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PUBLIC DISCLOSURE COPY

Form 990
Department of the Treasu

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

sury The organization may have to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service

B Check if applicable C Name of organization D Employer identification number COLLEGE OF CHARLESTON FOUNDATION 23-7069236 Doing Business As 23-7069236 Intervent College of Charleston Foundation E Telephone number Control College of Charleston Foundation E Telephone number Control City, town, or post office, state, and ZIP code G Gross receipts 3 23,557,75 H(a) Is this a group return Formation address of principal officer. TRACEY BIBLE Formation address of principal officer. TRACEY BIBLE H(b) Are all affiliates? Yes IX JWebsite: G UTING COFC.EDU/FOUNDATION H(b) Are all affiliates? Yes IX K Form of organization: IX Corporation Trust Association Other L Year of tormation: 1970 M State of legal domicile: Perting I Briefly describe the organization discontinued its operations or disposed of more than 25% of its net assets. 3 3 Aumber of independent voting members of the governing body (Part VI, line 1a) 3 4 4 5 5 6 6 5 6 6 5 6 6 6 7 7 4 4 5 5 6	ΑΙ	For th	e 2012 calendar year, or tax year beginning ${ m JUL}1,2012$ and e	nding J	UN 30, 2013	
Doing Business As 23-7069236 Number and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number 66 GBORGE STREET 843-953-3130 City, town, or post office, state, and ZIP code G droas receipts \$ 23,557,75 CHARLESTON, SC 29424 H(b) tris a group return for affiliates? Yes X I Tax exempt status: XJ 501(c)(3) 501(c) 4947(a)(1) or 527 Yes X J Website: ▶ GIVING - COFC. EDU/ FOUNDATION H(c) Group exemption number ▶ Yes (X) And DEVELOPMENT PROGRAMS TO BENEFIT THE COLLESCO OF CHARLESTON / 2 Check this box ▶ if the organization's mission or most significant activities: TO PROMOTE EDUCATION, RESEARCH, AND DEVELOPMENT PROGRAMS TO BENEFIT THE COLLEGE OF CHARLESTON 2 Check this box ▶ if the organization is collaporation or most significant activities: TO PROMOTE EDUCATION, RESEARCH, AND DEVELOPMENT PROGRAMS TO BENEFIT 3 4 Number of unidependent voting members of the governing body (Part VI, line 1a) 3 3 5 Total number of unidependent voting members of the governing body (Part VI, line 1a) 3 6 Total number of unidependent voting members of the governing body (Part VI, line 1a) 3 7 a Total unrelated business revolue from Part VIII, column (A), line 12 7a 5 7 a Total unrelated business taxable income					D Employer identifie	cation number
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F Name and address of principal officer: TRACET BIBLE for affiliates? ↓ Yes LA I Tax-exempt status: [X] 501(c)(3) 501(c) () ((insert no.) 4947(a)(1) or 527 H(b) Are all affiliates included? Yes LA J Website: D GIVING.COFC.EDU/FOUNDATION H(c) Are all affiliates? H(c) Are all affiliates? H(c) Are all affiliates? K Form of organization: [X] Corporation Trust Association Other L L Year of formation: 1970 M State of legal domicle: Part I Summary 1 Briefly describe the organization's mission or most significant activities: TO PROMOTE EDUCATION, RESEARCH, AND DEVELOPMENT PROGRAMS TO BENEFIT THE COLLEGE OF CHARLESTON 2 Check this box b if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 3 Number of individuals employed in calendar year 2012 (Part V, line 12) 4 5 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 6 7 6 Total number of volunters (estimate if necessary) 7 6 7 13, 603, 92 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7c) 2, 166, 866 c 2, 105, 47 13, 603, 92 10 Investment income (Part VIII, column (A), lines 3, 4, and 7c) 2, 166, 866 c <		tion	CHARDESION, SC 29424		-	turn
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9 Program service revenue (Part VIII, line 2g) 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2, 166, 866. 2, 105, 47 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1, 285, 060. 1, 094, 05 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 14, 199, 423. 16, 803, 45 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 2, 958, 862. 3, 613, 62 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2, 419, 351. 2, 552, 000 16a Professional fundraising fees (Part IX, column (D), line 25) 1, 408, 529. 0. 0. 17 Other expenses (Part IX, column (D), line 25) 1, 408, 529. 3, 242, 057. 3, 810, 01 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 8, 721, 194. 10, 011, 57 19 Revenue less expenses. Subtract line 18 from line 12 5, 478, 229. 6, 791, 88 20 Total assets (Part X, line 16) 85, 473, 047. 95, 929, 14 21 <t< th=""><th></th><th>0</th><td>Contributions and grants (Dort)/III line 1b)</td><td></td><td></td><td></td></t<>		0	Contributions and grants (Dort)/III line 1b)			
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21 I otal liabilities (Part X, line 26) 5,454,506. 1,984,44 22 Net assets or fund balances. Subtract line 21 from line 20 82,018,541. 93,944,69 Part II Signature Block	Asse Bala	20				
Part II Signature Block	let ∕	21	· · · · · · · · · · · · · · · · · · ·			
		art II			02,010,041.	95,944,094.

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

Sign		Signature of o	fficer						Date			
Here				DIRECTOR	OF	FINANCIAL	SERVIC	ES				
		Type or print r	name and title									
	Prin	t/Type preparer	's name		Prepar	rer's signature		Date	Check		PTIN	
Paid	AM	Y BIBBY							if self-em	iployed PC	0445	891
Preparer	Firm	n's name 🕒 🖡	DIXON H	UGHES GOO	DMAI	N LLP			Firm's EIN	56-	-0747	981
Use Only	Firm	n's address 🛌	500 RID	GEFIELD C	OUR'	Г						
			ASHEVIL	LE, NC 28	806				Phone no.	(828)	254	-2254
May the I	RS di	iscuss this ret	urn with the pr	reparer shown abo	ove? (s	ee instructions)				Σ	Yes	No
232001 12-1	0-12	LHA For P	anerwork Re	duction Act Notic		the congrate instru	ictions				Form 9	90 (2012)

perwork Reduction Act Notice, see the separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Form	990 (2012) COLLEGE OF CHARLESTON FOUNDATION 23-7069236 Page	2
	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response to any question in this Part III	
1	Briefly describe the organization's mission:	
	THE MISSION OF THE COLLEGE OF CHARLESTON FOUNDATION IS TO PROMOTE	
	PROGRAMS OF EDUCATION, RESEARCH, STUDENT DEVELOPMENT, AND FACULTY	
	DEVELOPMENT FOR THE EXCLUSIVE BENEFIT OF THE COLLEGE OF CHARLESTON	
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	C
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	C
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$5, 180, 223. including grants of \$3, 454, 633.) (Revenue \$.)
	SEE SCHEDULE O FOR A COMPLETE DESCRIPTION OF OUR ACCOMPLISHMENTS	
4b	(Code:) (Expenses \$ 2,759,258. including grants of \$ 158,992.) (Revenue \$.)
	SEE SCHEDULE O FOR A COMPLETE DESCRIPTION OF OUR ACCOMPLISHMENTS	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	.)
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 7,939,481.	<u> </u>
232002	Form 990 (201	2)

SEE SCHEDULE O FOR CONTINUATION(S)

	990 (2012) COLLEGE OF CHARLESTON FOUNDATION 23-7069	236	Р
Га	Checklist of Required Schedules		
			Yes
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	4	x
2	If "Yes," complete Schedule A	1	X
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	~	
Ŭ	public office? If "Yes," complete Schedule C, Part I	3	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	<u> </u>	
-	during the tax year? If "Yes," complete Schedule C, Part II	4	
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	
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	
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	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		
	Schedule D, Part III	8	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for		
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?		
	If "Yes," complete Schedule D, Part IV	9	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	10	x
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	
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		
2	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		
a	Part VI	11a	x
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	110	
5	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	x
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total		
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	
е	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	11f	Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes, " complete		
	Schedule D, Parts XI and XII	12a	X
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	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	37
14a	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		x
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	4-	
46	or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	16	
47	located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	
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</i> "Yes," <i>complete Schedule G, Part I</i>	17	x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> ''</u>	<u> </u>
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	<u> </u>	<u> </u>

complete Schedule G, Part III

20a Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Page 3

No

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Form 990 (2012)

19

20a

20b

Form 990 (2012)			CHARLESTON	FOUNDATION
Part IV Checklist of R	equired Sch	edule	es (continued)	

т

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	x	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
200	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified	200		
20	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
h	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	х	
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
Ŭ	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		
	contributions? If "Yes," complete Schedule M	30	х	
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
0.	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	•.		
-	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
• •	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			_
	Note. All Form 990 filers are required to complete Schedule O	38	х	
_				

Form **990** (2012)

Par			
	Check if Schedule O contains a response to any question in this Part V		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		
	filed for the calendar year ending with or within the year covered by this return	2a	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ırns?	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		
	financial account in a foreign country (such as a bank account, securities account, or other financial	accoun	t)?
b	If "Yes," enter the name of the foreign country:		
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans-		
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t		
	any contributions that were not tax deductible as charitable contributions?		
b	If "Yes," did the organization include with every solicitation an express statement that such contribu		-
	were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w to file Form 8282?		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	contract	?
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?	
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 889	9 as requir
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D		
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	t any time	during the y
9	Sponsoring organizations maintaining donor advised funds.		
а	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
а	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against		
	amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
а	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.		
	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

14a Did the organization receive any payments for indoor tanning services during the tax year?

c Enter the amount of reserves on hand ______ 13c

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

1c

2b

3a

3b

4a

5a

5b 5c

6a

6b

7a

7b

7c

7e

7f 7g 7h

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9a 9b

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Yes

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Form 990 (2012)

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COLLEGE OF CHARLESTON FOUNDATION

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

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

X

Sec	tion 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	1a	31		100	110				
14	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 0.									
h		1b	27							
b	Enter the number of voting members included in line 1a, above, who are independent		27							
2				2		х				
~	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the			2		- 23				
3				3		x				
	 of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 									
4			····· —	4 5		X X				
5	Did the organization become aware during the year of a significant diversion of the organization's as			5 6		X				
6	Did the organization have members or stockholders?		····· _'	0						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					х				
	more members of the governing body?		····· -'	7a						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s			.		v				
-	persons other than the governing body?			7b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				v					
	The governing body?			3a	X					
b	Each committee with authority to act on behalf of the governing body?		8	3b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea			_		37				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue Code.)		_						
			—	_	Yes	No				
	Did the organization have local chapters, branches, or affiliates?		1	0a		Х				
b	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?									
	Has the organization provided a complete copy of this Form 990 to all members of its governing boc	ly before filing the forr	n? 1	1a	Х					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				v					
12a				2a	X					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		1	2b	Х					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y			_	v					
	in Schedule O how this was done			2c	X					
13	Did the organization have a written whistleblower policy?			13	X					
14	Did the organization have a written document retention and destruction policy?		[_1	14	Х					
15	Did the process for determining compensation of the following persons include a review and approv									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			_	v					
	The organization's CEO, Executive Director, or top management official			5a	X					
b	Other officers or key employees of the organization		1	<u>5b</u>	Х					
10	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 arrange				v					
	taxable entity during the year?		1	<u>6a</u>	X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga			~	х					
<u></u>	exempt status with respect to such arrangements?		10	6b	Δ					
-	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright SC	[(Destion 501/-)(0)			-					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-7	(Section 501(C)(3)S C	niiy) ava	anabi	е					
	for public inspection. Indicate how you made these available. Check all that apply.	in Cohodula ()								
40		in Schedule O)								
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co	ontlict of interest polic	y, and f	inan	cial					
	statements available to the public during the tax year.			•						
20	State the name, physical address, and telephone number of the person who possesses the books a TRACEY BIBLE $-843-953-7458$	nd records of the orga	anızatior	n: 🏲	·					
	66 GEORGE ST, CHARLESTON, SC 29424									
	\sim OTOROHOI' CIUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUU									

Section A.

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

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

X

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."

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

• 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.

compensation (Box 5 of Form w-2 and/of 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.

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

Name and Title Average howrs per veek iter and automation organization below Description below Reportable compensation rom organization (W2/1099-MISC) Estimated compensation rom organization (W2/1099-MISC) Estimated compensation rom the organization (W2/1099-MISC) Estimated compensation rom the organization (W2/1099-MISC) Estimated compensation rom the organization (1) Stakaron E, KIN0MAN 1.00 X X 0. 0. (1) Stakaron E, KIN0MAN 1.00 X X 0. 0. 0. (1) Stakaron E, KIN0MAN 1.00 X X 0. 0. 0. (2) BLTON C, SMITH, JR. 1.00 X X 0. 0. 0. (3) JEFFERT K, KINRD 1.00 X X 0. 0. 0. SECRETARY 0.0 0. 0. 0. 0. 0. 0. IERCTOR 1.00 X X 0. 0. 0. 0. IERCTOR 0. 0. 0. 0. 0. 0. 0. 0.	(A)	(B)			((C)			(D)	(E)	(F)
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	(17) DAVID M. HAY	1.00									
	DIRECTOR		X						0.	0.	

