other -	L Year of form	ation 186	7 Ms	tate of le	gal domicate NC	
	Pa	rt I	Summary			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·				 	
	<u> </u>			the organization's missio	n or most significa	ant activities:	To prov	ride edu	cation	thr	ough a lib	eral
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	୦୪			pendent voting members			lb)	. N	· • • • •	4		
	es			individuals employed in						5		
	5	6 Tot	al number of	volunteers (estimate if n	eneseary)	o (r art v, mic za)		\smile	· • • • •	6		11
	힣	7a Tot	al unrelated	business E Colle Month	art VIII column (C	:) line 12)		7a		0.
				usiness taxable income fr						7b		0.
		D Net	difference Di	3311633 (6.702)	JII 1 JIII 330-1,	RECEI	VED		- · · · ·	7.0	Cumant Va	
	-	0 0		4		NECLI			Prior Year		Current Ye	
	욕			nd grants (Part VIII, line 1	当	. App A		<u>ဗွု </u>	242,2			285.
77	=						2 2020	<u>ي ر</u>	352,6	98.	- 58,	975.
2021	Revenue			me (Part VIII) Goldfin (A)				<u>س ال</u>				
	-			Part VIII, column (A), line				~ II				815.
>				- add lines 8 through 11 (594,9		313,	075.
က	- 1	13 Gra	ints and simi	lar amounts paid (Part IX	, column (A), line:	1-3)		· · ·	144,3	30.	·	0.
MAK		14 Ber	efits paid to	or for members (Part IX,	column (A), line 4	•)						0.
₹.	ا م	15 Sala	anes, other o	compensation, employee	benefits (Part IX,	column (A), lines 5	-10)	[685,8	83.	41,	464.
	g g	16a Pro	fessional fun	ndraising fees (Part IX, co	lumn (A), line 11e)						916.
CAININED	Expense	b Tota	al fundraising	g expenses (Part IX, colu	mn (D), line 25) >		916					
=	<u> </u>			(Part IX, column (A), line					963,7	11	710	031
	- [` ~										931.
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\mathcal{L}	-	19 Rev	enue less e	xpenses. Subtract line 18	from line 12				,199,0		-449,	
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	Bala		•	art X, line 16)					7,171,0		-7,283,	
	ξä	21 Total	al liabilities (l	Part X, line 26)				· · 11	,846,6	49.	12,337,	<u>955.</u>
	울리	22 Net	assets or fu	nd balances. Subtract line	e 21 from line 20	,		-4	675,5	55.	-5,054,	943.
	Pa	rt II	Signature	Block			•					
	Unde	r penalties of	penury, I declar	e that I have examined this return	, including accompany	og schedules and stateme	ents, and to the	best of my know	fedge and beli	ef, it is tr	ue, correct, and	
	comp	lete Declara	tion of preparer (other than officer) is based on all	information of which of	eparer has any knowledge	e					
				Mun 21-	Donala	22		0	1/14/2	0.		
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	Hei		Melvi	in I Douglas				.Pres:	i dent			
		_		int name and title	<u> </u>	•	•		Luciic			
			Print/Type prep	narer's name	Preparer's signature	· · · · · · · · · · · · · · · · · · ·	Date		Check 2	C rf	PTIN	
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		parer	Firm's name	Lindeire & C			JPAs		.			
	US(Only	Firm's address		rd Drive,			c	Firm's EIN		-0846789`ʻ	•
				Rockville	_ _		850 .		Phone no.	(301) 681-739	9
	May	the IRS o	liscuss this r	eturn with the preparer sl	nown above? (see	instructions)					. X Yes	No

Form 990 (2016)



Form 990		8 Page 2
Part III		· —
	Check if Schedule O contains a response or note to any line in this Part III	· · · · · · · <u>. </u>
	efly describe the organization's mission	
	o provide education through a liberal	
	rts education in a community concerned with the interaction and	
Se	ee Form 990, Page 2, Part III, Line 1 (continued)	
	d the organization undertake any significant program services during the year which were not listed on the prior	
	rm 990 or 990-EZ?	Yes X No
	Yes,' describe these new services on Schedule O.	
3 Did	d the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	Yes,' describe these changes on Schedule O.	
Sec	escribe the organization's program service accomplishments for each of its three largest program services, as measured by e action 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exp d revenue, if any, for each program service reported.	xpenses. penses,
4 a (Co	ode:) (Expenses \$ 695,099. including grants of \$ 0.) (Revenue \$	57,205.)
	he college is a non-accredited four year post secondary education institut	
	hat provides educational services. The college is currently pursuing	
	einstatement of its academic accreditation	
7.0		
4 h /Ca	ode:) (Expenses \$ including grants of \$) (Revenue \$,
4 b (Co		
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4 c (Co	ode:) (Expenses \$ including grants of \$) (Revenue \$	)
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4404	har argaram convices (Describe in Schedule O.)	<del> </del>
	ther program services (Describe in Schedule O.)  xpenses \$ including grants of \$ ) (Revenue \$	1
		)
BAA	tal program service expenses ► 695,099.  TEEA0102 11/16/16	Form <b>990</b> (2016)
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ABDEO

