

Form **990****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)

OMB No 1545-0047

**2002****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

**A For the 2002 calendar year, or tax year beginning 7/1, 2002, and ending 6/30, 20 03****B Check if applicable**

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type See Specific Instructions

**C Name of organization****Columbia State Community College Foundation**

Number and street (or P.O. box if mail is not delivered to street address) Room/suite

**P.O. Box 1315**

City or town, state or country, and ZIP + 4

**Columbia, TN 38402-1315****D Employer identification number****23-7106327****E Telephone number****(931) 540-2533****F Accounting method:** ☐ Cash ☒ Accrual☐ Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

**H and I are not applicable to section 527 organizations****H(a) Is this a group return for affiliates?** ☐ Yes ☒ No**H(b) If "Yes," enter number of affiliates** ▶ -- -- --**H(c) Are all affiliates included?** ☐ Yes ☒ No  
(If "No," attach a list. See instructions.)**H(d) Is this a separate return filed by an organization covered by a group ruling?** ☐ Yes ☒ No**I Enter 4-digit GEN** ▶**G Web site** ▶**J Organization type (check only one)** ☒ 501(c) ( 3 ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**K Check here** ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.**M Check** ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)**L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12** ▶ **1,870,819****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 17 of the instructions)**

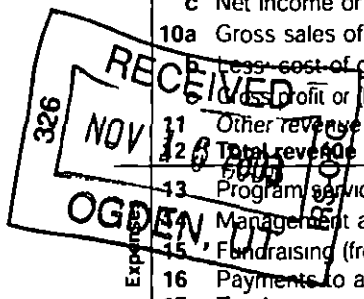
<b>1</b>	Contributions, gifts, grants, and similar amounts received	<b>1a</b>	1,143,730	<b>1d</b>	1,143,730
<b>a</b>	Direct public support	<b>1b</b>		<b>2</b>	
<b>b</b>	Indirect public support	<b>1c</b>		<b>3</b>	
<b>c</b>	Government contributions (grants)			<b>4</b>	71,529
<b>d</b>	Total (add lines 1a through 1c) (cash \$ 892,230 noncash \$ 251,500)			<b>5</b>	19,329
<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)				
<b>3</b>	Membership dues and assessments				
<b>4</b>	Interest on savings and temporary cash investments				
<b>5</b>	Dividends and interest from securities				
<b>6a</b>	Gross rents	<b>6a</b>	12,120		
<b>b</b>	Less rental expenses	<b>6b</b>	0		
<b>c</b>	Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>			12,120
<b>7</b>	Other investment income (describe ▶ )			<b>7</b>	
<b>8a</b>	Gross amount from sales of assets other than inventory	(A) Securities	624,111	<b>8a</b>	
<b>b</b>	Less cost or other basis and sales expenses		570,102	<b>8b</b>	
<b>c</b>	Gain or (loss) (attach schedule)		54,009	<b>8c</b>	
<b>d</b>	Net gain or (loss) (combine line 8c, columns (A) and (B))			<b>8d</b>	54,009
<b>9</b>	Special events and activities (attach schedule)				
<b>a</b>	Gross revenue (not including \$ of contributions reported on line 1a)	<b>9a</b>			
<b>b</b>	Less direct expenses other than fundraising expenses	<b>9b</b>			
<b>c</b>	Net income or (loss) from special events (subtract line 9b from line 9a)			<b>9c</b>	
<b>10a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>			
<b>b</b>	Less cost of goods sold	<b>10b</b>			
<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			<b>10c</b>	
<b>11</b>	Other revenue (from Part VII, line 103)			<b>11</b>	
<b>12</b>	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			<b>12</b>	1,300,717
<b>13</b>	Program services (from line 44, column (B))			<b>13</b>	444,870
<b>14</b>	Management and general (from line 44, column (C))			<b>14</b>	22,601
<b>15</b>	Fundraising (from line 44, column (D))			<b>15</b>	60,766
<b>16</b>	Payments to affiliates (attach schedule)			<b>16</b>	
<b>17</b>	Total expenses (add lines 16 and 44, column (A))			<b>17</b>	528,237
<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 12)			<b>18</b>	772,480
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))			<b>19</b>	3,595,181
<b>20</b>	Other changes in net assets or fund balances (attach explanation)			<b>20</b>	100,411
<b>21</b>	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			<b>21</b>	4,468,072