COLLEGE OF CHARLESTON FOUNDATION

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Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	anc	d Hi	ghe	st C	Compensated Employe	es (continued)		
(A)	(B)			(C				(D)	(E)		(F)
Name and title	Average	(-1			tion			Reportable	Reportable	E	stimated
	hours per	box	not ch unles	s per	rson	is bot	h an	compensation	compensation		mount of
	week	offic	cer and	l a di	irecto	or/trus	tee)	from	from related		other
	(list any	ector						the	organizations	com	pensation
	hours for	or dir	æ			ited		organization	(W-2/1099-MISC)		rom the
	related	stee (ruste		0	pensa		(W-2/1099-MISC)		U U	anization
	organizations below	ual tru	onal t		oloyee	: com ee					d related
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			orga	anizations
	1.00	Ē	Ë	5	Ke	e H	ß				
(18) A. J. HEATH	1.00	v						0.	0		0
DIRECTOR	1.00	X						0.	0		0.
(19) AMY L. HEYEL	1.00	v						0.	0		٥
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(20) STEPHEN R. KERRIGAN	1.00								0		0
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(21) EDWARD E. TED LEGASEY	1.00										•
DIRECTOR	1 0 0	X		_				0.	0	·	0.
(22) ARLINDA F. LOCKLEAR, ESQ.	1.00	37							0		0
DIRECTOR	1 0 0	Х						0.	0	•	0.
(23) BRADFORD MARSHALL	1.00								0		0
DIRECTOR	1 0 0	X		_				0.	0		0.
(24) JOHN E. POWELL, ESQ.	1.00	37						0	0		0
DIRECTOR	1.00	X						0.	0	·	0.
(25) HELLENE S. RUNTAGH	1.00	v						0.	0		٥
DIRECTOR (26) R. KEITH SAULS	1.00	X		_				0.	0	-	0.
DIRECTOR	1.00	x						0.	0		0.
								15,210.	0		0.
1b Sub-total									1,152,406	-	9,947.
c Total from continuation sheets to Part VI									1,152,400 1,152,406		$\frac{9,947}{9,947}$
d Total (add lines 1b and 1c)										• •	9,947.
2 Total number of individuals (including but n	ot limited to th	lose	listed	a ac	JOVe	e) wr	10 r	eceived more than \$100	1,000 of reportable		1
compensation from the organization											Yes No
3 Did the organization list any former officer,	director or tr	oto			-		~ *	highest somespected s	malayee en		
line 1a? If "Yes," complete Schedule J for si	,				•			0	mpioyee on	3	x
4 For any individual listed on line 1a, is the su								har companation from	the execution	3	
and related organizations greater than \$150									une organization		x
5 Did any person listed on line 1a receive or a									dual for convisoo	4	
rendered to the organization? If "Yes," com							Ciai	led organization of indivi	dual for services	5	X
Section B. Independent Contractors		0 0 1	01 54		00/0	. 110					
1 Complete this table for your five highest co	mnensated in	lene	nder	nt co	onti	racto	nrs t	that received more than	\$100 000 of compe		from
the organization. Report compensation for	-									ISation	lioni
(A)	ine calendar y		Jindin	<u>ig 11</u>	/10/1			(B)			 C)
Name and business	address							Description of s	ervices	Compe	
ARAMARK											
66 GEORGE STREET, CHARLES	STON, SC	2 2	294	24	Ł			CATERING SER	VICES	32	5,031.
										-	
							Τ				
2 Total number of independent contractors (in	ncludina but n	ot lir	nited	l to	tho	se lis	stec	d above) who received m	nore than		

1

COLLEGE OF CHARLESTON FOUNDATION

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(A) (B) (C) (D) (B) (C) (D) (B) (B) (C) (B) (B) (C) (B) (B) <th colspan="9">Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)</th> <th></th>	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
Name and the Average box (restant (enceptications (enceptications (enceptications) below instants) Position (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (enceptications) (encepticat				-			-				(F)
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	(38) SUE SOMMER-KRESSE	0.00									
Image: Section A, line 1c Image: Section A, line 1c 578,426. 1,152,406. 69,947.	CEO, FORMER	40.00	1					x	0.	104,605.	723.
Image: Control of the section A, line 1c Image: Contro of the section A, line 1c											
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Total to Part VII, Section A, line 1c											
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	Total to Part VII, Section A, line 1c								578,426.	⊥,⊥5∠,406.	69,947.

ain or (ioss)	10,390.	-23,095.	
et gain or (loss)		🕨	
oss income from fundraising			
cluding \$48,	569. of		
ntributions reported on line	1c). See		
rt IV, line 18	а	30,328.	
ss: direct expenses	b	53,704.	
et income or (loss) from fund		►	
oss income from gaming act	tivities. See		
rt IV, line 19	а		
ss: direct expenses	b		
et income or (loss) from gami	ng activities	🕨	
oss sales of inventory, less r	returns		
d allowances	а	4,994.	
ss: cost of goods sold	b	0.	
et income or (loss) from sales	of inventory	►	
Miscellaneous Revenue	9	Business Code	
HER REVENUE		900099	
CENSE TAG INCOME		900099	
other revenue			
tal. Add lines 11a-11d		►	
tal revenue. See instructions.			

		Check if Schedule O cont	ains a response	to any question	in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts si	1 a	Federated campaigns	1a					,
irar		Membership dues						
Ğ,		Fundraising events		48,569.				
Ξ.		Related organizations						
s al		Government grants (contribut						
Sig		All other contributions, gifts, grant						
hei	•	similar amounts not included abov		13,555,353.				
ĒÐ	n	Noncash contributions included in lines		3,438,069.				
Contributions, Gifts, Grants and Other Similar Amounts		Total. Add lines 1a-1f			13,603,922.			
				Business Code	, ,			
e	2 a							
Program Service Revenue	b							
Se	с							
eve eve	d							
P.C.	e							
President and a second	f	All other program service reve	nue					
		Total. Add lines 2a-2f						
	3	Investment income (including						
		other similar amounts)		•	2,112,181.			2,112,181.
	4	Income from investment of tax						
	5	Royalties		-				
		,	(i) Real	(ii) Personal				
	6 a	Gross rents	820,841.					
		Less: rental expenses	0.					
		Rental income or (loss)	820,841.					
			······		820,841.			820,841.
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	6,693,892.	(
	b	Less: cost or other basis						
		and sales expenses	6,677,502.	23,095.				
	c	Gain or (loss)						
		Net gain or (loss)			-6,705.			-6,705.
~		Gross income from fundraising			,			,
nue	• -	including \$48						
eve		contributions reported on line						
ŭ		Part IV, line 18		30,328.				
Other Rever	b	Less: direct expenses		53,704.				
Ó		Net income or (loss) from func		· · · ·	-23,376.			-23,376.
		Gross income from gaming ac			,			,
		Part IV, line 19						
	b	Less: direct expenses						
		Net income or (loss) from gam		►				
		Gross sales of inventory, less	-					
		and allowances		4,994.				
	b	Less: cost of goods sold						
		Net income or (loss) from sale			4,994.			4,994.
ľ		Miscellaneous Revenu		Business Code				
	11 a	OTHER REVENUE		900099	284,000.		59.	283,941.
		LICENSE TAG INCOME		900099	7,600.		-	7,600.
	c				, .			,
		All other revenue						
		Total. Add lines 11a-11d		•	291,600.			
	12	Total revenue. See instructions.			, 16,803,457.	0.	59.	3,199,476.
23200 12-10					· · ·	·		Form 990 (2012)

Form 990 (2012)

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	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	527,526.	430,977.	48,274.	48,275.
6	Compensation not included above, to disqualified	527,5201		10,2/1.	40,275.
0	persons (as defined under section $4958(f)(1)$) and				
	normana described in section $40E0(a)(2)(D)$				
7	Other salaries and wages	1,647,008.	847,502.	161,877.	637,629.
8	Pension plan accruals and contributions (include		01//0021		00770250
U	section 401(k) and 403(b) employer contributions)	37,564.	37,564.		
9	Other employee benefits	279,842.	97,438.	29,593.	152,811.
10	Payroll taxes	60,062.		16,267.	43,795.
11	Fees for services (non-employees):				
 а	Management				
b	Legal	53,985.	23,178.	29,939.	868.
	Accounting			_ /	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17	35,931.			35,931.
f	Investment management fees	28,608.			28,608.
a	Other. (If line 11g amount exceeds 10% of line 25,				,
9	column (A) amount, list line 11g expenses on Sch O.)	449,459.	277,526.	82,479.	89,454.
12	Advertising and promotion	104,071.	92,181.	500.	11,390.
13	Office expenses	1,027,974.	864,313.	75,316.	88,345.
14	Information technology	84,044.	,	8,357.	75,687.
15	Royalties				-
16	Occupancy	465,376.	408,610.	56,766.	
17	Travel	533,960.	426,250.	8,752.	98,958.
18	Payments of travel or entertainment expenses		-		-
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	669,595.	566,851.	21,704.	81,040.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	268,020.	166,036.	98,003.	3,981.
23	Insurance	21,105.	-	21,105.	-
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule U.)	47,055.	42,668.		4,387.
a	RECRUITMENT	44,762.	44,762.		4,30/.
b	STUDENT DEVELOPMENT PROFESSIONAL DEVELOPMEN		44,/02.	4 622	7 270
С	PROFESSIONAL DEVELOPMEN	12,002.		4,632.	7,370.
d					
	All other expenses		7 0 2 0 4 0 1		1 400 500
25	Total functional expenses. Add lines 1 through 24e	10,011,574.	7,939,481.	663,564.	1,408,529.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

COLLEGE OF CHARLESTON FOUNDATION

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

 amounts reported on lines 6b,

 (A)

 Total expenses

Part IX Statement of Functional Expenses

Do not include amounts reported on lines 6b,

Grants and other assistance to governments and

Grants and other assistance to individuals in

Grants and other assistance to governments,

the United States. See Part IV, line 22

organizations in the United States. See Part IV. line 21

7b, 8b, 9b, and 10b of Part VIII.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

3,454,633.

158,992.

(B) Program service expenses

3,454,633.

158,992

(C) Management and general expenses

(D) Fundraising

expenses

33

34

Form	1 990 (j	2012) COLLEGE OF CHARLESTON FOUND	ATION	23-	7069236 Page 11
	rt X	Balance Sheet			
		Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	629,356.		402,093.
	2	Savings and temporary cash investments	134,858.		144,406.
	3	Pledges and grants receivable, net		3	7,666,861.
	4	Accounts receivable, net		4	50,560.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined un	der		
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contribu	uting		
		employers and sponsoring organizations of section 501(c)(9) voluntary			
6		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use	30,772.		29,679.
	9	Prepaid expenses and deferred charges	52,044.	9	65,485.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D10a8,252,3Less: accumulated depreciation10b2,939,8	25.		-
	b		87. 5,184,481.	10c	5,312,438.
	11	Investments - publicly traded securities		11	53,902,971.
	12	Investments - other securities. See Part IV, line 11			20,811,495.
	13	Investments - program-related. See Part IV, line 11			7,482,163.
	14	Intangible assets		14	<u> </u>
	15	Other assets. See Part IV, line 11		-	60,989.
	16	Total assets. Add lines 1 through 15 (must equal line 34)			95,929,140.
	17	Accounts payable and accrued expenses			395,207. 1,333,880.
	18	Grants payable			1,333,000.
	19	Deferred revenue			0.
	20	Tax-exempt bond liabilities		20	
ties	21			21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustee			
Lia		key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	5	00	
	23	Secured mortgages and notes payable to unrelated third parties		22 23	
	23			23	
	25	Other liabilities (including federal income tax, payables to related third		27	
		parties, and other liabilities not included on lines 17-24). Complete Part X o	F		
		Schedule D	1 1 5 9 7 9 /	25	255,359.
	26	Total liabilities. Add lines 17 through 25	3,454,506.		1,984,446.
		Organizations that follow SFAS 117 (ASC 958), check here ► X a			
Ş		complete lines 27 through 29, and lines 33 and 34.			
nce	27	Unrestricted net assets	10,093,579.		10,017,369.
Net Assets or Fund Balances	28	Temporarily restricted net assets	37,944,520.		49,823,253.
Ц	29	Permanently restricted net assets	22 000 112	29	34,104,072.
Fun		Organizations that do not follow SFAS 117 (ASC 958), check here			
P		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
let ,	32	Retained earnings, endowment, accumulated income, or other funds		32	
~	00	Total not aposto ar fund balances	82 018 541.	22	93 944 694

Total net assets or fund balances

Total liabilities and net assets/fund balances

Form 990 (2012)

93,944,694.

95,929,140.

33

34

82,018,541.

85,473,047.