			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	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	х	
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		х
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		х
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		х
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		х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If Yes,' complete Schedule D, Part III.	8		х
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		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	х	
	b Did the organization report an amount for investments — other secunties 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	11 b		х
	c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c	х	
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		х
	e Did the organization report an amount for other liabilities in Part X, line 25? If Yes,' complete Schedule D, Part X	11e	х	
	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		х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		х
	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	12 b		х
13	•	13	Х	<u> </u>
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		х
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		х
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		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		х
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		х
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		х

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Checklist of Required Schedules (continued) Part IV Yes No 20a Did the organization operate one or more hospital facilities? If 'Yos,' complete Schedule II . . . . . . . Х 20a b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? . . 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II . . . . . . . X 21 22 Х Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Х 23 24a Х b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?.............. 24c d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year? 24d Х 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I X 25b 26 Х Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member Х 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions): X a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV . . . 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Х 28b X 28c Х Did the organization receive more than \$25,000 in non-cash contributions? If Yes, complete Schedule M . . . . . . 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X X Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I . . . . . . . . . 31 X 32 33 Х Was the organization related to any tax exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, X Х 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . . . . . . 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 Х Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If Yes,' complete Schedule R, Part VI 37 X

Form 990 (2016)

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

BAA

Form 990 (2016)

BAA

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V . . . . . . . . Yes No 1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . . . . . 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming X (gambling) winnings to prize winners? 1 c 2 a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . . Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2 b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?.... 3 a 3 h b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O. . . . 4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х 4 a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . **b** If 'Yes,' enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). х 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?..... 5 a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . 5 b 5 c 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization Х 6 a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were 6 b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and Х 7 a 7 b b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? . . . . . . . c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Х 7 c 7 d d If 'Yes,' indicate the number of Forms 8282 filed during the year . . . . . . . . . Х 7 € e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . X 7 f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?. . g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 7 g Х h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Х 7 h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring Х organization have excess business holdings at any time during the year? . . . . . . . . 8 Sponsoring organizations maintaining donor advised funds. x a Did the sponsoring organization make any taxable distributions under section 4966? . . . . . . 9 a X b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?. 9 b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12. . . . . . . . . . b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders. . . . . . . 11 a b Gross income from other sources (Do not net amounts due or paid to other sources 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . 12 a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year . . . . . . | 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? . . . . Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . . . . . . 13 c c Enter the amount of reserves on hand . . . . . . . . . . . . . . . . . . X 14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . . . . . 14a 14b b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.

TEEA0105 11/16/16

Form 990 (2016) Barber-Scotia College, Inc. 56-6007078 Page 6 Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. . . . . . . . Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year. . 9 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 . . 9 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? . . . 2 Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other porson? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?............. Х Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Х 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7 b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 a Х 8 b Х Is there any officer, director, trustee, or key employee licted 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 . . . . . . . . . X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. No 10a Did the organization have local chapters, branches, or affiliates? . . . . . . . . . . . . . . . 10 a Х b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10 t 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? . . . Х b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 . . . . . . . . . 12 a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Х c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in X 13 13 Did the organization have a written whistleblower policy? . . . . . . 14 Х 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official . . . 15 a Х Х 15 b **b** Other officers or key employees of the organization . . . . If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . . 16 a Х bil "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? **Section C. Disclosure** List the states with which a copy of this Form 990 is required to be filed > Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Other (explain in Schedule O) Another's website Upon request Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records. 20

Loretta Johnson

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Form 990 (2016)	Barber-Scotia College, Inc.	56-6007078 Page
PartiVIII Com	npensation of Officers, Directors, Trustees, Key Employees pendent Contractors	, Highest Compensated Employees, and
Check	k 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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of 'key employee.'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A) Name and Title	(B) Average	e is both an officer and a					e n	(D) Reportable compensation from	(E)  Reportable compensation from	(F) Estimated
-	hours per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director		Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) James Farewell	2.00							-		
Board memeber		Х								
(2) Carl Flamer	2.00									1
Board member		Х			L.					
(3) Charles Love	2.00									
Board member		Х			L	L_l				}
(4) Al Winston	2.00	•								
Board member		Х								
(5) H. Darren Page	2.00								,	
Board member		Х								
(6) Josephine Smith	2.00									
Board member		Х								<u> </u>
(7) Cathy Dixon	2.00									
Board member		Х								
(8) Roberta Pinkney	2.00									
Board member		Х								
(9) Eric Guthrie	2.00									
Board member		Х								<u> </u>
10)								,		
11)										
12)										
13)										
14)										