For Paperwork Reduction Act Notice, see the separate instructions

Cat No 11282Y

Form **990** (2002)

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**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 21 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ <u>444,870</u> noncash \$ _____)	22 444,870	444,870		
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc	25			
26	Other salaries and wages	26			
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29			
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33			
34	Telephone	34			
35	Postage and shipping	35			
36	Occupancy	36			
37	Equipment rental and maintenance	37			
38	Printing and publications	38			
39	Travel	39			
40	Conferences, conventions, and meetings	40			
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42			
43	Other expenses not covered above (itemize) a Op. Exp	43a 22,601		22,601	
b	Performance Series Expense	43b 35,977			35,977
c	Golf Tournament Expense	43c 24,789			24,789
d		43d			
e		43e			
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 528,237	444,870	22,601	60,766

Joint Costs Check ☐ if you are following SOP 98-2Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_

(iii) the amount allocated to Management and general \$ \_\_\_\_\_ and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments** (See page 24 of the instructions.)What is the organization's primary exempt purpose? ☒ Support of college programs and scholarships

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses  
(Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts but optional for others.)

a	Scholarships for Columbia State Community College students	(Grants and allocations \$ 155,409 )	155,409
b	Lawrenceburg campus building	(Grants and allocations \$ 109,214 )	109,244
c	Support of Nursing & Allied Health Programs	(Grants and allocations \$ 104,332 )	104,332
d	Marshall County campus building	(Grants and allocations \$ 32,265 )	32,265
e	Other program services (attach schedule)	(Grants and allocations \$ 43,620 )	43,620
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)		444,870

**Part IV Balance Sheets** (See page 24 of the instructions)

Note		Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		(A) Beginning of year		(B) End of year	
Assets	45	Cash—non-interest-bearing			45		
	46	Savings and temporary cash investments		1,918,527	46	1,506,228	
	47a	Accounts receivable	47a	25,007			
	b	Less allowance for doubtful accounts	47b	0	14,878	47c	25,007
	48a	Pledges receivable	48a				
	b	Less allowance for doubtful accounts	48b			48c	
	49	Grants receivable				49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)				50	
	51a	Other notes and loans receivable (attach schedule)	51a				
	b	Less allowance for doubtful accounts	51b			51c	
	52	Inventories for sale or use				52	
	53	Prepaid expenses and deferred charges				53	
	54	Investments—securities (attach schedule) <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV			1,403,291	54	2,589,283
	55a	Investments—land, buildings and equipment basis	55a				
	b	Less accumulated depreciation (attach schedule)	55b			55c	
56	Investments—other (attach schedule)				56		
57a	Land, buildings, and equipment basis	57a					
b	Less accumulated depreciation (attach schedule)	57b			57c		
58	Other assets (describe <input checked="" type="checkbox"/> <b>Donated land &amp; apartments</b> )			351,999	58	603,499	
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)			3,688,695	59	4,724,017	
Liabilities	60	Accounts payable and accrued expenses		93,514	60	255,945	
	61	Grants payable			61		
	62	Deferred revenue			62		
	63	Loans from officers, directors, trustees, and key employees (attach schedule)			63		
	64a	Tax-exempt bond liabilities (attach schedule)			64a		
	b	Mortgages and other notes payable (attach schedule)			64b		
	65	Other liabilities (describe <input type="checkbox"/> )			65		
66	<b>Total liabilities</b> (add lines 60 through 65)			93,514	66	255,945	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74						
	67	Unrestricted			67		
	68	Temporarily restricted			68		
	69	Permanently restricted			69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74						
	70	Capital stock, trust principal, or current funds		1,554,727	70	2,103,455	
	71	Paid-in or capital surplus, or land building, and equipment fund			71		
	72	Retained earnings, endowment, accumulated income, or other funds		2,040,454	72	2,364,617	
	73	<b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)			3,595,181	73	4,468,072
74	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)			3,688,695	74	4,724,017	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

#### Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

<b>a</b>	Total revenue, gains, and other support per audited financial statements ▶	<b>a</b>	Total expenses and losses per audited financial statements ▶	<b>a</b>
<b>b</b>	Amounts included on line <b>a</b> but not on line 12, Form 990	<b>b</b>	Amounts included on line <b>a</b> but not on line 17, Form 990	<b>b</b>
(1)	Net unrealized gains on investments \$ _____	(1)	Donated services and use of facilities \$ _____	(1)
(2)	Donated services and use of facilities \$ _____	(2)	Prior year adjustments reported on line 20, Form 990 \$ _____	(2)
(3)	Recoveries of prior year grants \$ _____	(3)	Losses reported on line 20, Form 990 \$ _____	(3)
(4)	Other (specify) _____	(4)	Other (specify) _____	(4)
	\$ _____		\$ _____	
	Add amounts on lines (1) through (4) ▶		Add amounts on lines (1) through (4) ▶	
<b>c</b>	Line <b>a</b> minus line <b>b</b> ▶	<b>c</b>	Line <b>a</b> minus line <b>b</b> ▶	<b>c</b>
<b>d</b>	Amounts included on line 12, Form 990 but not on line <b>a</b>	<b>d</b>	Amounts included on line 17, Form 990 but not on line <b>a</b>	<b>d</b>
(1)	Investment expenses not included on line 6b, Form 990 \$ _____	(1)	Investment expenses not included on line 6b, Form 990 \$ _____	(1)
(2)	Other (specify) _____	(2)	Other (specify) _____	(2)
	\$ _____		\$ _____	
	Add amounts on lines (1) and (2) ▶		Add amounts on lines (1) and (2) ▶	
<b>e</b>	Total revenue per line 12 Form 990 (line <b>c</b> plus line <b>d</b> ) ▶	<b>e</b>	Total expenses per line 17, Form 990 (line <b>c</b> plus line <b>d</b> ) ▶	<b>e</b>

**Part V** List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated see page 26 of the instructions)

[illegible]

**75** Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ☐ Yes ☒ No  
If "Yes," attach schedule—see page 26 of the instructions

**Part VI Other Information** (See page 27 of the instructions)

	Yes	No
<b>76</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>77</b> Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>78a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	<input type="checkbox"/>	<input type="checkbox"/>
<b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>80a</b> Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> If "Yes," enter the name of the organization <b>Columbia State Community College</b> and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt	<input type="checkbox"/>	<input type="checkbox"/>
<b>81a</b> Enter direct or indirect political expenditures. See line 81 instructions	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>82a</b> Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III)	<input type="checkbox"/>	<input type="checkbox"/>
<b>83a</b> Did the organization comply with the public inspection requirements for returns and exemption applications?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>84a</b> Did the organization solicit any contributions or gifts that were not tax deductible?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<input type="checkbox"/>	<input type="checkbox"/>
<b>85</b> <b>501(c)(4), (5) or (6) organizations</b> <b>a</b> Were substantially all dues nondeductible by members?	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b> Dues, assessments, and similar amounts from members	<input type="checkbox"/>	<input type="checkbox"/>
<b>d</b> Section 162(e) lobbying and political expenditures	<input type="checkbox"/>	<input type="checkbox"/>
<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	<input type="checkbox"/>	<input type="checkbox"/>
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e)	<input type="checkbox"/>	<input type="checkbox"/>
<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	<input type="checkbox"/>	<input type="checkbox"/>
<b>h</b> If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	<input type="checkbox"/>	<input type="checkbox"/>
<b>86</b> <b>501(c)(7) orgs</b> Enter <b>a</b> Initiation fees and capital contributions included on line 12	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Gross receipts, included on line 12, for public use of club facilities	<input type="checkbox"/>	<input type="checkbox"/>
<b>87</b> <b>501(c)(12) orgs</b> Enter <b>a</b> Gross income from members or shareholders	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	<input type="checkbox"/>	<input type="checkbox"/>
<b>88</b> At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>89a</b> <b>501(c)(3) organizations</b> Enter Amount of tax imposed on the organization during the year under section 4911 <b>0</b> , section 4912 <b>0</b> , section 4955 <b>0</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> <b>501(c)(3) and 501(c)(4) orgs</b> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	<input type="checkbox"/>	<input type="checkbox"/>
<b>d</b> Enter Amount of tax on line 89c, above, reimbursed by the organization	<input type="checkbox"/>	<input type="checkbox"/>
<b>90a</b> List the states with which a copy of this return is filed	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Number of employees employed in the pay period that includes March 12, 2002 (See instructions)	<input type="checkbox"/>	<input type="checkbox"/>
<b>91</b> The books are in care of <b>Kenneth R Horner</b> Telephone no <b>(931) 540-2533</b> Located at <b>P.O. Box 1315, Columbia, TN</b> ZIP + 4 <b>38402-1315</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>92</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b> —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <b>92</b>	<input type="checkbox"/>	<input type="checkbox"/>