Form 990 (2012)

1 0111			7003230 F
Pa	rt XI Reconciliation of Net Assets		
	Check if Schedule O contains a response to any question in this Part XI		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	16,803,
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,011,
3	Revenue less expenses. Subtract line 2 from line 1	3	6,791,
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	82,018,
5	Net unrealized gains (losses) on investments	5	5,727,
6	Donated services and use of facilities	6	4,
7	Investment expenses	7	

X

1	Total revenue (must equal Part VIII, column (A), line 12)	1	16,8			
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,0	11,5	574.	
3	Revenue less expenses. Subtract line 2 from line 1	3		91,8		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	82,0			
5	Net unrealized gains (losses) on investments	5	5,7	27,8	58.	
6	Donated services and use of facilities	6		4,137		
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-5	97,7	25.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	93,9	44,6	<u>94.</u>	
Pa	rt XII Financial Statements and Reporting				_	
	Check if Schedule O contains a response to any question in this Part XII					
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			x	
2a	a Were the organization's financial statements compiled or reviewed by an independent accountant?					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2 ł	5 X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,				
	consolidated basis, or both:					
	Separate basis Consolidated basis X Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		20	; X		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit				
	Act and OMB Circular A-133?		3a	1	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3ł			
			For	m 990	(2012)	

SCHEDULE A (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service		Complet	Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.						20 Open to	OMB No. 1545-0047 2012 Open to Public Inspection		
	he organizati		tach to Form 990 or Fo	rm 990-E	Z. 🏲 See	separate	Instructio		mplover	identificati		mber
	and of gamzati		OF CHARLEST	ON FO	UNDAT	ION		-		3-7069		
Part I	Reason		ity Status (All organiz				.) See inst	ructions.		<u> </u>	200	
	ization is not a A church, con A school des A hospital or A medical res city, and stat An organizati section 1700 A federal, sta An organizati section 1700 A community An organizati activities relat income and u See section 3 An organizati An organizati activities relat income and u See section 3 An organizati An organizati Morganizati By checking foundation m If the organiz supporting of Since August (i) A person the gove (ii) A family (iii) A 35% of	private foundation I nvention of churches cribed in section 17 a cooperative hospit search organization of e:	because it is: (For lines 1 s, or association of church O(b)(1)(A)(ii). (Attach Sci tal service organization of operated in conjunction benefit of a college or un- ete Part II.) ent or governmental unit eives a substantial part of the Part II.) ection 170(b)(1)(A)(vi). (eives: (1) more than 33 1 inctions - subject to certa axable income (less sect e Part III.) perated exclusively to ter- perated exclusively to ter- perated exclusively to ter- perated exclusively for the titions described in section organization and comple- repe II $\mathbf{c} \square T_{\mathbf{y}}$ t the organization is not han one or more publicly ten determination from t	I through 1 ches described hedule E.) described i with a hos niversity ov t described of its supp (Complete 1/3% of its in exception 511 ta st for public he benefit of on 509(a)(1 ete lines 1 controlled y supporte the IRS that ny gift or co one or tog	11, check ribed in section pital desci- wned or op d in sectio ort from a Part II.) support f ons, and (2 x) from bu ic safety. S of, to perfo 1 or sectio 1 or sectio 1 e through nctionally d irectly o d organiza at it is a Ty pontributior ether with	only one b ction 170 (b)(1)(ribed in se perated by perated by m 170(b)(1) governme rom contri 2) no more sinesses a See section from the fun on 509(a)(2) in 11h. integrated r indirectly ations desc pe I, Type	(A)(iii). (b)(1)(A)(i) (ction 170 (ction 170 (ction 170) (ction 170) (ction 170) (ction 170) (ction 170) (ctions of, (ctions ot)) (ctions ot) (ctions	(b)(1)(A)(ii mental uni or from the hembershi /3% of its y the orga (). or to carry ction 509(i ction 509(i ection 509 e III powing pers	t describ general p fees, a support nization y out the a)(3). Ch e III - Noi qualified $\partial(a)(1)$ or sons?	public desc nd gross re- from gross after June 3 epurposes of eck the box n-functional persons oth section 509	ribed i ceipts invest 30, 197 of one of that ly integner that (a)(2).	in from tment 75. or grated
	of supported anization	(ii) EIN		(iv) Is the o in col. (i) lis governing o	sted in your	(v) Did you organizat (i) of you	ion in col.	(vi) Is organizatic (i) organiz U.S.	on in col. ed in the	(vii) Amount sup	t of mor port	netary
				Yes	No	Yes	No	Yes	No			

 Total
 LHA For Paperwork Reduction Act Notice, see the Instructions for

 Form 990 or 990-EZ.
 Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012 COLLEGE OF CHARLESTON FOUNDATION

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				-		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	6051221.	7840868.	8283559.	10798661.	13638385.	46612694.
2	Tax revenues levied for the organ-						
	ization'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	6051221.	7840868.	8283559.	10798661.	13638385.	46612694.
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)						558,445.
6	Public support. Subtract line 5 from line 4.						46054249.
	tion B. Total Support				•		•
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	6051221.	7840868.	8283559.	10798661.	13638385.	46612694.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	-2622653.	-2636274.	2246520.	2935407.	2933022.	2856022.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)	1426356.	2116648.	1270994.	648,464.	284,895.	5747357.
11	Total support. Add lines 7 through 10						55216073.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	9,663.
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop	here					>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2012 (line 6, column (f) di	ivided by line 11, c	olumn (f))		14	83.41 %
	Public support percentage from 2011					15	78.97 %
16a	33 1/3% support test - 2012. If the c	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies						
b	33 1/3% support test - 2011. If the c						
	and stop here. The organization qualifies as a publicly supported organization						
17a	7a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization						
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		
b	10% -facts-and-circumstances tes	-					
	more, and if the organization meets the						e
	organization meets the "facts-and-cire						▶Ц
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17l	o, check this box a	ind see instruction	s ▶∟

Schedule A (Form 990 or 990-EZ) 2012

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

<u>Sec</u>	ction A. Public Support		-	-				-
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e	e) 2012	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services per- formed, 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 bus- iness under section 513							
4	Tax revenues levied for the organ- ization's benefit and either paid to							
	or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
	Amounts included on lines 1, 2, and							
	3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
	Add lines 7a and 7b							
	Public support (Subtract line 7c from line 6.)							
	ction B. Total Support							L
	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	6	e) 2012	(f) Total
	Amounts from line 6	(u) 2000	(8) 2000	(0) 2010	(4) 2011	, (i	J 2012	() ()
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
b	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
	Add lines 10a and 10b							
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital							
12	assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.)							
	First five years. If the Form 990 is for	the organization'	l s first second thi	l rd fourth or fifth t	I ax year as a soctio	1 = 501(l
14	-	-			•			
500	check this box and stop here	c Support Pe	rcontago					
	Public support percentage for 2012 (li			achuma (f)		15		0/
								<u>%</u>
	Public support percentage from 2011					16		%
	ction D. Computation of Inves							
	Investment income percentage for 20					17		%
	Investment income percentage from 2						(%
19a	33 1/3% support tests - 2012. If the							
F	more than 33 1/3%, check this box ar							
L.	33 1/3% support tests - 2011. If the							
00	line 18 is not more than 33 1/3%, che							
20	Private foundation. If the organization	a dia not check a	box on line 14, 19	a, or 190, check t	his box and see in	structio	DIIS	▶∟

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2012

Employer identification number

(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule B

Name of the organization

C	COLLEGE OF CHARLESTON FOUNDATION	23-7069236						
Organization type (check one):								
Filers of:	Section:							
Form 990 or 990-EZ IS 501(c)(3) (enter number) organization								
	4947(a)(1) nonexempt charitable trust not treated as a private foundation							
	527 political organization							
Form 990-PF	501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

X For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

J For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

□ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization

Employer identification number

23-7069236

COLLEGE OF CHARLESTON FOUNDATION

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
1		\$444,095.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
2		\$ <u>375,000.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
3		\$ <u>1,662,766.</u>	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
4		\$ <u>472,500.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
5		\$294,908.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
6		\$374,104.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization

Employer identification number

23-7069236

COLLEGE OF CHARLESTON FOUNDATION

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
7		\$428,160.	Person X Payroll Noncash X (Complete Part II if there is a noncash contribution.)	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
8		\$ <u>1,000,000.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
9		\$ <u>600,000.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
10		\$ <u>469,386.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
		\$	Person Payroll On Noncash On Complete Part II if there is a noncash contribution.)	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	

Employer identification number

23-7069236

COLLEGE OF CHARLESTON FOUNDATION

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Faiti	Noncash Property (see instructions). Use duplicate copies of Part II if a	duitional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	ARGUS VERSION 15 & ARGUS DEVELOPER SOFTWARE FOR REAL ESTATE PROGRAM		
		\$ 444,095.	03/28/13
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	FOSSIL COLLECTION INCLUDES 1,548 ITEMS		
		\$ 1,662,766.	06/26/13
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
7	JAMES O. RIGNEY, JR. EPHEMERA COLLECTION		
		\$ 428,005.	09/18/12
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	90. 990-EZ or 990-PF) (2012

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)
Name of organization

Page 4

Name of org	janization		Employer identification number
COLLEC	GE OF CHARLESTON FOUNDA	ͲͳϴΝ	23-7069236
Part III	Exclusively religious, charitable, etc., indi- year. Complete columns (a) through (e) and t the total of exclusively religious, charitable, etc Use duplicate copies of Part III if addition	vidual contributions to section 501(he following line entry. For organizati c., contributions of \$1,000 or less fo	c)(7), (8), or (10) organizations that total more than \$1,000 for the
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gi	ft
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferracia nome address a	(e) Transfer of gi	
	Transferee's name, address, a		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	[
_	Transferee's name, address, a		Relationship of transferor to transferee
(a) No. from			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gi	
F	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee

SCHEDULE D)
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Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990,
 Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 ▲ Attach to Form 990. ▲ See separate instructions.

OMB No. 1545-0047
2012
ZU IZ
Open to Public
Inspection

Nam	e of the organization COLLEGE OF CHARLESTON	FOUNDATION	E	mployer identificatio 23-70692	
Pa			or Acco		
	organization answered "Yes" to Form 990, Part IV, line 6.				
		(a) Donor advised funds	(b) F	unds and other accou	unts
1	Total number at end of year		(-7)		
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in writing	that the assets held in donor advis	ed funds		
5	are the organization's property, subject to the organization's exclusion			Yes	
6	Did the organization inform all grantees, donors, and donor advisors				
Ŭ	for charitable purposes and not for the benefit of the donor or dono		•		
	impermissible private benefit?		•		
Pa					
1	Purpose(s) of conservation easements held by the organization (che		,		
•	Preservation of land for public use (e.g., recreation or educati		torically im	portant land area	
	Protection of natural habitat	Preservation of a cert			
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified co	nservation contribution in the form	of a conse	rvation easement on	the last
	day of the tax year.				
	, ,			Held at the End of th	ne Tax Year
а	Total number of conservation easements		2a	1	
b					
с	Number of conservation easements on a certified historic structure				
d	Number of conservation easements included in (c) acquired after 8/				
	listed in the National Register			1	
3	Number of conservation easements modified, transferred, released			ion during the tax	
	year 🕨		-	-	
4	Number of states where property subject to conservation easement	t is located ►			
5	Does the organization have a written policy regarding the periodic n	nonitoring, inspection, handling of			
	violations, and enforcement of the conservation easements it holds	?		Yes	🗌 No
6	Staff and volunteer hours devoted to monitoring, inspecting, and er	forcing conservation easements d	uring the y	ear 🕨	
7	Amount of expenses incurred in monitoring, inspecting, and enforci	ng conservation easements during	the year	► \$	_
8	Does each conservation easement reported on line 2(d) above satis	fy the requirements of section 170	(h)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?			Yes	No No
9	In Part XIII, describe how the organization reports conservation eas	ements in its revenue and expense	statement	t, and balance sheet,	and
	include, if applicable, the text of the footnote to the organization's f	nancial statements that describes	the organiz	zation's accounting fo	or
_	conservation easements.				
Pa			ther Sim	nilar Assets.	
	Complete if the organization answered "Yes" to Form 990, P				
1a	If the organization elected, as permitted under SFAS 116 (ASC 958	•			-
	historical treasures, or other similar assets held for public exhibition	, education, or research in furthera	nce of pub	lic service, provide, ir	n Part XIII,
	the text of the footnote to its financial statements that describes the				
b	If the organization elected, as permitted under SFAS 116 (ASC 958				
	treasures, or other similar assets held for public exhibition, education	n, or research in furtherance of pu	blic service	e, provide the followin	g amounts
	relating to these items:				
	(i) Revenues included in Form 990, Part VIII, line 1			• \$	
					2,163.
2	If the organization received or held works of art, historical treasures		ll gain, prov	vide	
	the following amounts required to be reported under SFAS 116 (AS				
а	Revenues included in Form 990, Part VIII, line 1			• \$	
b	Assets included in Form 990, Part X		►	• \$	

Schedule	D (Form	990) 2012
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Schedule D (Form 990) 2012 COLLEGE OF CHARLESTON					23-70			age 2	
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or O	her Sir	nilar Asse	e ts (contin	nued)	
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the	following that are	a significa	ant use of its	collection	n item	S
	(check all that apply):								
а	LX Public exhibition	d	Loan or exc	hange programs					
b	X Scholarly research	е	U Other						
с	X Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they further t	he organization's e	exempt p	urpose in Pa	rt XIII.		
5	During the year, did the organization solicit o						_		_
	to be sold to raise funds rather than to be ma						Yes	X	No
Par	t IV Escrow and Custodial Arran		te if the organizatio	on answered "Yes"	to Form	990, Part IV,	line 9, or		
	reported an amount on Form 990, Pa	t X, line 21.							
1a	Is the organization an agent, trustee, custodi						_		7
	on Form 990, Part X?					L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:						
							Amount		
	Beginning balance					c			
d	Additions during the year					d			
e	Distributions during the year					e			
f	Ending balance					f	N		
	Did the organization include an amount on Fo						∐ Yes		J No ∣
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete it								
I UI		(a) Current year	(b) Prior year	(c) Two years back	1	ee years back	(e) Four	Veare	hack
1a	Beginning of year balance	60,043,987.	56,176,452.	45,524,235		4,907,383,		,800,	
b	Contributions	1,450,147.	5,314,300.		_	2,082,900.		,557,	
5	Net investment earnings, gains, and losses	7,205,832.	824,827.		_	-852,185,		,898	
J d	Grants or scholarships	.,,	,		-	821,443,			803.
ц Б	Other expenditures for facilities					,,			
C	and programs	2,412,277.	2,271,592.	1,898,169	, .	-397,104,		357.	680.
f	Administrative expenses	, , ,	, , -	, ,	-	189,524			415.
g	End of year balance	66,287,689.	60,043,987.	56,176,452	2. 4	5,524,235			383.
2	Provide the estimated percentage of the curr								
a	Board designated or quasi-endowment	1.62	%						
b	Permanent endowment ► 51.44	%	_^_						
с		6.94 %							
	The percentages in lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should	Ild equal 100%.							
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held a	and administered for	or the org	anization			
	by:						Γ	Yes	No
	(i) unrelated organizations						3a(i)		Х
	(ii) related organizations						3a(ii)		X
b	If "Yes" to 3a(ii), are the related organizations						3b		
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.						
Par	t VI Land, Buildings, and Equipm	ent. See Form 990,	Part X, line 10.						
	Description of property	(a) Cost or ot			Accumu		(d) Bool	< value	э
		basis (investm		. ,	depreciat	ion	<u> </u>		
1a	Land			8,295.			3,068		
b	Buildings		3,41	8,961. 2	,104	,687.	1,31	4,2	74.
с	Leasehold improvements								
d	Equipment			6,319.		,221.		7,0	
	Other			8,750.	155	,979.		2,7	
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part 2	X, column (B), line 1	10(c).)		🕨	5,31		
						Schedul	e D (Form	1 990)	2012