Form 990 (2016) Barber-Scotia College,									56-600707		, Pa	
Part VII   Section A. Officers, Directors, Tr	T	Key	En			es,	an	d Highest Con		luyee	S (com	anuea)
. (A) Name and title	Average hours per week	(C) Position (do not check more than box, unless person is bot officer and a director/frus				s both x/trust	h an stee)	(D)  Reportable compensation from the organization	(E)  Reportable  compensation from related organizations	amo	(F) stimated unt of oti pensatio	her
	(list any hours for related organiza - tions below dotted line)	individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensatemployee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	org	om the anization d related anization	i
(15)				-		8.		,				
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(22)												
(23)			<b></b>	[. <u>.</u>								
(24)											· :	<del>,</del>
(25)												<u>.</u>
1 b Sub-total			٠.		• •		•					
c Total from continuation sheets to Part VII, Secti d Total (add lines 1b and 1c)							<b>&gt;</b>					
2 Total number of individuals (including but not limite from the organization ► 0	d to those	listed	abo	ove)	who	rece	ive	d more than \$100,	000 of reportable con	npensa	tion	
3 Did the organization list any former officer, director	or trustee	kov	, em	nlov	,00 i	or hic	hos	et compensated en	nlovee		Yes	No
on line 1a? If 'Yes,' complete Schedule J for such if  4 For any individual listed on line 1a, is the sum of re	ndividual						• •			. 3		Х
the organization and related organizations greater to such individual	han \$150,	000ა	If 'Y	es,	com	plete	Sc	chedule J for		. 4		Х
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' or a services rendered to the organization?	compensat complete S	ion fr	om : lule :	any J for	unre ' <i>suc</i>	lated h per	org	ganization or individ	fual 	. 5		x
1 Complete this table for your five highest compensation from the organization Report compe	ted indepe	nden r the	t cor	ntrac	ctors	that	rec	eived more than \$	100,000 of	ar		
(A) Name and business addr					,,			(B) Description of			C) ensatio	on (
2 Total number of independent contractors (including	but not lin	nted	to th	11 15-43	liste	ن ن	-	) who received mo	re than	•		<del></del>
\$100,000 of compensation from the organization	<b>►</b> 0		II			40	J. T. C.	,				
BAA		TEEAC	108	11/1	6/16					Form	990 (	2016)

Part		ege, Inc.	•	· · · · · · · · · · · · · · · · · · ·	56-6007078	Page 9
	VIII Statement of Revenue				٠.	, [
	Check if Schedule O contains a respoi	nse or note to any lin	e 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, Gran and Other Similar Amoun	1 a Federated campaigns		205,285. 1,770. 57,205.	1,770. 57,205.	0. 0.	0.
Prograi	f All other program service revenue g Total. Add lines 2a-2f		58,975.			
	other similar amounts)	ond proceeds				
	d Net rental income or (loss)	(ii) Other	43,658.	43,658.	0.	0.
Other Revenu	c Net income or (loss) from fundraising everage a Gross income from gaming activities See Part IV, line 19	a b ents				
-	c Net income or (loss) from sales of invente	Business Code				
1		900099 900099 900099	46. 4,503. 608.	46. 4,503. 608.	0. 0.	0. 0.

e Total. Add lines 11a-11d.

5,157

107,790

313,075

0.

### 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 . . . . . (A) Total expenses (D) Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Program service Fundraising Management and expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21. . . . . . . . . . . . . . . . 0 0 Grants and other assistance to domestic individuals. See Part IV, line 22.... 0 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16. 0 0 Benefits paid to or for members. . . . . . . O 0 Compensation of current officers, directors, trustees, and 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 0 38,338 38,338 0 0. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).... Other employee benefits . . . . . . 250 250 0 0. Payroll taxes . . . . . . . . . . . . . . . . . . 0. 876 2,876 0. Fees for services (non-employees): 10,260 10,260 0 0 1,250 1,250 0 0. e Professional fundraising services. See Part IV, line 17 . 916 916. g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . 14,601 0 14.601 0. Information technology . . . . . . . . 14 2,843 2,843 0 0. 15 114,188 0. 114.188 O 17 3,682 , 0 682 0. Payments of travel or entertainment expenses for any federal, state, or local Conferences, conventions, and meetings . . . 20 300,860 300,860 0 0. 21 Depreciation, depletion, and amortization . . . 171,773 171,773 0 0. 26,062 26,062 0 0. Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) . . . . . . a Bad debt_____ 31,385 31.385 O b <u>Supplies</u> 4.782 O 4.782 0 c Repairs and maintenance 11.846 0 11.846 0. d Miscellaneous 26.399 26.399 0. e All other expenses . . . . . . . . . . . . . . . 25 Total functional expenses. Add lines 1 through 24e. 762,311 695,099. 66,296 916. 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). . .