**Part VII Analysis of Income-Producing Activities** (See page 31 of the instructions)**Note** Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings and temporary cash investments			512	71,529	
<b>96</b> Dividends and interest from securities			512	19,329	
<b>97</b> Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property			512	12,120	
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory			512	54,009	
<b>101</b> Net income or (loss) from special events					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue a					
b					
c					
d					
e					
<b>104</b> Subtotal (add columns (B), (D), and (E))				156,987	
<b>105</b> Total (add line 104, columns (B), (D) and (E))					156,987

**Note** Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 32 of the instructions)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 32 of the instructions)

(A) Name, address, and EIN of corporation partnership or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 33 of the instructions)

- (a) Did the organization, during the year, receive any funds directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

**Note** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

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.

Please Sign *Annex R Horner* Date *11/13/03*

Date	Check if self	Preparer's SSN or PTIN (See Gen. Inst. W)

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

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information—(See separate instructions)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

**2002**

Name of the organization

**Columbia State Community College Foundation**

Employer identification number

**23 7106327**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000 ▶				

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services ▶		

**Part III** Statements About Activities (See page 2 of the instructions)

Yes No

- 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes" enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ \_\_\_\_\_ (Must equal amounts on line 38, Part VI-A or line 1 of Part VI-B)

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities

- 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

a Sale, exchange, or leasing of property?

b Lending of money or other extension of credit?

c Furnishing of goods, services, or facilities?

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

e Transfer of any part of its income or assets?

- 3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below.)

- 4 Do you have a section 403(b) annuity plan for your employees?

**Note.** Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments.

**Part IV** Reason for Non-Private Foundation Status (See pages 3 through 5 of the instructions)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶ \_\_\_\_\_
- 10 ☒ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6) if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)



**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting***Note** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
<b>15</b> Gifts, grants and contributions received (Do not include unusual grants. See line 28.)	<b>882,763</b>	<b>633,843</b>	<b>1,053,537</b>	<b>414,241</b>	<b>2,984,384</b>
<b>16</b> Membership fees received					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
<b>18</b> Gross income from interest dividends amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	<b>114,217</b>	<b>142,420</b>	<b>131,350</b>	<b>71,571</b>	<b>459,558</b>
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.	<b>Unknown</b>	<b>Unknown</b>	<b>Unknown</b>	<b>Unknown</b>	
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
<b>23</b> Total of lines 15 through 22	<b>996,980</b>	<b>776,263</b>	<b>1,184,887</b>	<b>485,812</b>	<b>3,443,942</b>
<b>24</b> Line 23 minus line 17	<b>996,980</b>	<b>776,263</b>	<b>1,184,887</b>	<b>485,812</b>	<b>3,442,942</b>
<b>25</b> Enter 1% of line 23	<b>9,969</b>	<b>7,763</b>	<b>11,849</b>	<b>4,858</b>	
<b>26 Organizations described on lines 10 or 11</b> <b>a</b> Enter 2% of amount in column (e) line 24					<b>68,879</b>
<b>b</b> Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. <b>Do not file this list with your return.</b> Enter the total of all these excess amounts					<b>1,333,311</b>
<b>c</b> Total support for section 509(a)(1) test. Enter line 24, column (e)					<b>3,443,942</b>
<b>d</b> Add: Amounts from column (e) for lines 18 <u>459,558</u> 19 <u>0</u> 22 <u>0</u> 26b <u>1,333,311</u>					<b>1,792,869</b>
<b>e</b> Public support (line 26c minus line 26d total)					<b>1,651,073</b>
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>48 %</b>
<b>27 Organizations described on line 12</b> <b>a</b> For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from each "disqualified person." <b>Do not file this list with your return.</b> Enter the sum of such amounts for each year: (2001) . . . . . (2000) . . . . . (1999) . . . . . (1998) . . . . . <b>b</b> For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11 as well as individuals.) <b>Do not file this list with your return.</b> After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2001) . . . . . (2000) . . . . . (1999) . . . . . (1998) . . . . . <b>c</b> Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ <b>d</b> Add: Line 27a total _____ and line 27b total _____ <b>e</b> Public support (line 27c total minus line 27d total) <b>f</b> Total support for section 509(a)(2) test. Enter amount from line 23, column (e) <b>27f</b> _____ <b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator)) <b>27g</b> _____ % <b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) <b>27h</b> _____ %					
<b>28 Unusual Grants</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. <b>Do not file this list with your return.</b> Do not include these grants in line 15.					