Part VIII Investments - Other Securities. See Form 900, Part X, line 12. (a) Bioschyllin Kathingth y Guldging y musching ware of seemed (b) Biosk value (c) Method of valuation: Cost or end-of-year market value (b) Consey-wide equip interests (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (c) Consey-wide equip interests (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (c) Consey-wide equip interests (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (c) Method (c) mast equal form 900, Part X, ool. (b) Into 12.) 20, 811, 495. (c) Method of valuation: Cost or end-of-year market value (c) Coll ECTIONS OF ART AND (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (c) Coll ECTIONS OF ART AND (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (c) Coll ECTIONS OF ART AND (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (c) Coll ECTIONS OF ART AND (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (c) Method External Trans			CHARLESTON		JNDATION	2	23-7069236	Page 3
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Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (a) Description (2) (b) Book value (3) (c) (4) (c) (5) (c) (6) (c) (7) (c) (8) (c) (9) (c) (10) (c) Description of liability (b) Book value Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) (b) Book value (1) Federal income taxes (b) Book value (2) ANNUITIES PAYABLE 255, 359. (3) (b) (c) (c) (10) (c) (c) (c) (11) (c) (c) (c) (9) (c) (c) (c) (10) (c) (c) (c) (11) (c) (c) (c) (10) (c) (c) (c) (c) (11) (c) (c) (c) (c) (12) (c) (c)		col (B) line 13)	7 482 1	63.				
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(7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) (1) Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) ANNUITIES PAYABLE 255, 359. (3) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 255, 359.	(5)							
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Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes 255, 359. (2) ANNUITIES PAYABLE 255, 359. (3)		Dart V and (P) line	15)					
1. (a) Description of liability (b) Book value (1) Federal income taxes 255,359. (2) ANNUITIES PAYABLE 255,359. (3)								
(1) Federal income taxes (2) ANNUITIES PAYABLE 255,359. (3) (4) (4) (5) (5) (6) (6) (7) (8) (9) (10) (10) (11) 255,359.				(t) Book value			
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(3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 255, 359.		E			255,359.			
(5) (6) (7) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ≥ 255, 359.								
(6) (7) (7) (8) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ≥ 255, 359.	(4)							
(7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 255, 359.	(5)							
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(9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 255,359.								
(10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)								
(11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)								
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► 255 , 359 .								
		Part X col (P) line	25)		255 359			
				the ora:		statements that	reports the organiza	tion's

liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

	dule D (Form 990) 2012 COLLEGE OF CHARLESTON FOUND				7069236	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statemer	nts W	ith Revenue per R	letur		
1	Total revenue, gains, and other support per audited financial statements			1	22,016,	,111.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains on investments	2a	5,727,858.			
b	Donated services and use of facilities	2b	4,137.			
с	Recoveries of prior year grants					
	Other (Describe in Part XIII.)		-492,690.			
	Add lines 2a through 2d			2e	5,239,	,305.
3	Subtract line 2e from line 1			3	16,776,	,806.
4	Amounts 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				
	Other (Describe in Part XIII.)		26,651.			
	Add lines 4a and 4b			4c	26	,651.
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)			5	16,803	
	t XII Reconciliation of Expenses per Audited Financial Stateme	ents V	Vith Expenses per			
1	Total expenses and losses per audited financial statements			1	10,089,	.958.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			-		
	Donated services and use of facilities	2a				
a L		-				
	Prior year adjustments			-		
	Other losses		105,035.			
	Other (Describe in Part XIII.)				105	,035.
-	Add lines 2a through 2d			2e	9,984	
3	Subtract line 2e from line 1			3	9,904,	,923.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
	Investment expenses not included on Form 990, Part VIII, line 7b					
b	Other (Describe in Part XIII.)	4b	26,651.			654
	Add lines 4a and 4b			4c		,651.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	10,011,	,574.
Pa	t XIII Supplemental Information					
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,	, lines ⁻	l a and 4; Part IV, lines 1	b and	2b; Part V, line	4; Part
	e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p				_	
PAI	RT III, LINE 4: THE COLLEGE OF CHARLESTON F	RIE	NDS OF THE L	IBR	ARY'S	
MIS	SION IS TO ADVANCE INTELLECTUAL AND CULTUR	AL	EXCELLENCE O	N O	UR CAMPU	JS
ANI) THROUGHOUT THE COMMUNITY. PART OF THAT MI	SSI	ON INCLUDES	ENH	ANCING 7	THE
HOI	JDINGS IN SPECIAL COLLECTIONS AT THE MARLEN	IE A	ND NATHAN AD	DLE	STONE	
LIE	BRARY. SPECIAL COLLECTIONS IS COMPRISED OF	RAR	E AND VALUAB	LE	BOOKS,	
MAN	USCRIPTS, AND OTHER COLLECTIBLES THAT SUPP	ORT	RESEARCH BY	ST	UDENTS.	
	,	_				
FAC	ULTY, AND VISITING SCHOLARS. IN RECENT YEA	RS.	SPECIAL COL	LEC	TIONS ST	TAFF
	,	1				· -
IDF	ENTIFIED SEVERAL SIGNIFICANT TITLES THAT WO	ם תח	BE STRATEGT	CA	COUISITT	IONS
					- 2 2	

Schedule D (Form 990) 2012

 Schedule D (Form 990) 2012
 COLLEGE OF CHARLESTON FOUNDATION
 23-7069236 Page 5

 Part XIII
 Supplemental Information (continued)
 TO CURRENT COLLECTIONS. THE STAFF WAS ABLE TO SECURE THESE ACQUISITIONS

 AND TO DATE ALL HAVE BEEN USED BY STUDENTS OR FACULTY FOR RESEARCH PAPERS

 AS PART OF SEVERAL ACADEMIC COURSES TAUGHT AT THE COLLEGE OF CHARLESTON.

 THESE ACQUISITIONS WOULD NOT HAVE BEEN POSSIBLE WITHOUT PRIVATE SUPPORT.

 THE IMPACT OF THESE TITLES ON THE ENTIRE CAMPUS AND THE COMMUNITY IS

 ENDLESS AND IMMEASURABLE. IN TIME, WITH SUPPORT OF THE FRIENDS OF THE

 LIBRARY, THE STAFF IN SPECIAL COLLECTIONS HOPES TO CONTINUOUSLY GROW THE

 COLLECTIONS IN THE SAME MANNER.

PART V, LINE 4: THE FOUNDATION'S ENDOWMENT CONSISTS OF APPROXIMATELY 400 INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES INCLUDING BOTH DONOR-RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE BOARD OF DIRECTORS TO FUNCTION AS ENDOWMENTS. AS REQUIRED BY GENERALLY ACCEPTED ACCOUNTING PRINCIPLES IN THE UNITED STATES OF AMERICA, NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS, INCLUDING FUNDS DESIGNATED BY THE BOARD OF DIRECTORS TO FUNCTION AS ENDOWMENTS, ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS.

PART X, LINE 2: THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE; ACCORDINGLY, THE ACCOMPANYING FINANCIAL STATEMENTS DO NOT REFLECT A PROVISION OR LIABILITY FOR FEDERAL AND STATE INCOME TAXES. THE FOUNDATION HAS DETERMINED THAT IT DOES NOT HAVE ANY MATERIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS AS OF JUNE 30, 2013 AND 2012. FISCAL YEARS ON OR AFTER JUNE 30, 2010 REMAIN SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAX AUTHORITIES.

CONTRIBUTIONS MADE TO THE FOUNDATION QUALIFY FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 509(A)(1) AND 170(B)(1)(A)(IV) OF THE

Schedule D	(Form 990)	2012

COLLEGE OF CHARLESTON FOUNDATION

Part XIII Supplemental Information (continued)

INTERNAL REVENUE CODE.

PART XI, LINE 2D - OTHER ADJUSTMENTS:	
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT	-18,480
FUNDRAISING EXPENSES INCLUDED IN REVENUE	53,704
CHANGE IN ALLOWANCE FOR UNCOLLECTIBLE PROMISES TO GIVE	-527,914
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-492,690
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
INVESTMENT EXPENSES NET WITH REVENUE	
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSES INCLUDED IN REVENUE	53,704
CHANGE IN VALUE OF MARINE GENOMICS ENDOWMENT	51,331
TOTAL TO SCHEDULE D, PART XII, LINE 2D	105,035
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
INVESTMENT EXPENSES NETTED WITH REVENUE	26,651

232071 12-10-12	

and 3b)

CO	LLEGE OF CHAR					7069236
Pa	art I General Info	rmation on A	Activities Out	tside the United States. Compl	ete if the organization	answered "Yes"
	to Form 990, Par	t IV, line 14b.				
1	For grantmakers. Does	the organization	n maintain recor	ds to substantiate the amount of its gr	ants and other assista	ince,
	the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assistance	? Yes No
2	For grantmakers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and other as	sistance outside the
	United States.		5		5	
3	Activities per Region. (T	he following Parl	t I, line 3 table ca	an be duplicated if additional space is	needed.)	
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in region	(e) If activity liste	ed in (d) (f) Total
		offices	employees, agents, and	(by type) (e.g., fundraising, program	is a program se	
		in the region	independent contractors	services, investments, grants to	describe specifi	ic type investments
			in region	recipients located in the region)	of service(s) in	region in region
					A PROPERTY IN TR	
					SPAIN, WAS DONAT	ED TO
					THE COLLEGE OF	
EUR	OPE			PROGRAM SERVICE	CHARLESTON FOR U	SE IN 41,000.
3 a	Sub-total	0	0			41,000.
b	• Total from continuation					
	sheets to Part I	0	0			0.
c	Totals (add lines 3a					

Statement of Activities Outside the United States

Complete if the organization answered "Yes" to Form 990,

Part IV, line 14b, 15, or 16. ► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047 ſ Open to Public Inspection

Schedule F (Form 990) 2012

41,000.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART V FOR COLUMN (E) DESCRIPTIONS

0

0

Department of the Treasury Internal Revenue Service

SCHEDULE F	
(Form 990)	

Name of the organization

HEDULI	E F
m 990)	

Employer ide	entification	number
--------------	--------------	--------

Concaut		
Part II	Grants and Other As	sistance to Organizatior

COLLEGE OF CHARLESTON FOUNDATION Schedule E (Form 990) 2012 ns or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	the grantee or counse	el has provided a sectior	recognized as charities by the n 501(c)(3) equivalency letter					I

23-7069236

Page 2

Schedule F (Form 990) 2012

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amo non-c assista

COLLEGE OF CHARLESTON FOUNDATION Schedule F (Form 990) 2012

m 990, Part IV, line 16.

(g) Description of

non-cash assistance

Page 3

(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2012 COLLEGE OF CHARLESTON FOUNDATION Part IV Foreign Forms

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

Schedule F (Form 990) 2012

Schedule F (Form 990) 2012 COLLEGE OF CHARLESTON FOUNDATION 23-7069236 Page 5 Part V Supplemental Information Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.
PART I, LINE 3, COLUMN (E):
REGION: EUROPE
(E) SPECIFIC TYPES OF SERVICES IN REGION: A PROPERTY IN TRUJILLO, SPAIN,
WAS DONATED TO THE COLLEGE OF CHARLESTON FOR USE IN THE STUDY ABROAD
PROGRAM. THE PROPERTY IS NOW BEING USED AS THE RESIDENCE FOR THE
PROFESSORS INVOLVED IN THIS PROGRAM. THE FOUNDATION'S DUTY IS TO MAINTAIN
AND MANAGE THE PROPERTY, SO THAT IT MAY BENEFIT MANY GENERATIONS TO COME.

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury	
Internal Revenue Service	

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

	Inspection
Employer	identification number

COLLECE OF CUADLECTON FOUNDATION

COLLEGE OF CHARLESTON FOUNDATION			23-7069236					
Part I Fundraising Activities required to complete this part	• Complete if t rt.	he organizatior	n answe	red "Y	'es" to	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
 Indicate whether the organization raises Mail solicitations Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations a Did the organization have a written key employees listed in Form 990, F If "Yes," list the ten highest paid incocompensated at least \$5,000 by the 	s or oral agreem Part VII) or entii lividuals or ent	e X s f S g X s ent with any ind ty in connection ities (fundraiser	Solicitat Solicitat Special dividual n with pr	ion of ion of fundra (inclue rofess	non-g gover iising ding o ional f	overnment grants nment grants events fficers, directors, tru iundraising services?	stees or ? X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity		(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization	
GRENZEBACH, GLIER &		IVE CAMPAIG	И	Yes	No			
ASSOCIATES - 401 N. MICHIGAN	CONSULTATI	ON, NO			Х	0.	35,931.	-35,931.
Total							35,931.	-35,931.