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	-6,396.	1	7,741.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
-	4	Accounts receivable, net	2,647.	4	770.
	5	Loans and other receivables from current and former officers, directors,			
İ	•	trustees, key employees, and highest compensated employees Complete Part II of Schedule L			
İ		la de la companya de	<del> </del>	5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
ر م	7	Notes and loans receivable, net		7	. 90,378.
ğ	8	Inventones for sale or use	<del> </del>	8	20,376.
Assets	9	Prepaid expenses and deferred charges		9	
]	•	1 .1	······································		
ļ	10 a	Land, buildings, and equipment cost or other basis.  Complete Part VI of Schedule D			
		Complete Part VI of Schedule D	5,122,105.	10c	4,976,835.
	11	Investments — publicly traded securities	5,122,105.	11	4,370,633.
	12	Investments — other securities See Part IV, line 11		12	•
i	13	Investments — program-related. See Part IV, line 11		13	2,207,288.
	14	Intangible assets	97,608.	14	2,201,286.
	15	Other assets See Part IV, line 11	1,955,130.	15	
	16	· · · · · · · · · · · · · · · · · · ·	7,171,094.	16	7,283,012.
$\dashv$	17	Total assets. Add lines 1 through 15 (must equal line 34)	920,194.	17	942,695.
	18	Grants payable	320,134.	18	342,033.
Ì	19	Deferred revenue	· · · · · · · · · · · · · · · · · · ·	19	. 1,327.
	20	Tax-exempt bond liabilities		20	
ø	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
2	22	Loans and other payables to current and former officers, directors, trustees.	,		
Liabilities		key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties	10,756,888.	23	11,067,506.
l	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	169,567.	25	326,427.
	26	Total liabilities. Add lines 17 through 25	11,846,649.	26	12,337,955.
		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete			
Ses		lines 27 through 29, and lines 33 and 34.		.	
Ĕ	27	Unrestricted net assets	-6,814,448.	27	-3,258,729.
33	28	Temporanly restricted net assets		28	<del></del>
힐	29	Permanently restricted net assets	2,138,893.	29	-1,796,214.
Net Assets or Fund Balano		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
يو	30	Capital stock or trust principal, or current funds		30	
8	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
e	33	Total net assets or fund balances	-4,675,555.	33	-5,054,943.
	34	Total liabilities and net assets/fund balances	7,171,094.	34	7,283,012.
BA	Α				Form 990 (2016)

Fom	n 990 (2016) Barber-Scotia College, Inc. 56	<u>-6007</u>	078		Pa	ige 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					$\cdot$
, <b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)			3.1	13,0	75.
2	Total expenses (must equal Part IX, column (A), line 25)			76	52,3	311.
3	Revenue less expenses. Subtract line 2 from line 1	3		-44	19,2	236.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		4,67	75,5	55.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				_
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B)).	10		5,12	24,7	<u> 91.</u>
Pa	rt XII Financial Statements and Reporting			,		
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u></u>			<u>.    </u>
			_		Yes	No
1	Accounting method used to prepare the Form 990.		{			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O					
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		[	2a		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on	а		$\neg$		
	separate basis, consolidated basis, or both	_	\[	.		
	Separate basis Consolidated basis Both consolidated and separate basis			.		
1	b Wore the organization's financial statements audited by an independent accountant?		[	2 b		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate		. [			
	basis, consolidated basis, or both			į		
	Separate basis Consolidated basis Both consolidated and separate basis		.	<b></b>  -		ļ
•	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the aureview, or compilation of its financial statements and selection of an independent accountant?	dıt, 		2 €		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O					
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?			3 a		х
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required	audit		1		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		• • •	3 Ь		
BA/	A			Form	990 (	2016)

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

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization Employer identification number Barber-Scotia College, 56-6007078 Inc Part | Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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 agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III ) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g 12 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. C 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 g Provide the following information about the supported organization(s) (fil) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (i) Name of supported organization (iv) is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? Yes (A) (B) (C) <u>(E)</u> Total

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

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

Sec	tion A. Public Support				,		
	ndar year (or fiscal year nning in) ►	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any unusual grants.)						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		,				
3	The value of services or facilities furnished by a governmental unit to the organization without charge						,
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support		\				
Cale: begi:	ndar year (or fiscal year nning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4		\				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						,
9	Net income from unrelated business activities, whether or not the business is regularly carned on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					,	
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activiti	ies, etc. (see instru	ctions)			12	
13	First five years. If the Form 990 is organization, check this box and s						▶ 📋
Sec	tion C. Computation of Pu	blic Support P	ercentage				
14	Public support percentage for 201		•	I, column (f))	· · · · · · · · · · · · · · /·	14	<u>%</u>
15	Public support percentage from 20	015 Schedule A, Pa	art II, line 14			15	%
16a	33-1/3% support test—2016. If the and stop here. The organization of	ne organization did qualifies as a public	not check the box cly supported organ	on line 13, and lin	ne 14 is 33-1/3% or	more, check this bo	× ▶ 📗
b	33-1/3% support test—2015. If the and stop here. The organization of						is box ▶ □
17a	10%-facts-and-circumstances te or more, and if the organization metholographication meets the facts-a	eets the 'facts-and-	circumstances' tes	st, check this box a	and stop here. Exp	lain in Part VI how.	·····• 🗆
	10%-facts-and-circumstances te or more, and if the organization morganization meets the facts-and-	eets the 'facts-and- circumstances' tes	circumstances' tes t The organization	st, check this box a n qualifies as a put	and <b>stop here.</b> Exp olicly supported org	lain in Part VI how t anization	he · · · · · · □
18	Private foundation. If the organiz	ation did not check	a box on line 13,	16a, 16b, 17a, or	17b, check this box	and see instruction	s 🌂 📋

Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

Sec	tion A. Public Support	<u> </u>	-		•		
	dar year (or fiscal year beginning in) 🟲	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include						
2	any 'unusual grants.') Gross receipts from admissions,						
~	merchandise sold or services			į	ļ		
	performed, or facilities	\ ·	İ				
	furnished in any activity that is related to the organization's						
	tax-exempt purpose	\		ļ			
3	Gross receipts from activities	1			· · · · · · · · · · · · · · · · · · ·		
	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	1	\	-	i		
	its behalf	]	\		ļ		
5	The value of services or		`				
	facilities furnished by a		\				
	governmental unit to the organization without charge.						
6	Total. Add lines 1 through 5				<del>                                     </del>	*	· ·
	Amounts included on lines 1,	· · · · · · · · · · · · · · · · · · ·	<del>\</del>	<del> </del>	+		· · · · · · · · · · · · · · · · · · ·
	2, and 3 received from		`				
	disqualified persons			/			
ь	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	<u> </u>			<del>                                     </del>		
				<del>                                     </del>	<del></del>		
8	Public support. (Subtract line 7c from line 6)	ļ					
Sec	tion B. Total Support	<u>i                                    </u>			\		<del></del>
	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	(4) = 3 :=	(2) 20 10	(0)-011	1	(0) - 0	(,, , , , , , , , , , , , , , , , , , ,
	Gross income from interest, dividends,		<del></del>	<del></del>			
. •••	payments received on securities loans,				\		
	rents, royalties and income from similar sources			ļ			
b	Unrelated business taxable			· . · · · · · · · · · · · · · · · · · ·	<del> \</del>		
_	income (less section 511			1			
	taxes) from businesses acquired after June 30, 1975	]					
	Add lines 10a and 10b			<del> </del>	<del>                                     </del>		<del></del>
11	Net income from unrelated business				<del>                                     </del>		
• • •	activities not included in line 10b,	İ		İ			
	whether or not the business is				1	\	
40	Other prome De not include				<del>                                     </del>		· · · · · · · · · · · · · · · · · · ·
12	Other income. Do not include gain or loss from the sale of			]	1	\	
	čapital assets (Explain in-			l		\	ì
4-	Part VI)	}		ļ	<del></del>	<del> \ </del>	<u> </u>
13	Total support. (Add lines 9, 10c, 11, and 12)			Į	]	\ \	
14	First five years. If the Form 990 is organization, check this box and s	s for the organization	on's first, second, t	third, fourth, or fift	h tax year as a sect	ion 501(c)(3)	▶ []
Sec	tion C. Computation of Pu	blic Support P	ercentage		, ,	, , , , , , , , , , , , , , , , , , ,	
15	Public support percentage for 2010	6 (line 8, column (f	divided by line 13	3, column (f)) · ·		15₹	8
16	Public support percentage from 20	)15 Schedule A, Pa	art III, line 15			16	્ર ક
Sec	tion D. Computation of Inv	estment Incor	ne Percentage	e			\
17	Investment income percentage for				'n	17	- %
18	Investment income percentage fro	•	•	•	• • •		- \
	33-1/3% support tests-2016. If the					· · · · · · · · · · · · · · · · · · ·	<del></del>
	is not more than 33-1/3%, check the	his box and <b>stop h</b> e	ere. The organizat	tion qualifies as a	publicly supported	organization	▶ ∐
b	33-1/3% support tests—2015. If the line 18 is not more than 33-1/3%, or						
20	Private foundation. If the organiz						<b></b> H
BAA	<b>J</b>		TEEA0403			hedule A (Form 9	90 or 990-EZ) 2016

Supporting Organizations

Section A. All Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections À and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V)

 <del> </del>	 	

- 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.
- 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)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below
- 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.
- 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.
- 4a Was any supported organization not organized in the United States ('foreign supported organization')? # Yos' and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- 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.
- 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.
- 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)
- 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L. (Form 990 or 990-EZ).
- ga 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
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) 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
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If Yes, answer 10b below
  - 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.)