**Part V Private School Questionnaire** (See page 7 of the instructions)  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

	Yes	No
<b>29</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
<b>30</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
<b>31</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program in a way that makes the policy known to all parts of the general community it serves? If "Yes" please describe, if "No" please explain (If you need more space attach a separate statement )		
<b>32</b> Does the organization maintain the following		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?		
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
<b>c</b> Copies of all catalogues brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered "No" to any of the above please explain (If you need more space attach a separate statement )		
<b>33</b> Does the organization discriminate by race in any way with respect to		
<b>a</b> Students' rights or privileges?		
<b>b</b> Admissions policies?		
<b>c</b> Employment of faculty or administrative staff?		
<b>d</b> Scholarships or other financial assistance?		
<b>e</b> Educational policies?		
<b>f</b> Use of facilities?		
<b>g</b> Athletic programs?		
<b>h</b> Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )		
<b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency?		
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
<b>35</b> Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No" attach an explanation		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions)  
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a** ☐ if the organization belongs to an affiliated group Check **b** ☐ if you checked "a" and "limited control" provisions apply

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>		
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>		
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>		
<b>39</b> Other exempt purpose expenditures	<b>39</b>		
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>		
<b>41</b> Lobbying nontaxable amount Enter the amount from the following table—			
<b>If the amount on line 40 is—</b>	<b>The lobbying nontaxable amount is—</b>		
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>		
<b>43</b> Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b>		
<b>44</b> Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>		

**Caution** If there is an amount on either line 43 or line 44, you must file Form 4720

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below  
 See the instructions for lines 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in) ►	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions)

During the year, did the organization attempt to influence national, state or local legislation including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines c through h)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators their staffs, government officials or a legislative body
- h** Rallies, demonstrations seminars conventions speeches lectures or any other means
- i** Total lobbying expenditures (Add lines c through h)

If "Yes" to any of the above also attach a statement giving a detailed description of the lobbying activities

Yes	No	Amount

**Part VII** Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions)

**51** Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527 relating to political organizations? \_\_\_\_\_

- a Transfers from the reporting organization to a noncharitable exempt organization of**

	Yes	No
51a(i)		✓
a(ii)		✓
b(i)		✓
b(ii)		✓
b(iii)		✓
b(iv)		✓
b(v)		✓
b(vi)		✓
c		✓

- (i) Cash
- (ii) Other assets
- b Other transactions**
  - (i) Sales or exchanges of assets with a noncharitable exempt organization
  - (ii) Purchases of assets from a noncharitable exempt organization
  - (iii) Rental of facilities equipment or other assets
  - (iv) Reimbursement arrangements
  - (v) Loans or loan guarantees
  - (vi) Performance of services or membership or fundraising solicitations

- c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees

- d If the answer to any of the above is Yes, complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

[illegible]

**52a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶

▶ ☐ Yes ☒ No

- b** If 'Yes,' complete the following schedule

[illegible]