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

SC

 Schedule G (Form 990 or 990-EZ) 2012
 COLLEGE
 OF
 CHARLESTON
 FOUNDATION
 23-7069236
 Page

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

	(a) Event #1	D-EZ, lines 1 and 6b. List e	(c) Other events					
			()	(d) Total events				
			1	(add col. (a) through				
	(event type)	(event type)	(total number)	col. (c))				
1 Gross receipts	36,500.	23,195.	19,202.	78,897				
2 Less: Contributions	25,570.	11,455.	11,544.	48,569				
3 Gross income (line 1 minus line 2)	10,930.	11,740.	7,658.	30,328				
4 Cash prizes								
5 Noncash prizes								
6 Rent/facility costs	750.	3,772.		4,522				
7 Food and beverages	7,352.	10,485.	375.	18,212				
8 Entertainment								
		13,659.	14,985.	30,970				
			►	(53,704				
11 Net income summary. Combine line 3, colum	n (d), and line 10		►	-23,376				
	answered "Yes" to Form	990, Part IV, line 19, or r	eported more than					
\$15,000 on Form 990-EZ, line 6a.	İ	(I-) Dull tobo/instant						
	(a) Bingo		(c) Other gaming	(d) Total gaming (add col. (a) through col. (c				
		Singo, progressive Singe						
2 Cash prizes								
3 Noncash prizes								
4 Rent/facility costs								
5 Other direct expenses								
	Yes %	└── Yes %	Yes %					
6 Volunteer labor	□ No	□ No	□ No					
7 Direct expense summary. Add lines 2 throug	►	(
8 Net gaming income summary. Combine line	, column d, and line 7		••••••••••••••••••••••••••••••••••••••					
Entor the state(s) in which the organization analy	tos apmina activitios:							
		etatee?						
Were any of the organization's gaming licenses re	evoked, suspended or te	erminated during the tax y	vear?	Yes N				
Were any of the organization's gaming licenses realized in the second se			/ear?	Yes N				
	 Gross receipts Less: Contributions Gross income (line 1 minus line 2) Cash prizes Noncash prizes Noncash prizes Rent/facility costs Food and beverages Entertainment Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Combine line 3, columner Tis,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Noncash prizes Other direct expenses Other direct expenses Direct expense summary. Add lines 4 through Noncash prizes Noncash prizes Other direct expenses Other direct expenses Other direct expenses Noncash prizes Noncash pri	REACH PROGRAM GALA (event type) 1 Gross receipts 3 6,500. 2 Less: Contributions 3 Gross income (line 1 minus line 2) 1 0,930. 4 Cash prizes 5 Noncash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 7 State 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Combine line 3, column (d), and line 10 11 Net gaming income summary. 2 Cash prizes 3<	REACH AWAKEN FOR PROGRAM GALATHE ARTS (event type) (event type) (event type) 1 Gross receipts 36,500. 23,195. 2 Less: Contributions 25,570. 11,455. 3 Gross income (line 1 minus line 2) 10,930. 11,740. 4 Cash prizes	RBACH PROGRAM GALATHE ARTS 1 (event type) (total number) 1 Gross receipts 36,500. 23,195. 19,202. 2 Less: Contributions 25,570. 11,455. 11,544. 3 Gross income (line 1 minus line 2) 10,930. 11,740. 7,658. 4 Cash prizes				

Sch	edule G (Form 990 or 990-EZ) 2012 COLLEGE OF CHARLESTON FOUNDATION 23-7	069	236	Page 3
11	Does the organization operate gaming activities with nonmembers?		Yes	No No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No No
13	Indicate the percentage of gaming activity operated in:			
	The organization's facility	13a		%
	An outside facility	13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	🗌 No
k	If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount			
	of gaming revenue retained by the third party ▶\$			
c	If "Yes," enter name and address of the third party:			
	Name			
	Address 🕨			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided 🕨			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	No No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year 🕨 \$			
Pa	Int IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii)	and (v), and	Part III,
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information	ו (see i	nstruc	tions).
		-		
\underline{SC}	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISEF	.s:		
/ -				
(I) NAME OF FUNDRAISER: GRENZEBACH, GLIER & ASSOCIATES			
/ -		. –	-	C O C 1 1
(I) ADDRESS OF FUNDRAISER: 401 N. MICHIGAN AVE STE 2800, CHICAGO	<u>, 1</u>	Ь	60611
/ -			~-	
(1	I) ACTIVITY: COMPREHENSIVE CAMPAIGN CONSULTATION, NO SOLICITAT	TON	OF	FUND

SCHEDULE I								OMB No. 1545-0047	
(Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States								
				<i>.</i>				2012	
Department of the Treasury Internal Revenue Service	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Attach to Form 990.								
Name of the organizat		F CHARLES	TON FOUNDAT	ידטא				Employer identification number 23-7069236	
Part I General I	nformation on Grants a		<u>, , , , , , , , , , , , , , , , , , , </u>	1011				23 ,009230	
1 Does the organiz	zation maintain records	to substantiate th	e amount of the grants	s or assistance, the	grantees' eligibilit	y for the grants or as	sistance, and the seled	ction	
-	award the grants or assi								
2 Describe in Part	IV the organization's pr	ocedures for moni	toring the use of grant	funds in the Unite	d States.				
Part II Grants an	d Other Assistance to	Governments an	d Organizations in th	e United States. C	complete if the org	anization answered "	Yes" to Form 990, Parl	t IV, line 21, for any	
recipient t	hat received more than	\$5,000. Part II car	be duplicated if addit	ional space is need	ded.				
.,	ddress of organization vernment	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
COLLEGE OF CHARL 66 GEORGE ST CHARLESTON, SC 25		57-6000265	IRC 115	3,772,989.	0.			COLLEGE OF CHARLESTON: GRANTS PROVIDED TO THE COLLEGE OF CHARLESTON ARE USED TO PROMOTE PROGRAMS	
COLLEGE OF CHARLI ASSOCIATION - PO CHARLESTON, SC 25	BOX 20216 -	57-0760038	501C3	105,000.	0.			COLLEGE OF CHARLESTON ALUMNI ASSOCIATION: PER A MEMORANDUM OF UNDERSTANDING (MOU) WITH	
COLLEGE OF CHARLI 307 MEETING ST CHARLESTON, SC 25	ESTON COUGAR CLUB	57-0640443	501C3	5,700.	0.			COLLEGE OF CHARLESTON COUGAR CLUB: THE COUGAR CLUB AT THE COLLEGE OF CHARLESTON IS THE	
	per of section 501(c)(3) a			ne line 1 table				<u>3.</u>	
	per of other organization								
LHA For Paperwork	Reduction Act Notice	e, see the Instruct	tions for Form 990.					Schedule I (Form 990) (2012)	

COLLEGE OF CHARLESTON FOUNDATION

23-7069236

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance	
ACADEMIC & ACHIEVEMENT AWARDS FOR STUDENTS AND FACULTY	267	158,992.	0.	FMV		
Part IV Supplemental Information. Complete this part to provide	le the informatio	n required in Part I,	line 2, Part III, colum	nn (b), and any other additional in	formation.	
SCHEDULE I, PART I, LINE 2: GRANTS	TO ORGA	NIZATIONS:	THROUGH I	TS		
REPRESENTATIVES ON THE ALUMNI BOAR	D AND TH	E COUGAR C	LUB BOARD,	THE		
FOUNDATION IS ABLE TO MONITOR FINAL	NCIAL AN	D PROGRAM	ACTIVITY F	'OR EACH OF		
THESE RESPECTIVE ORGANIZATIONS. WI	TH REGAR	D TO THE C	OLLEGE OF	CHARLESTON,		
THE FOUNDATION WAS ESTABLISHED TO	PROMOTE	PROGRAMS O	F EDUCATIO	N, RESEARCH,		
STUDENT DEVELOPMENT, AND FACULTY D	EVELOPME	NT FOR THE	EXCLUSIVE	BENEFIT OF		
THE COLLEGE OF CHARLESTON. IN ADDITION, THE FOUNDATION AND THE COLLEGE OF						

CHARLESTON HAVE EXECUTED A MEMORANDUM OF AGREEMENT TO GUIDE EXPECTATIONS

BETWEEN THE TWO ORGANIZATIONS.

Page 2

GRANTS/ASSISTANCE TO INDIVIDUALS: ACADEMIC & ACHEIVEMENT AWARDS ARE DISTRIBUTED BASED ON SPECIFIC CRITERIA ESTABLISHED IN DONOR GIFT AGREEMENTS AS WELL AS BY ACADEMIC UNITS AT THE COLLEGE OF CHARLESTON. THE ACADEMIC UNITS ARE RESPONSIBLE FOR SELECTING RECIPIENTS BASED ON ESTABLISHED CRITERIA.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: COLLEGE OF CHARLESTON

(H) PURPOSE OF GRANT OR ASSISTANCE: COLLEGE OF CHARLESTON: GRANTS

PROVIDED TO THE COLLEGE OF CHARLESTON ARE USED TO PROMOTE PROGRAMS OF

EDUCATION, RESEARCH, STUDENT DEVELOPMENT, AND FACULTY DEVELOPMENT IN

ACCORDANCE WITH THE MISSION STATEMENT OF THE FOUNDATION.

NAME OF ORGANIZATION OR GOVERNMENT:

COLLEGE OF CHARLESTON ALUMNI ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: COLLEGE OF CHARLESTON ALUMNI ASSOCIATION: PER A MEMORANDUM OF UNDERSTANDING (MOU) WITH THE ALUMNI ASSOCIATION OF THE COLLEGE OF CHARLESTON, THE COLLEGE OF CHARLESTON FOUNDATION SHALL PROVIDE AN AGREED UPON AMOUNT OF ANNUAL SUPPORT TO ENHANCE ALUMNI ENGAGEMENT AND PROGRAMS, WITH PAYMENTS DUE AT THE BEGINNING OF EACH QUARTER. THE MOU WAS EXECUTED ON DECEMBER 7, 2012 AND EFFECTIVE RETROACTIVELY TO JULY 1, 2012 FOR A THREE-YEAR PERIOD WITH THE APPROVAL OF THE FOUNDATION BOARD OF DIRECTORS AND THE ALUMNI ASSOCIATION BOARD OF DIRECTORS. FOR THE FISCAL YEAR JULY 1, 2012 – JUNE 30, 2013 THE FOUNDATION PAID THE ALUMNI ASSOCIATION \$105,000 IN ACCORDANCE WITH THE MOU.

Schedule I (Form 990) COLLEGE OF CHARLESTON FOUNDATION	23-7069236 Page 2
Part IV Supplemental Information	
NAME OF ORGANIZATION OR GOVERNMENT: COLLEGE OF CHARLESTON	COUGAR CLUB
(H) PURPOSE OF GRANT OR ASSISTANCE: COLLEGE OF CHARLESTON	COUGAR CLUB:
THE COUGAR CLUB AT THE COLLEGE OF CHARLESTON IS THE FUND-F	RAISING
ORGANIZATION FOR THE DEPARTMENT OF ATHLETICS, PROVIDING SU	JPPORT FOR
STUDENT ATHLETES IN MEETING THEIR ACADEMIC AND ATHLETIC GO	DALS. THE
COLLEGE OF CHARLESTON FOUNDATION MANAGES ENDOWMENT FUNDS W	WHICH ARE
DESIGNATED FOR THE BENEFIT OF ATHLETICS. THE GRANT FOR \$5	5,700 REPRESENTS
THE AMOUNT APPROPRIATED FOR THE SOCCER PROGRAM, WHICH WAS	TRANSFERRED TO
THE COUGAR CLUB TO PROVIDE OVERSIGHT IN DISBURSEMENT.	

(Fo	HEDULE J Compensation Information rm 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees tment of the Treasury Complete if the organization answered "Yes" to Form 990, Part IV, line 23.	2 Open	b. 1545-00 D12 to Pub	lic			
	ernal Revenue Service Attach to Form 990. See separate instructions.						
Nam	e of the organization Em	oloyer identifica	ition nu	ımber			
	COLLEGE OF CHARLESTON FOUNDATION	23-70692	36				
Pa	rt I Questions Regarding Compensation						
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. X First-class or charter travel Travel for companions Tax indemnification and gross-up payments Discretionary spending account Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Housing allowance or residence for personal used Payments for business use of personal resider Health or social club dues or initiation fees Personal services (e.g., maid, chauffeur, chef)		Yes	No			
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or						
D	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	11	x				
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, director			+			
-	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?		x				
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee X Independent compensation consultant Form 990 of other organizations CEO/Executive Director, but explain in Part III. X Written employment contract X Approval by the board or compensation committee	D I					
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:						
	Receive a severance payment or change-of-control payment?		_	X			
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		-	x			
С							
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
5	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:	54		x			
	The organization?		-	X			
U	Any related organization? If "Yes" to line 5a or 5b, describe in Part III.		,				
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation						
5	contingent on the net earnings of:						
а	The organization?	6a		x			
	Any related organization?		-	X			
	If "Yes" to line 6a or 6b, describe in Part III.						
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		x			
8							
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III			X			
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in						
	Regulations section 53.4958-6(c)?						
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule J (Fo	rm 990) 2012			

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	reported as deferred in prior Form 990	
(1) GEORGE P. WATT, JR.	(i)	90,000.	0.	6,549.	0.	0.	96,549.	0.	
EVP COFC/EXEC DIR OF FOUNDATION	(ii)	177,038.	0.	0.	0.	1,038.	178,076.	0.	
(2) P. GEORGE BENSON	(i)	200,000.	0.	195,977.	35,000.	0.	430,977.	191,459.	
PRESIDENT OF COFC	(ii)	153,517.	0.	10,810.	0.	14,498.	178,825.	0.	
(3) GEORGE HYND	(i)	25,000.	0.	0.	0.	0.	25,000.	0.	
PROVOST COFC	(ii)	235,077.	0.	6,930.	0.	9,191.	251,198.	0.	
(4) ALAN SHAO	(i)	60,900.	0.	0.	0.	0.	60,900.	0.	
DEAN, SCHOOL OF BUS. COFC	(ii)	218,343.	0.	33.	0.	5,336.	223,712.	0.	
(5) CHRISTOPHER TOBIN	(i)	0.	0.	0.	0.	0.	0.	0.	
VP OF DEVELOPMENT COFC	(ii)	159,652.	0.	540.	0.	3,348.	163,540.	0.	
(6) SUE SOMMER-KRESSE	(i)	0.	0.	0.	0.	0.	0.	0.	
CEO, FORMER	(ii)	104,376.	0.	229.	0.	723.	105,328.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	111								

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

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

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

(ii)

Schedule J (Form 990) 2012

Part III Supplemental Information

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

PART I, LINE 1A: THE PRESIDENT OF THE COLLEGE OF CHARLESTON AND THE

ASSOCIATE VP OF DEVELOPMENT UTILIZED CHARTER AIR SERVICE TO VISIT A

SIGNIFICANT DONOR. DUE TO SPECIAL CIRCUMSTANCES, CHARTER AIR SERVICE WAS

USED. THIS SERVICE IS USED INFREQUENTLY.