		Yes	No
	1		
			<del></del>
	2		
	3a		
		i	
			لــــا
	3b		<del></del> ,
	3c		<del></del>
		*******	
	4a		<u> </u>
ľ			
	4b		
	4c		
	46		<del></del>
	5a		
	5b		<b></b>
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	8		
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	9a		
	9b		
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	10b	1	1

		6-6007078	P	age 5
Pai	rt IV   Supporting Organizations (continued)	<del> </del>		
11	Has the organization accepted a gift or contribution from any of the following persons?	٠ ٢	Yes	No
	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the	ne'		
	governing body of a supported organization?	11a		
ı	b A family member of a person described in (a) above?	11b		
	c A 35% controlled entity of a person described in (a) or (b) above? If Yes' to a, b, or c, provide detail in Part VI.	11c		L
Sec	tion 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 apported at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describ Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activitie 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.	be in ies.	_ <b></b> _	, ,
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	) h		
Sec	tion 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 tru of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of supporting organization was vested in the same persons that controlled or managed the supported organization(s)	the		
	supporting organization was vested in the same persons trait controlled or managed the supported organization(s tion D. All Type III Supporting Organizations	/		
Sec	tion D. All Type in Supporting Organizations		Yes	No
			105	
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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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 <b>Part VI</b> 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 playe in this reaard	nd 3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	<u> </u>	' · · · · · · · ·	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instructions).		~
а	The organization satisfied the Activities Test. Complete line 2 below.			
t	The organization is the parent of each of its supported organizations. Complete line 3 below			
C	The organization supported a governmental entity Describe in Part VI how you supported a government entity	y (see instructions)		
2	Activities Test Answer (a) and (b) below.		Yes	No
ē	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supporganizations 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	as d		
	substantially all of its activities	2a		
t	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 the organization's position that its supported organization(s) would have engaged in these activities but for the	for		
	organization's involvement	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
k	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	of its 3b		

	dule A (Form 990 or 990-EZ) 2016 Barber-Scotia College, Inc.	·		007078 , Page (
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rganizat	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust of instructions. All other Type III non-functionally integrated supporting organizations			
Sec	tion A — Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recovenes of prior-year distributions	2		
3	Other gross income (see instructions)	3 -		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount	(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			J
а	Average monthly value of securities	1 a	-	
b	Average monthly cash balances	1 b		
C	Fair market value of other non-exempt-use assets	1 c		
d	Total (add lines 1a, 1b, and 1c)	1 d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		, [
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recovenes of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year

Section C — Distributable Amount

1 Adjusted net income for prior year (from Section A, line 8, Column A)

2 Enter 85% of line 1

3 Minimum asset amount for prior year (from Section B, line 8, Column A)

4 Enter greater of line 2 or line 3.

5 Income tax imposed in prior year

5

7	1 • 1	Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization
-	_	(see instructions).

**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).

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Schedule A (Form 990 or 990-EZ) 2016

Sche	dule A (Form 990 or 990-EZ) 2016 - Barber-Scotia Colleg	ge, Inc	56-60	07078 Page 7			
Par	t V Type III Non-Functionally Integrated 509(a)(3) Si	upporting Organiza	tions (continued)	,			
Sec	tion D - Distributions		·	Current Year			
1	1 Amounts paid to supported organizations to accomplish exempt purposes						
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	ns,					
3	Administrative expenses paid to accomplish exempt purposes of suppo	orted organizations					
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (pnor IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which the organization Part VI) See instructions	ition is responsive (provid	le details				
9	Distributable amount for 2016 from Section C, line 6						
10	Line 8 amount divided by Line 9 amount		·				
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016			
1	Distributable amount for 2016 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required — explain in Part VI). See instructions						
3	Excess distributions carryover, if any, to 2016.						
а							
b							
С	From 2013						
d	From 2014						
е	From 2015						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2016 distributable amount						
i	Carryover from 2011 not applied (see instructions)						
j	Remainder Subtract lines 3g, 3h, and 3i from 3f.	]					
4	Distributions for 2016 from Section D, line 7 \$						
а	Applied to underdistributions of prior years						
b	Applied to 2016 distributable amount						
С	Remainder. Subtract lines 4a and 4b from 4						
5	Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions						
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI. See instructions						
7	Excess distributions carryover to 2017. Add lines 3j and 4c.						
8	Breakdown of line 7:						
а							
	Lyanan from (IIII d		T				

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c Excess from 2014 . . . d Excess from 2015 . . . e Excess from 2016 . . .

Schedule A (Form 990 or 990-EZ) 2016

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

### **SCHEDULE D** (Form 990)

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 www.irs.gov/form990.

- OMB No 1545-0047 2016

Open to Public n990. Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Barbar Costia College