**Columbia State Community College Foundation**  
**23-7106327**  
**Form 990**  
**2002**

**Page1, Line 8c, "Net gain or (loss)"**

<b>Description</b>	<b>Date of Sale</b>	<b>Sale Price</b>	<b>Cost</b>	<b>Gain/ (Loss)</b>
Federal Home Loan Bank Bond	8/16/02	\$ 25,710	\$ 25,000	\$ 710
US Treasury Note	8/16/02	56,389	53,359	3,029
AT & T Wireless	8/20/02	166	1	165
Federal Farm Credit Bank	8/20/02	31,809	29,559	2,250
Mirant Corp	8/22/02	224	1	223
AT&T Corp	8/23/02	1,220	1,603	(383)
Qwest Communications	8/26/02	126	1,776	(1,650)
Lucent Technologies, Inc	8/30/02	115	1	114
Agere Systems, Inc	9/5/02	22	1	21
Electronic Data Systems	9/24/02	5,122	9,775	(4,653)
Southern Co	10/7/02	5,778	2,823	2,955
Pepco Holdings, Inc	10/10/02	3,407	2,712	695
Avaya, Inc	10/11/02	8	1	7
Federal Farm Credit Bank	10/29/02	42,500	39,938	2,563
Federal Home Loan Bank Bond	11/20/02	20,000	1	19,999
Federal Home Loan Bank Bond	12/3/02	50,000	50,086	(86)
ChevronTexaco Cap Co	12/27/02	50,465	50,566	(101)
Federal Home Loan Bank Bond	2/6/03	50,000	50,117	(117)
Federal Home Loan Bank Bond	3/3/03	35,000	34,781	219
Best Buy, Inc	4/4/03	12,969	10,882	2,088
Federal Home Loan Bank Bond	4/4/03	50,000	50,113	(113)
Sara Lee	5/1/03	1,631	1,322	309
Amgen, Inc	5/6/03	6,157	5,466	691
Alfa Corp	5/16/03	32,174	23,113	9,061
Valero Energy Corp	5/16/03	13,142	12,299	843
Growth Fund of America	5/16/03	1,619	402	1,217
BellSouth Corp	5/19/03	5,278	2,693	2,585
Dow Chemical	6/2/03	9,372	8,545	827
MPS Group, Inc	6/2/03	12,383	10,403	1,980
Alfa Corp	6/19/03	12,679	8,522	4,158
Federal Home Loan Bank Bond	6/20/03	20,000	19,963	38
Dow Chemical	6/20/03	12,672	10,488	2,184
AmSouth Funds Int Equity Fund	6/23/03	10,000	9,234	766
Ingersoll Rand Co	6/25/03	4,727	3,727	1,000
Carnival Corp	6/30/03	6,248	5,798	450
Federal Home Loan Bank Bond	6/20/03	10,000	9,981	19
Federal Home Loan Bank Bond	12/3/02	25,000	25,043	(43)
Miscellaneous			8	(8)
		<u>\$ 624,111</u>	<u>\$ 570,102</u>	<u>\$ 54,009</u>

**Columbia State Community College Foundation**  
**23-7106327**  
**Form 990**  
**2002**

**Page 1, Line 20 "Other changes in net assets or fund balances"**

Unrealized loss on investments	\$ 100,411
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**Columbia State Community College Foundation**  
**23-7106327**  
**Form 990**  
**2002**

**Part II, Line 22 - Grants and Allocations**

Scholarships	\$ 155,409
Hickman Building	12,081
Visual Arts	4,582
Marshall County Building	32,265
Lawrenceburg Campus	109,244
Lewisburg Site	7,750
Nursing	94,347
Athletic Booster Club	13,388
Baseball/Softball	1,317
Humphreys County Library	1,502
Allied Health Program	9,985
Distinguished Staff Awards	3,000
	<u>\$ 444,870</u>

**COLUMBIA STATE FOUNDATION  
EXECUTIVE BOARD  
2003**

Ms Darlene Baxter  
Maury Regional Hospital  
1224 Trotwood Avenue  
ColumbiaTN 38401

Mr Harvey Church  
AmSouth Bank  
700 North Garden St  
ColumbiaTN 38401

Dr O Rebecca Hawkins, President  
Columbia State Community College  
P O Box 1315  
ColumbiaTN 38402

Mr Ken Horner, Treasurer  
Columbia State Community College  
P O Box 1315  
ColumbiaTN 38402

Ms Sydney McClain  
2306 Country Club Lane  
ColumbiaTN 38401

Mr Wade Peery  
Union Planters Bank  
P O Box 819  
HohenwaldTN 38462

Mr Jim Criswell  
210 Sewanee Circle  
ColumbiaTN 38401

Mrs Mary Ann Roberts  
508 Cornersville Road  
LewisburgTN 37091

Mr Marc Lively, Vice Chair  
Community First Bank & Trust  
P O Box 1037  
ColumbiaTN 38402