PART I, LINE 4B: THE COLLEGE OF CHARLESTON (THE INSTITUTION) OFFERS A

457(F) NON-QUALIFIED RETIREMENT PLAN TO ITS EXECUTIVE EMPLOYEES AS

DESIGNATED BY ITS BOARD OF TRUSTEES FROM TIME TO TIME. THE PLAN IS OWNED BY

THE COLLEGE OF CHARLESTON AND THE COLLEGE OF CHARLESTON FOUNDATION FUNDS

THE PLAN. THE TERMS OF THE RETIREMENT PLAN INCLUDE THE FOLLOWING: THE

INSTITUTION SHALL NOT PAY THE AMOUNT OF THE PARTICIPANT'S DEFERRED SALARY

ACCOUNT TO THE PARTICIPANT OR THE PARTICIPANT'S DESIGNATED BENEFICIARY

UNTIL 60 DAYS AFTER THE EARLIEST OF (1) THE DATE RELATIVE TO CONTINUOUS

FULL TIME EMPLOYMENT AS DESIGNATED IN THE AGREEMENT, (2) THE PARTICIPANT'S

DEATH, (3) THE PARTICIPANT'S DISABILITY AS DEFINED IN IRC SECTION

409A(A)(2)(C), OR (4) THE PARTICIPANT'S INVOLUNTARY TERMINATION OF

EMPLOYMENT FROM THE INSTITUTION FOR REASONS OTHER THAN JUST CAUSE. THE

PARTICIPANT WILL HAVE NO RIGHTS IN THE DEFERRED SALARY ACCOUNT UNLESS HE OR

SHE REMAINS EMPLOYED BY THE INSTITUTION UNTIL ATTAINMENT OF THE DATE

Schedule J (Form 990) 2012

Part III Supplemental Information

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

RELATIVE TO CONTINUOUS FULL TIME EMPLOYMENT AS DESIGNATED IN THE AGREEMENT

UNLESS TERMINATION OF EMPLOYMENT IS DUE TO THE PARTICIPANT'S DEATH OR TOTAL

DISABILITY OR THE PARTICIPANT'S EMPLOYMENT IS INVOLUNTARILY TERMINATED FOR

REASONS OTHER THAN JUST CAUSE. IF TERMINATION IS FOR ANY OTHER REASON, THEN

NO PAYMENT SHALL BE DUE UNDER THE AGREEMENT.

THE DEFERRED SALARY ACCOUNT SHALL BE PAID BY THE INSTITUTION TO THE

PARTICIPANT OR DESIGNATED BENEFICIARY IN A LUMP SUM PAYMENT OF THE SINGLE

SUM VALUE OF THE DEFERRED SALARY ACCOUNT.

THE FOLLOWING INDIVIDUAL PARTICIPATED IN A SUPPLEMENTAL NON-QUALIFIED

RETIREMENT PLAN FOR 2012, AS FOLLOWS.

P. GEORGE BENSON: \$35,000

P. GEORGE BENSON, PRESIDENT OF THE COLLEGE OF

CHARLESTON, BECAME FULLY VESTED IN THE 457F PLAN DURING 2012 AND RECEIVED

FULL PAYMENT OF \$191,458.77. THIS AMOUNT WAS INCLUDED ON HIS 2012 FORM W-2.

Schedule J (Form 990) 2012

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization answered

"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

Open To Public Inspection

OMB No. 1545-0047

Name of the organization

COLLEGE OF CHARLESTON FOUNDATION

Employer identification	number
23-7069236	

▶ \$

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

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

1 (c) Name of discussified person	(b) Relationship between disqualified	(a) Description of transaction	(d) Corrected?			
(a) Name of disqualified person	person and organization	(c) Description of transaction	Yes	No		
2 Enter the amount of tax incurred by	/ the organization managers or disqualifi	ed persons during the year under				
section 4958		► \$				

3	Enter the amount of tax	if any on line 2	above	, reimbursed by the organization	
•	Enter the arround of tax	, ii airy, oir iirio <u>–</u>	40010	, reinibareed by the erganization	

Loans to and/or From Interested Persons. Part II

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fron	an to or n the zation?	(e) Original principal amount	(f) Balance due	(g) defa	In ault?	(h) Ap by bo comm	proved ard or hittee?	(i) W agreei	ritten ment?
	-		То	From			Yes	No	Yes	No	Yes	No
Total					▶ \$							

Part III

Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

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

Schedule L (Form 990 or 990-EZ) 2012

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

(a) Name of interest	ed person	(b) Relationship person and			(c) Amount of transaction	(d) Description of transaction	organiz	aring of zation's nues?
							Yes	No
A. WEINGARTEN		DAUGHTER	OF	FOUNDAT	20,633	COMPENSATIC)	X

Part V Supplemental Information

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

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

(A) NAME OF PERSON: A. WEINGARTEN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DAUGHTER OF FOUNDATION BOARD DIRECTOR WEINGARTEN

(D) DESCRIPTION OF TRANSACTION: COMPENSATION REIMBURSED BY THE

FOUNDATION TO THE COLLEGE OF CHARLESTON FOR SERVICES PERFORMED

Noncash Contributions

Complete if the organizations answered "Yes" on Form

OMB No. 1545-0047

Open to Public

. Inspection

Department of the Treasury Internal Revenue Service

990, Part IV, lines 29 or 30. Attach to Form 990.

Employer identification number 23-7069236

Name of the organization

COLLEGE OF CHARLESTON FOUNDATION

Pai	t I Types of Property							
		(a) Check if applicable		(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		•	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	26	697,120.	FAIR MARKET	' VA	LUE	
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles	Х	2	446,895.	APPRAISAL			
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts	X	1					
25	Other (SOFTWARE)	X	1		FAIR MARKET	' VA	LUE	
26	Other (MUSICAL INSTR)	X	2		APPRAISAL			
27	Other (GEMSTONES)	X	2		APPRAISAL			
28	Other ► (SEEDLINGS)	X		· · · · · · · · · · · · · · · · · · ·	APPRAISAL			
29	Number of Forms 8283 received by the organi							
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowled	gement 29			v	
20-	During the year, did the organization receive b			a side of in David L linear 1 00 db	at it was sat la a lai fa s		Yes	No
sua								
	at least three years from the date of the initial					200		х
h	the entire holding period?					30a		
ы 31	Does the organization have a gift acceptance	nolicy that r	equires the review	of any non-standard contrib	utions?	31	х	
	Does the organization have a gift acceptance							
	contributions?		-			32a		х
b	If "Yes," describe in Part II.							

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2012)

Schedule M (For	m 990) (2012)	COLLEGE	OF	CHARLESTON	FOUNDATI	ON	23-7069236	Page 2
Part II Su the Also	pplemental organization is complete this	Information. reporting in Part part for any add	Com I, colu itional	plete this part to prov umn (b), the number o information.	ide the informations, the contributions, t	on required by Part I, lir he number of items rec	nes 30b, 32b, and 33, an eived, or a combination	d whether of both.
		. ,						

SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. OMB No. 1545-0047

Name of the organization

COLLEGE OF CHARLESTON FOUNDATION

Employer identification number 23 - 7069236

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

FACULTY AND PROGRAM ENRICHMENT

THE FOUNDATION PROVIDED FUNDS IN SUPPORT OF THE FOLLOWING AT THE

COLLEGE OF CHARLESTON: FACULTY CHAIRS, OPERATING FUNDS FOR CENTERS OF

EXCELLENCE AND VARIOUS OTHER PROGRAMS. THESE PROGRAMS INCLUDED SUPPORT

FOR SIX UNDERGRADUATE SCHOOLS. A FEW SPECIAL DISTINCTIONS OF THE

SCHOOLS INCLUDE:

-SCHOOL OF THE ARTS BOASTS ONE OF THE NATION'S ONLY UNDERGRADUATE ARTS

MANAGEMENT PROGRAMS WHICH COMBINES HISTORIC PRESERVATION AND COMMUNITY

PLANNING.

-SCHOOL OF LANGUAGES, CULTURES, & WORLD AFFAIRS HAS THE MOST

COMPREHENSIVE UNDERGRADUATE FOREIGN LANGUAGE PROGRAM IN THE SOUTHEAST.

-SCHOOL OF SCIENCE AND MATHEMATICS HAS AMERICA'S ONLY UNDERGRADUATE

PROGRAM IN DISCOVERY INFOMATICS, A GROUNDBREAKING INTERDISCIPLINARY

PROGRAM WHICH INTEGRATES COMPUTER SCIENCE AND MATHEMATICS WITH SPECIFIC

APPLICATION DISCIPLINES TO CREATE NEW INFORMATION FROM EXISTING

INFORMATION.

THE FOLLOWING FOUR CENTERS ALSO RECEIVED FUNDING TO IMPROVE OUR CAMPUS

AND COMMUNITY THROUGH SERVICE, INNOVATION, AND SCHOLARSHIP:

AVERY RESEARCH CENTER FOR AFRICAN AMERICAN HISTORY AND CULTURE - WITH

4,000 ARTIFACTS, BOOKS AND SOURCE MATERIALS TELLING THE HISTORY OF S.C.

LOWCOUNTRY BLACKS - FROM SLAVERY TO THE RISE OF GULLAH CULTURE AND ON

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization COLLEGE OF CHARLESTON FOUNDATION	Employer identification number 23-7069236
THROUGH THE CIVIL RIGHTS MOVEMENT - THIS MUSEUM /RESEARCH	FACILITY
PLAYS A CENTRAL ROLE IN CHARLESTON'S BLACK COMMUNITY THRO	UGH RESEARCH
OPPORTUNITIES AND OUTREACH PROGRAMS.	

HALSEY INSTITUTE OF CONTEMPORARY ART - AS PART OF THE SCHOOL OF THE ARTS, THE HICA EXHIBITS SOME OF THE FINEST CONTEMPORARY ART IN THE SOUTHEAST, SPONSORS LECTURES, FILM SERIES AND PUBLICATIONS, AND SERVES AS AN INSPIRING LIVING LABORATORY FOR UNDERGRADUATE ART STUDENTS.

HIGDON STUDENT LEADERSHIP CENTER - DESIGNED TO HELP STUDENTS DISCOVER AND DEVELOP THE LEADERSHIP SKILLS THAT ENABLE PROFESSIONAL SUCCESS AND EFFECTIVE CITIZENSHIP, THIS CENTER SPONSORS SEVERAL POPULAR COLLEGE PROGRAMS, INCLUDING THE PRE-FRESHMAN COUGAR EXCURSION, THE LEADERSHIP SEMINAR, THE HIGHLY SELECTIVE LEADERSHIP COFC PROGRAM FOR JUNIORS AND SENIORS.

N.E. MILES EARLY CHILDHOOD DEVELOPMENT CENTER - A FULLY ACCREDITED INSTITUTION IS ALSO A DEMONSTRATION PROGRAM FOR THE INNOVATIVE APPROACHES TO EARLY CHILDHOOD EDUCATION TAUGHT IN THE COLLEGE'S UNDERGRADUATE AND GRADUATE TEACHING PROGRAMS.

FUNDING FOR SPECIAL GUEST LECTURES INCLUDED: A LECTURE BY JON MEACHAM, PRESIDENTIAL HISTORIAN, CONTRIBUTING EDITOR AT TIME AND PULITZER PRIZE-WINNING AUTHOR. KNOWN AS A SKILLED RACONTEUR AND AN ELOQUENT SPEAKER WITH A DEPTH OF KNOWLEDGE ABOUT HISTORY, POLITICS AND RELIGION, MEACHAM IS ONE OF AMERICA'S MOST PROMINENT PUBLIC INTELLECTUALS AND UNDERSTANDS HOW ISSUES AND EVENTS IMPACT OUR LIVES.

THE	E FOU	JNDATION	PRO	OVIDED	\$2,	,600	,267	IN	FINANCIA	AL A	ID	то	SUPE	PORT	STUDE	INTS
AT	THE	COLLEGE	\mathbf{OF}	CHARLI	ESTO	DN.	THIS	F	INANCIAL	AID	IN	ICLU	IDES	ACAI	DEMIC,	,

MERIT, AND TRAVEL ABROAD SCHOLARSHIP FUNDING. IN ADDITION, \$150,492 WAS

PROVIDED IN ACADEMIC AND MERIT ACHIEVEMENT AWARDS. NEARLY 1,200

STUDENTS WERE BENEFICIARIES OF THE FINANCIAL AID AND ACADEMIC/MERIT

ACHIEVEMENT AWARDS.