	Barber-Scotta Correge, Inc.			156-6007078
Pa	rt I Organizations Maintaining Donor A Complete if the organization answere	dvised Funds or Other d'Yes' on Form 990, Par	<b>' Similar Fund:</b> rt IV, line 6	s or Accounts.
		(a) Donor advised fund		(b) Funds and other accounts
1	Total number at end of year			•
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			<del></del>
_	Did the organization inform all donors and donor adv	room in unting that the passes	hold in depart advis	and funds
5	are the organization's property, subject to the organization	zation's exclusive legal control?	·	Yes No
6	Did the organization inform all grantees, donors, and for charitable purposes and not for the benefit of the impermissible private benefit?	donor or donor advisor, or for a	nv other purpose (	conferring
Par		· · · · · · · · · · · · · · · · · · ·		
rai	Complete if the organization answere	d 'Yes' on Form 990. Par	t IV. line 7.	
1	Purpose(s) of conservation easements held by the or			······································
•	Preservation of land for public use (e.g., recreate	` :	· ·	nistorically important land area
	Protection of natural habitat	· ·		certified historic structure
	Preservation of open space	Ц	r reservation or a v	
2	Complete lines 2a through 2d if the organization held	l a qualified conservation contr	ibution in the form	of a conservation easement on the
•	last day of the tax year.	a qualifica conscivation conta		0.0000000000000000000000000000000000000
			ı	Held at the End of the Tax Year
	a Total number of conservation easements			2a
	b Total acreage restricted by conservation easements			2 b
	c Number of conservation easements on a certified his	tonc structure included in (a)		2 c
ı	d Number of conservation easements included in (c) ar structure listed in the National Register			2 d
3	Number of conservation easements modified, transfetax year ►	erred, released, extinguished, o	or terminated by the	e organization during the
4	Number of states where property subject to conserva	ition easement is located >		
5	Does the organization have a written policy regarding and enforcement of the conservation easements it has			
6	Staff and volunteer hours devoted to monitoring, insp			
7	Amount of expenses incurred in monitoring, inspectings	$_{ ext{ig}}$ , handling of violations, and $\epsilon$	enforcing conserva	tion easements during the year
8	Does each conservation easement reported on line 2 and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports co include, if applicable, the text of the footnote to the organization easements.	nservation easements in its rev	venue and expense	e statement, and balance sheet, and
Pa	Organizations Maintaining Collection Complete if the organization answered	ons of Art, Historical Tr d 'Yes' on Form 990, Par	reasures, or O	ther Similar Assets.
1:	a If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held fi in Part XIII, the text of the footnote to its financial state	or public exhibition, education,	or research in furth	ment and balance sheet works of nerance of public service, provide,
	b If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for pi following amounts relating to these items:	ublic exhibition, education, or n	esearch in furthera	nce of public service, provide the
	(i) Revenue included on Form 990, Part VIII, line 1			<b>►</b> \$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, histo amounts required to be reported under SFAS 116 (A	oncal treasures, or other similar	assets for financia	
	a Revenue included on Form 990, Part VIII, line 1			▶ \$
	h Assets included in Form 990 Part X			·

Schedule <b>D</b> (Form 990) 2016 Barbe	er-Scotia C	College, Inc.			56-600	7078	Page 2
Part III Organizations Mainta	ining Collecti	ions of Art, Hist	orical Treasure	s, or Other	Similar Ass	ets (contir	nued)
3 Using the organization's acquisition items (check all that apply):	n, accession, and	other records, check	any of the following	that are a sig	nificant use of its	s collection	
a Public exhibition	•	d Loan	or exchange prograi	ms ·			
b Scholarly research		e Other			•		
c Preservation for future general	tions						
4 Provide a description of the organic Part XIII		s and explain how the	ey further the organi	zation's exem	pt purpose in		
5 During the year, did the organization to be sold to raise funds rather than	on solicit or receiv n to be maintaine	e donations of art, his d as part of the organ	stoncal treasures, or sization's collection?	other similar	assets	Yes	No
Part IV Escrow and Custodia line 9, or reported an a	I Arrangement Mount on Form	nts. Complete if t n 990, Part X, lin	he organization e 21	answered '	Yes' on Form	1 990, Part	IV,
1 a Is the organization an agent, truste on Form 990. Part X?	e, custodian or of	ther intermediary for	contributions or othe	r assets not in	cluded	Yes	□No
b If 'Yes,' explain the arrangement in	Part XIII and con	nplete the following to	able:				
					1	Amount	
c Beginning balance				10	:	-	
d Additions during the year				10	1		
e Distributions during the year				16	•	······································	
f Ending balance				1f	-		•
2 a Did the organization include an am	ount on Form 990	), Part X, line 21, for	escrow or custodial	account liabilit	y? ` .	Yes	No
b If 'Yes,' explain the arrangement in	Part XIII Check	here if the explanation	n has been provided	on Part XIII			
Part V   Endowment Funds. C	omplete if the	organization ans	wered 'Yes' on l	Form 990, I	Part IV, line 1	0.	
	(a) Current year	(b) Prior yea	r (c) Two years	s back (d)	Three years back	(e) Four ye	ars back
1 a Beginning of year balance	1,955,13	30. 2,138,8	393. 2,257	,464.	2,097,808.	2,023	3,371.
<b>b</b> Contributions							
c Net investment earnings, gains, and losses	252,15	58120,4	-30	,439.	253,686.	177	7,619.
d Grants or scholarships	232,11	70.	30	, 133.	233,000.	1.	,,013.
e Other expenditures for facilities and programs		63,2	289. 88	,105.	94,002.	102	2,752.
f Administrative expenses		· · · · · · · · ·	13.	27.	28.		430.
g End of year balance	2,207,28	38. 1,955,1	<del></del>		2,257,464.	2.097	7,808.
2 Provide the estimated percentage						, _,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
a Board designated or quasi-endowr	-	0.00%	<b>3</b> ,		;		
b Permanent endowment ►	100.00%						
c Temporarily restricted endowment	<del></del>	0.00%				•	
The percentages on lines 2a, 2b, a							
3 a Are there endowment funds not in organization by:	the possession of	f the organization that	t are held and admin	nstered for the	•	Yes	No
(i) unrelated organizations						. 3a(i)	X
(ii) related organizations						. 3a(ii)	· x
b If Yes' on line 3a(ii), are the related						. 3b	<b>-</b>
4 Describe in Part XIII the intended u	=					1 3	<u> </u>
Part VI Land, Buildings, and	<u></u> -			<del></del>			<del></del>
Complete if the organiz	• •	ed 'Yes' on Form	990, Part IV, line	e 11a. See	Form 990, Pa	art X, line 1	10
Description of property	<del></del>	Cost or other basis	(b) Cost or other		ccumulated	(d) Book	
Description of property		(investment)	basis (other)		preciation	(w) Dook	
1a Land							
<b>b</b> Buildings		15,045,716.		10	068,881.	4,97	6,835.
c Leasehold improvements							
d Equipment		2,634.		0.	2,634.		0.