Mr John Stephens, Chair  
1108 West 7th Street  
ColumbiaTN 38401

Mr Barry White  
Attorney  
P O Box 2757  
LewisburgTN 37091

Mr Doug Venable  
Porter-Walker-LLC  
P O Box 519  
ColumbiaTN 38401-0519

Rev Bill Williamson  
801 South High St  
ColumbiaTN 38401

Ms Elaine Kelsey  
Director of Development  
Columbia State Foundation  
P O Box 1315  
ColumbiaTN 38402

Dr Paul Jennings  
Columbia State Community College  
P O Box 1315  
ColumbiaTN 38402



**COLUMBIA STATE FOUNDATION  
BOARD MEMBERS  
2003**

Mr Keith Baker  
Keith Baker Homes  
P O Box 558  
Columbia TN 38401

Mr Ben Boston  
Boston, Holt & Sockwell  
235 Waterloo  
Lawrenceburg TN 38464

Mr Kenneth Cherry  
127 Habersham Road  
Columbia TN 38401

Mr Dean Dickey  
1400 Timberwood Dr  
Columbia TN 38401

Mr Waymon L Hickman  
First Farmers & Merchants Nat'l Bank  
P O Box 1148  
Columbia TN 38402

Mr Dalton Mounger  
Attorney at Law  
P O Box 1468  
Columbia TN 38402

Ms Gayle Mathis  
3018 Tottys Bend Road  
Duck River TN 38454

Mr Bruce Cotton  
First Bank  
P O Box 69  
Linden TN 37096

Dr Eslick Daniel  
Middle TN Bone & Joint Clinic  
1223 1/2 Trotwood Avenue  
Columbia TN 38401

Mr Bobby Daniels  
4395 Trousdale Lane  
Columbia TN 38401

Mr Autry Gobbell  
Peoples Bank  
P O Box B  
Clifton TN 38425-0501

Ms Jennifer Graham  
Saturn  
100 Saturn Parkway, Mail Drop 371-  
995-K11  
Spring Hill TN 37174-1500

Mr Tommy Graham  
Timberland Investor  
P O Box 789  
Linden TN 37096

Mr Al Harlan  
Franklin National Bank  
P O Box 426  
Spring Hill TN 37174-0426

Mr Doug Jones  
3232 Carrington Lane  
Columbia TN 38401

Mr Bill Marbet  
Southern Athletic Fields  
1309 Mainsail Drive  
Columbia TN 38401

Mr Darrin McKamey  
National Healthcare Corp  
P O 642  
Lawrenceburg TN 38464

Dr Lewis Moore  
916 Myers Avenue  
Columbia TN 38401

Dr Ken Moore  
Middle Tenn Bone & Joint Clinic  
1223 ½ Trotwood Ave  
Columbia TN 38401

Ms Ann Petersen  
Columbia State Warf 233  
P O Box 1315  
Columbia TN 38402

Mr Bob Porter  
CYTEC  
P O Box 152  
Mt Pleasant TN 38474

Dr Joe Remke, III  
Remke Eye Clinic  
250 North Military Avenue  
Lawrenceburg TN 38464

Ms Erin Brown  
Columbia State c/o Dina @JSC113  
P.O Box 1315  
Columbia TN 38402

Mr Randy Stevens  
First Farmers & Merchants Nat'l Bank  
P O Box 1148  
Columbia TN 38402

Mr Jim Webb  
Webb Engineer/Surveyor  
223 E James Campbell Blvd  
Columbia TN 38401

Mr Fred White  
5014 Camelot Drive  
Columbia TN 38401

Ms Jennifer Richardson  
Bank of America  
200 West 7th Street  
Columbia TN 38401

Mr Richard Perry  
Bear, Stearns & Co , Inc  
383 Madison Ave , 42nd Floor  
New York New York 10179

Honorable Stella Hargrove  
P O Box 1056  
Columbia TN 38402

Mr Tim Pettus  
First Farmers and Merchants National  
Bank  
P O Box 946  
Lawrenceburg TN 38464

Mr Doug Venable  
Porter-Walker, LLC  
P O Box 519  
Columbia TN 38402

Dr Marilia Gerges  
Columbia State Community College  
P O Box 1315  
Columbia TN 38401

Ms Doris Brewer  
Columbia State Community College  
P O Box 1315  
Columbia TN 38402