THE AMOUNT OF SCHOLARSHIP SUPPORT PROVIDED WAS INCREASED BY 8% OVER LAST YEAR. THIS REMAINS ALIGNED WITH THE COLLEGE OF CHARLESTON STRATEGIC PLAN, WHICH INCLUDES A PROVISION TO INCREASE THE AMOUNT OF MERIT-BASED AND NEED-BASED SCHOLARSHIP FUNDING.

FORM 990, PART VI, SECTION B, LINE 11: THE RETURN WAS PREPARED BY AN INDEPENDENT ACCOUNTANT WITH ASSISTANCE AND OVERSIGHT BY MANAGEMENT. THE FULL BOARD WAS PROVIDED A LINK TO ACCESS THE COMPLETE FORM 990, ONLINE, PRIOR TO THE PRESENTATION TO THE MEMBERS OF THE AUDIT COMMITTEE. THE AUDIT COMMITTEE MEMBERS REVIEWED THE FORM AND SUPPORTING SCHEDULES. FOLLOWING REVIEW BY THE COMMITTEE, THE CHAIR OF THE AUDIT COMMITTEE PRESENTED A SUMMARY REVIEW OF THE 990 TO THE BOARD. THE BOARD DOCUMENTED THIS REVIEW IN THE MEETING MINUTES. THE FORM 990 WAS FILED WITH THE IRS FOLLOWING THE BOARD REVIEW.

Schedule O (Form 990 or 990-EZ) (2012)

SCHOLARSHIPS AND AWARDS

Name of the organization

COLLEGE OF CHARLESTON FOUNDATION

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

Name of the organization

Employer identification number 23-7069236

TOTAL NUMBER OF EMPLOYEES

THE FOUNDATION COMPENSATED 28 EMPLOYEES DURING THE YEAR. 5 OF THOSE

COLLEGE OF CHARLESTON FOUNDATION

EMPLOYEES WERE PAID IN PART BY THE COLLEGE OF CHARLESTON FOUNDATION,

AND WERE REFLECTED ON THE FOUNDATION'S FORM W-3. THE REMAINDER OF THE

EMPLOYEES FOR THE FOUNDATION WERE PAID BY THE COLLEGE OF CHARLESTON,

AND THEIR SALARY EXPENSE WAS REIMBURSED BY THE FOUNDATION TO THE

COLLEGE OF CHARLESTON.

FORM 990, PART VI, SECTION B, LINE 12C: A COPY OF THE CONFLICT OF INTEREST POLICY ALONG WITH A QUESTIONNAIRE IS DISTRIBUTED ANNUALLY TO EACH BOARD MEMBER. BOARD MEMBERS COMPLETE THE QUESTIONNAIRES AND RETURN THEM TO THE

ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 15: THE FOUNDATION'S EMPLOYEES ARE HIRED AND PAID BY THE COLLEGE OF CHARLESTON. THE FOUNDATION THEN REIMBURSES THE COLLEGE FOR PORTIONS OF THE EMPLOYEES' SALARY COSTS. THE HIRING PROCESS IS MONITORED BY THE HUMAN RESOURCES DEPARTMENT OF THE COLLEGE OF CHARLESTON AND IS SUBJECT TO THE COLLEGE'S POLICIES AND PROCEDURES. IN RECENT YEARS WHEN HIRING OFFICERS AND KEY EMPLOYEES, THE FOUNDATION IN COLLABORATION WITH COLLEGE OF CHARLESTON HAS CONTRACTED WITH OUTSIDE EXECUTIVE SEARCH FIRMS WHO ASSIST IN LOCATING AND INTERVIEWING CANDIDATES. THE FOUNDATION CONSULTS WITH THE SEARCH FIRM AND USES THE FIRM'S EXPERIENCE AND EXPERTISE IN DETERMINING COMPENSATION PACKAGES FOR THESE INDIVIDUALS THAT ARE COMPARABLE TO THOSE OF SIMILAR ORGANIZATIONS. COMPENSATION FOR THE TOP EXECUTIVE, THE EXECUTIVE DIRECTOR OF THE FOUNDATION, IS APPROVED BY THE CHAIR OF THE BOARD, PRIOR TO HIRING. COMPENSATION FOR KEY EMPLOYEES PAID BY THE FOUNDATION AND THE COLLEGE ARE APPROVED BY THE CHAIR OF THE COLLEGE BOARD OF TRUSTEES AS WELL AS THE FOUNDATION.

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization COLLEGE OF CHARLESTON FOUNDATION	Employer identification number 23-7069236
FORM 990, PART VI, SECTION C, LINE 18: PHOTOCOPIES OF THE	FORM 990 ARE
AVAILABLE UPON REQUEST AT THE ORGANIZATION'S ACCOUNTING O	FFICE. IN
ADDITION, RECENT FILINGS OF THE FORM 990 ARE AVAILABLE ON	LINE AT
WWW.GUIDESTAR.ORG AND ON THE FOUNDATION'S WEBSITE.	
FORM 990, PART VI, SECTION C, LINE 19: COPIES OF THE ORGA	NIZATION'S
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND AUD	ITED FINANCIAL
STATEMENTS ARE AVAILABLE ON THE FOUNDATION'S WEBSITE AND	UPON REQUEST AT
THE ORGANIZATION'S ADMINISTRATIVE OFFICES.	
FORM 990, PART VII, SECTION A:	
DR. ENCARNATION IS A FOUNDATION BOARD DIRECTOR WHO WAS RE	TAINED BY THE
COLLEGE OF CHARLESTON TO SERVE AS AN EXECUTIVE-IN-RESIDEN	CE. DR.
ENCARNATION DID NOT RECEIVE ANY COMPENSATION RELATED TO H	IS SERVICE ON
THE FOUNDATION BOARD OF DIRECTORS.	

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

CHANGE IN VALUE OF SPLIT INTEREST	-18,480.
CHANGE IN ALLOWANCE OF UNCOLLECTIBLE PROMISES TO GIVE	-527,914.
CHANGE IN VALUE OF MARINE GENOMICS ENDOWMENT	-51,331.
TOTAL TO FORM 990, PART XI, LINE 9	-597,725.

SCH	FNI	IIF	R
0011			

(Form 990) Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

Attach to Form 990. See separate instructions.

OMB No. 1545-0047 2012 Open to Public Inspection

Name of the organization

COLLEGE OF CHARLESTON FOUNDATION

Employer identification number 23 - 7069236

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		3) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
COLLEGE OF CHARLESTON - 57-6000265							
66 GEORGE ST							
CHARLESTON, SC 29424	HIGHER EDUCATION	SOUTH CAROLINA	IRC 115	LINE 2	N/A		Х
	1						
]						
]						

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

Schedule R (Form 990) 2012 COLLEGE OF CHARLESTON FOUNDATION

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

(a)	(b)	(c)	(d)		e)	(f)	(g)	()	n)	(i)		(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	(related, excluded fr	ant income unrelated, om tax under	Share inco	of total ome	end-c	£	Disprop ate alloc		Code V-UE amount in b 20 of Sched	ox ⁿ	nanaging partner?	
		country)		sections	512-514)					Yes	No	K-1 (Form 10	65) Y	′es No	
	_														
	_														
	-														
	_														
	-														
	-														
	-														
V Identification of Related O organizations treated as a c	rganizations Taxable orporation or trust duri	as a Corpo	pration or Trust (C year.)	omplete if t	ne organizat	ion answ	vered "Yes	s" to Forr	m 990, Pa	art IV, I	ine 34	because it ha	ad one	e or mo	ore relat
(a)			(b)	(c)	(d)		(e))	(f))		(g)	((h)	(i) Secti
Name, address, and of related organization		Prim		Legal domicile (state or foreign country)	Direct cont entity	trolling /	Type of (C corp, S or tru	entity S corp,	Share c inco	of total			Perce	entage ership	Section 512(b) contro entity

of related organization		foreign country)	entity	or trust)	liicome	assets	Ownership	ent	ity?
		country)			Yes	No			
]								
	1								

Schedule R (Form 990) 2012 COLLEGE OF CHARLESTON FOUNDATION

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

					N
	elated organizations listed in Pa				
					2
			1 b	Х	
			1c		2
			1d		2
			1e	X	┢
			1f		2
			1g		2
			1h		2
			1i		2
			1 j	X	
			1k		2
					2
					2
				Х	E
			10	x	
			1q		2
			1r	Х	
(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount	involved		
E	1,333,880.				
J	820,841.				
0	868,136.				
Р	2,014,338.				
	tity	tity organization(s) organization(s) organization(s) nization(s) <u>on who must complete this line, including covered relation</u> <u>(b)</u> <u>(c)</u> <u>Transaction</u> <u>type (a-s)</u> <u>E</u> <u>1,333,880.</u> <u>J</u> <u>820,841.</u> <u>0</u> <u>868,136.</u>	tity organization(s) organization(s) organization(s) ization(s) iz	tity 1a 1b 1c 1d 1d 1e 1d 1f 1g 1g 1k 1i 1j is 1g nization(s) 1n 1g 1g 1g 1g 1g 1g is 1g 1g 1g <td>tity 1a 1b X 1c 1d 1d 1e 1d 1e 1f 1g 1n 1i 1j X organization(s) 1i organization(s) 1i inization(s) 1in inization(s) 1in <t< td=""></t<></td>	tity 1a 1b X 1c 1d 1d 1e 1d 1e 1f 1g 1n 1i 1j X organization(s) 1i organization(s) 1i inization(s) 1in inization(s) 1in <t< td=""></t<>

(6)

Schedule R (Form 990) 2012 COLLEGE OF CHARLESTON FOUNDATION

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are a partners 501(c) orgs.	 sec. (3) ?	(f) Share of total income	(g) Share of end-of-year assets	(I Dispr tior alloca	n) opor- nate tions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Gener mana partn Yes	al or F ging er?	(k) ^D ercentage ownership
								100	110				

Schedule R (Form 990) 2012

	Supplemental Information	23-1009230	Page 5
(Complete this part to provide additional information for responses to questions on Schedule R (see instru-	ctions).	

Form 990-	т	E	xempt Or	ganization E (and proxy tax	Bus	ine	ss Income	e Ta	ax Returr	ו ר	OMB No. 1545-0687
Department of the Internal Revenue S		F			unue r 1	יים פו רב				12	Open to Public Inspection for 501(c)(3) Organizations Only
		For ca		n (Check box if n					N 30, 20		501(c)(3) Organizations Only
	s changed		Name of organizatio		ame ch	langeu	and see instructions	5.)		(Empl	oyees' trust, see ctions.)
B Exempt und		Print		F CHARLEST							3-7069236 ated business activity codes
X 501(C)		or Type		room or suite no. If a P.	.0. box	, see in	structions.				nstructions)
408(e)			66 GEORGE							-	
408A	530(a)		City or town, state, a		24					000	000
529(a)	f all agasta F	Crown	CHARLESTC	-	24					900	099
at end of yea			exemption number (X 501(c) corp	oration		501(c) trust		401(a) trust		Other trust
95,929,					υιατιστι			L		L	
		's prima	ry unrelated busines	s activity. 🕨 PASS	-TH	ROU	GH INCOME	FR	OM PASSI	VE	INVESTMENT
				n an affiliated group or a						Ye	
				parent corporation.	•						
J The books ar	re in care of	► 1	RACEY BIE	LE			Te	lephor	ne number 🕨 8	843-	953-7458
Part I U	Inrelated	l Trac	le or Business	Income			(A) Income		(B) Expense:	s	(C) Net
1a Gross rec	eipts or sales	6									
	rns and allow			c Balance		1c					
						2		_			
						3					
						4a	25	0.			250.
				Form 4797)		4b		_			
				va (attach atatamant)		4c 5	0	5.	STMT 1		95.
	me (Schedule			is (attach statement)		5 6	9	<u>.</u>	DIMI I	•	9.5.
	•					7					
				lled organizations (Sch.	-	8					
			n 501(c)(7), (9), or (- ,	' <i>'</i>						
(Schedule			()())())			9					
•						10					
						11					
12 Other inco	ome (see inst	truction	s; attach statement)	STATEMENT	2	12	-28	6.			-286.
						13		9.			59.
				here (see instructio				'			
				must be directly conr							
				(Schedule K)						14	
										15 16	
										17	
										18	
										19	
20 Charitab	le contributio	ons (see	instructions for limit	ation rules)						20	0.
									1.		
				where on return						22b	1.
23 Depletion	n									23	
										24	
25 Employe	e benefit pro	grams								25	
26 Excess e	exempt expen	ises (Sc	hedule I)							26	
27 Excess r	eadership co	sts (Scl	nedule J)				0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	א די די די	יאדיאיי	27	EEE
										28	555. 556.
				rating loss deduction. S						29 30	-497.
				nt on line 30)						30	-43/•
				deduction. Subtract line						31	-497.
				ructions for exceptions)						33	1,000.
				act line 33 from line 32.							_,
										34	-497.