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4,976,835. Schedule **D** (Form 990) 2016

Part VII Investments - Other Securities.	V'	204 N/ line 44h Coo Form 000	1 Don't V. lima 40
Complete if the organization answered	(b) Book value		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost or end-o	or-year market value
(1) Financial denvatives			
(3) Other			
( <u>A)</u> (B)			**
(C)			<del></del>
(D)	· · · · · · · · · · · · · · · · · · ·		
(E)			
(F)			
(G)			
(H)			
(l)			
Total. (Column (b) must equal Form 990, Part X, Column (b) line 12) ▶			, , Y
Part VIII Investments — Program Related.		2 4 N 4 II 4 4 6 5 600	D 1 V 1 40
Complete if the organization answered ' (a) Description of investment	Yes' on Form 990, I (b) Book value	Cc) Method of valuation. Cost or end-	
	1	<del>                                     </del>	or-year market value
(1) Endowment funds	2,207,288.	FMV	
(2)			
(3) (4)	<u> </u>		.'
(5)			
(6)			
(7)			****
(8)			
(9)			
(10)			
total. (Column (b) must equal Form 990, Part X, column (B) line 13)	2,207,200.		
Part IX Other Assets. Complete if the organization answered	Voc' on Form 000 I	Part IV line 11d See Form 990	Dart Y line 15
	scription	arriv, line rru. See Form 390,	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)	<del> </del>	· · · · · · · · · · · · · · · · · · ·	
(6)		· · · · · · · · · · · · · · · · · · ·	
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) I	ine 15)		
Part X Other Liabilities.			
Complete if the organization answered 'Yes' on F		1e or 11f. See Form 990, Part X, line 25	
(a) Description of liability (1) Federal income taxes	(b) Book value	<del> </del>	
(2) Payroll taxes payable	326,42	7	
(3)	320,12	<del></del>	
(4)			
(5)			
(6)			
(8)		<del></del>	
(9) (10)			
(10) (11)			1
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	326,42	7.	
2 Lightly for uncertain tax positions. In Part VIII, proude the taxt of the feet			hility for uncertain

Part XIII Supplemental Information.

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

4 Amounts included on Form 990, Part IX, line 25, but not on line 1:

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

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Schedule **D** (Form 990) 2016

### **SCHEDULE E** (Form 990 or 990-EZ)

**Schools** 

► 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.

OMB No 1545-0047 2016

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer Identification number

Barber-Scotia College, Inc 56-6007078 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other Х Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, 2 х Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe. If 'No,' please explain If you 3 Х Barber-Scotia College publishes in the newspaper annually, on all organizational publications (catalogs, brochures) at all student recruitment activities and on the official Barber-Scotia College website. Does the organization maintain the following? 4 a a Records indicating the racial composition of the student body, faculty, and administrative staff? Х b Records documenting that scholarships and other financial assistance are awarded on a racially Х c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with Х 4 d d Copies of all material used by the organization or on its behalf to solicit contributions? . . . . Х 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: a Students' rights or privileges? Х 5 b b Admissions policies? . . . . Х 5 c c Employment of faculty or administrative staff? . . . . . . . Х 5 d d Scholarships or other financial assistance? . . Х e Educational policies? 5 e Х 5f Х g Athletic programs? . . . X h Other extracumcular activities? Х If you answered 'Yes' to any of the above, please explain. If you need more space, use Part II. 6 a 6 a Does the organization receive any financial aid or assistance from a governmental agency? . . . . . Х **b** Has the organization's right to such aid ever been revoked or suspended? . . . . . Х If you answered 'Yes' on either line 6a or line 6b, explain on Part II. 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covening radial nondiscrimination? If