Form 990-T (2012)	COLLEGE	OF	CHARLESTON	FOUNDATION

Form 990-T	(2012)	COLLEGE OF	CHARLES	TON FOU	NDA	TION		23-70	69236		Page 2
Part II	I 1	ax Computation									
35	Orgar	izations taxable as corporati	ons (see instru	ctions for tax co	nputa	tion).					
	-	olled group members (section			·	_ ′	and:				
		your share of the \$50,000, \$2		,							
	1	\$				(3) \$					
b		organization's share of: (1) A									
-		dditional 3% tax (not more tha									
r		ne tax on the amount on line 3						▶	35c		0.
36	Truet	s taxable at trust rates (see in	etructions for t		Incor	ne tax on the amour	nt on line 3/	from:	000		
00		Tax rate schedule or							36		
37									37		
		tax (see instructions)							38		
38	Tetel	ative minimum tax	Ea or DC which								0.
		Add lines 37 and 38 to line 38 and Payments	be of 36, which	ever applies					39		0.
		in tax credit (corporations atta	ob Form 1110.	tructo attach For		(6)	40a				
									-		
D	Other	credits (see instructions)					40b		- 1		
C.	Gener	al business credit. Attach Forr	n 3800				40c		_		
		for prior year minimum tax (a									
е	Total	credits. Add lines 40a throug	h 40d						40e		
41	Subtra	act line 40e from line 39							41		0.
		taxes. Check if from: 🗌 Fo									
43	Total	tax. Add lines 41 and 42							43		0.
		ents: A 2011 overpayment cr									
		estimated tax payments									
C	Tax d	eposited with Form 8868					44c				
d	Foreig	in organizations: Tax paid or v	vithheld at sour	ce (see instructio	ons) .		44d				
е	Backu	p withholding (see instruction	ıs)				44e				
		for small employer health ins									
g	Other	credits and payments:	E Fo	orm 2439							
		Form 4136	0	ther		Total	► 44g				
45	Total	payments. Add lines 44a thro	ugh 44g						45		
46	Estim	ated tax penalty (see instruction	ons). Check if F	orm 2220 is atta	ched				46		
		ue. If line 45 is less than the to							47		0.
		ayment. If line 45 is larger that							48		0.
	Enter	the amount of line 48 you war	nt: Credited to 2	2013 estimated	tax			Refunded 🕨	49		
Part V	/ S	Statements Regardir	ng Certain	Activities a	and	Other Informa	ation (see	e instructions)			
1 At a	ny time	e during the 2012 calendar ye	ar, did the orga	nization have an	interes	st in or a signature o	or other aut	nority over a financial a	ccount (bank,	, Yes	No
Secu	irities,	or other) in a foreign country	? If "Yes," the or	ganization may l	nave to	o file Form TD F 90-2	22.1, Repor	t of Foreign Bank and F	inancial		
Acco	ounts.	If "Yes," enter the name of the	foreign country	/ here 🕨				-			X
2 Durin	g the ta	If "Yes," enter the name of the ax year, did the organization receive instructions for other forms the org	a distribution from	n, or was it th e grai ve to file.	ntor of,	or transferor to, a foreig	n trust?				X
		mount of tax-exempt interest									
Sched	ule /	A - Cost of Goods S	old. Enter me	ethod of invent	ory v	aluation 🕨 N	/A				
1 Inve	ntory	at beginning of year	1		6	Inventory at end of	vear		6		
	hases		2		1	Cost of goods sold					
		or	3			from line 5. Enter h			7		
		ection 263A costs (att. statement)	4a		8	Do the rules of sect	tion 263A (v	with respect to		Yes	No
		s (attach statement)	4b					for resale) apply to			
		l lines 1 through 4b	5		1	the organization?	•				
	Un	der penalties of periury. I declare th	at I have examine	d this return, includ	ing acc	ompanving schedules a	und statement	s, and to the best of my kn		lief, it is true,	
Sign	cor	rect, and complete. Declaration of p	preparer (other tha	n taxpayer) is base	d on all	information of which pr	eparer has an	y knowledge.			
Here				1				app	May the IRS disc he preparer sho		with
		Signature of officer		Date		Title	<u></u>		nstructions)?		No
		Print/Type preparer's name		Preparer's sigr	nature	I	Date	F	if PTIN		
.		τι την τυρο ρισρατοί ο παιπο					Julo	self- employed			
Paid		AMY BIBBY						Sell- employed		445891	
Prepa	rer	Firm's name \blacktriangleright DIXON	ниснье		Νт	.T.P		Firm's EIN		074798	
Use O	nly			IELD CO					50-	<u> </u>	· <u> </u>
		Firm's address ASH						Phone no.	(828)	254-2	>>51
			ر نئاللاند ۷ ن		00			ן רווטוופ ווט.	(040)		1014

Schedule C - Rent Income (F	From Real F	Property ar	d Personal	Propert	ty Lease	ed With Real P	rope	rty)(see instructions)
1. Description of property								
(1)								
(2)								
(3)								
(4)	2. Rent received	l or apprud						
(a) From personal property (if the percerner rent for personal property is more the second property is more the second property is more the second percent of the second percent	entage of	(h) From real	and personal proper personal property ex	ty (if the perc	entage or if			nected with the income in b) (attach statement)
10% but not more than 50%) (1)		the re	ent is based on profit	or income)				
(2)								
(3)								
(4)	-							
Total	••	Total			0.	(b) Tatal daduatiana		
c) Total income. Add totals of columns 2(ere and on page 1, Part I, line 6, column ((A)	►			0.	(b) Total deductions Enter here and on page 1 Part I, line 6, column (B)		
Schedule E - Unrelated Debt	t-Financed	Income (see	e instructions)			•		
			2. Gross ind	come from		3. Deductions directly on to debt-fination	connecte anced p	ed with or allocable roperty
1. Description of debt-fina	nced property		or allocable financed		(a)	Straight line depreciation (attach statement)		(b) Other deductions (attach statement)
(1)								
(2)								
(3)								
(4)					_			
 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) 	of or all debt-finance	djusted basis ocable to ced property tatement)	6. Column by colu			 Gross income reportable (column 2 x column 6) 		8. Allocable deductions (column 6 x total of colum 3(a) and 3(b))
(1)				%				
(2)			_	%				
(3)				%				
(4)				/0		ter here and on page 1,		Enter here and on page 1,
					P	art I, line 7, column (A).		Part I, line 7, column (B).
Totals					▶		0.	
Total dividends-received deductions incl Schedule F - Interest, Annuit	luded in column	B and Da	nto From C	ontrollo	d Orgo	nizotiono /		
Schedule F - Interest, Annun			pt Controlled O		-	lizations (see in	ISTRUC	tions)
1. Name of controlled organization	2. Employer iden numbe	tification Net	3. unrelated income (see instructions)	Total of	4. of specified ents made	5. Part of column 4 included in the cont organization's gross	that is rolling income	6. Deductions directly connected with income in column 5
	_							
(1)								
(2)								
(3) (4)								
Ionexempt Controlled Organizations								
7. Taxable Income 8. Ne	et unrelated income	(loss) 9.	Total of specified pay	ments	10. Part of c	olumn 9 that is included	11.	Deductions directly connec
	(see instructions)		made		in the coni g	rolling organization's ross income	v	vith income in column 10
(1)								
(2)								
(3)								
(4)								
					Add co	olumns 5 and 10.		Add columns 6 and 11.

0.

23-7069236

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).
Totals	0.			0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
Totals ►	0.	0.				0.
Schedule J - Advertisi	na Income (see)	instructions)				

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in

columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income		Direct sing costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.		rculation come	6.	Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1)										
(2)										
(3)										
(4)										
Totals from Part I	0.		0.						0.	
	Enter here and on page 1, Part I, line 11, col. (A).	page	ere and on 1, Part I, 1, col. (B).					Enter here and on page 1, Part II, line 27.		
Totals, Part II (lines 1-5) 🕨	0.		0.						0.	
Schedule K - Compensatio	n of Officers,	Direct	ors, and	Trustees (see ir	nstructio	ons)				
1. Name			2. Title						pensation attributable nrelated business	
(1)							%			
(2)							%			
(3)							%			
(4)							%			
Total, Enter here and on page 1, Part II, li	ine 14		•			•	◀		0.	

FORM 990-T	INCOME (LOSS)	FROM PARTNERSHIPS	STATEMENT	1	
DESCRIPTION			AMOUNT		
ORDINARY BUSINESS INC		95.			
TOTAL TO FORM 990-T,	95.				
FORM 990-T	OTHER	INCOME	STATEMENT	2	
DESCRIPTION			AMOUNT		
INTEREST & DIVIDENDS OTHER INCOME RENTAL INCOME ROYALTY INCOME	147. 74. -533. 26.				
TOTAL TO FORM 990-T,	PAGE 1, LINE 12		-28	86.	
FORM 990-T	OTHER	DEDUCTIONS	STATEMENT	3	
DESCRIPTION	AMOUNT				
INVESTMENT INTEREST EXP DEDUCTION - ROYALTY RELATED			541. 14.		
TOTAL TO FORM 990-T,	555.				

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► X

0 7

File a separate application for each return.

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (*e-file*) • You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form,

visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Part IAutomatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or					
print	COLLEGE OF CHARLESTON FOUNDATION	23-7069236					
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, see instructions. 66 GEORGE STREET	Social security number (SSN)					
instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHARLESTON, SC 29424						

Enter the Return code for the return that this application is for (file a separate application for each return)

Appl	ication	Return	Application			Return		
Is For		Code	Is For		Code			
Form 990 or Form 990-EZ		01	Form 990-T (corporation)		07			
Form 990-BL		02	Form 1041-A		08			
Form	4720 (individual)	03	Form 4720			09		
Form	990-PF	04	Form 5227	10				
Form	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069					
Form	990-T (trust other than above)	06	Form 8870					
• Th	TRACEY BIBLE the books are in the care of \blacktriangleright 66 GEORGE ST -	CHAR	LESTON, SC 29424					
	elephone No. 843-953-7458		FAX No. ►					
	the organization does not have an office or place of busines							
• If	this is for a Group Return, enter the organization's four digit	Group Exe	mption Number (GEN) If thi	s is fo	r the whole group, cl	neck this		
box	\blacktriangleright \Box . If it is for part of the group, check this box \blacktriangleright \Box	and atta	ch a list with the names and EINs of all	memb	ers the extension is	for.		
1	I request an automatic 3-month (6 months for a corporation MAY 15, 2014 , to file the exemp is for the organization's return for: ▶	t organiza	tion return for the organization named a		The extension			
2	If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Final return							
3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069, e	nter the tentative tax, less any					
	nonrefundable credits. See instructions.			3a	\$	0.		
b	If this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and					
	estimated tax payments made. Include any prior year overp	ayment a	lowed as a credit.	3b	\$	0.		
с	Balance due. Subtract line 3b from line 3a. Include your pa	yment wit	h this form, if required,					
	by using EFTPS (Electronic Federal Tax Payment System).	<u>See instru</u>	ctions.	3c	\$	0.		
Caut	ion. If you are going to make an electronic fund withdrawal v	vith this Fo	orm 8868, see Form 8453-EO and Form	8879-	EO for payment inst	uctions.		

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Page 2

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I		Extoncio	n of Time Only file the origin		onioo r	and ad		
		EXTENSIO	n of Time. Only file the origin	•				
.			Enter filer's		<u> </u>	er, see instr		
Type or	Name of exempt organization or other filer, see ins	tructions		Employe	Employer identification number (EIN) or			
print	COLLEGE OF CHARLESTON FOUN	אסדייינט		23-7069236				
File by the due date fo			tions	Casialas	Social security number (SSN)			
filing your return. See	Number, street, and room or suite no. If a P.O. box, see instructions.					umber (SSN)		
instructions	City, town or post office, state, and ZIP code. For a CHARLESTON, SC 29424	a foreign add	Iress, see instructions.					
Enter the	Return code for the return that this application is for	(file a separa	te application for each return)				0 1	
Applicat	ion	Return	Application				Return	
Is For		Code	Is For				Code	
) or Form 990-EZ	01					oouc	
Form 99		02	Form 1041-A				08	
	20 (individual)	03	Form 4720				09	
Form 99		04	Form 5227				10	
Form 990-T (sec. 401(a) or 408(a) trust)			Form 6069					
Form 990-T (trust other than above)			Form 8870		<u>11</u> 12			
STOP! D	o not complete Part II if you were not already grant	ted an autor	natic 3-month extension on a prev	iously file	ed Form	8868.		
Telep If the If this 	ooks are in the care of \blacktriangleright <u>66</u> <u>GEORGE ST</u> hone No. \blacktriangleright <u>843-953-7458</u> organization does not have an office or place of busin is for a Group Return, enter the organization's four dig . If it is for part of the group, check this box \blacktriangleright c equest an additional 3-month extension of time until	ess in the Ur git Group Exe and atta MAY	FAX No. \blacktriangleright nited States, check this box emption Number (GEN) I tch a list with the names and EINs of 15, 2014	this is fo	r the wh	ole group, ch		
5 Fo	r calendar year, or other tax year beginning	JUL 1	, 2012 , and endin	JUN	30,	2013		
6 If t								
L	Change in accounting period							
7 Sta A	State in detail why you need the extension							
8a lft	his application is for Form 990-BL, 990-PF, 990-T, 472	0, or 6069, e	nter the tentative tax, less any					
no	nrefundable credits. See instructions.			8a	\$		0.	
b lft	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated							
tax	payments made. Include any prior year overpayment	allowed as a	a credit and any amount paid					
pr	eviously with Form 8868.			8b	\$		0.	
c Ba	lance due. Subtract line 8b from line 8a. Include your	payment wit	h this form, if required, by using				•	
EF	TPS (Electronic Federal Tax Payment System). See in:			80	\$		0.	
Under per it is true, (Signature and Verific nalties of perjury, I declare that I have examined this form, inc correct, and complete, and that I am authorized to prepare thi	luding accomp	st be completed for Part II of panying schedules and statements, and to	-	f my knov	wledge and bel	ief,	
	• •		TOR OF FINANCIAL S					

Form 8868 (Rev. 1-2013)