

Form

**990****Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

**2000****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 2000 calendar year, or tax year period beginning **7/1**, 2000, and ending **6/30**, 20 **01****B** Check if applicable

- ☐ Change of address  
☐ Change of name  
☐ Initial return  
☐ Final return  
☐ Amended return

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 code

**Columbia, TN 38402-1315****D** Employer identification number**23 : 7106327****E** Telephone number**( 931 ) 540-2533****F** Check ☐ if application pending**G** Organization type (check only one) ▶ ☒ 501(c) ( **3** ) ◀ (insert no) ☐ 527 or ☐ 4947(a)(1)

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

**J** Accounting method ☐ Cash ☒ Accrual ☐ Other (specify) ▶

**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.

Note: H and I are not applicable to section 527 orgs.

**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 inst.)

**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Enter 4-digit group exemption no. (GEN) ▶**L** Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ) ▶ ☐**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See Specific Instructions on page 16)

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received			
	<b>a</b> Direct public support	<b>1a</b>	<b>633,843</b>	
	<b>b</b> Indirect public support	<b>1b</b>		
	<b>c</b> Government contributions (grants)	<b>1c</b>		
	<b>d</b> Total (add lines 1a through 1c) (cash \$ <b>633,843</b> noncash \$ )	<b>1d</b>		<b>633,843</b>
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		
	<b>3</b> Membership dues and assessments	<b>3</b>		
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>		<b>132,441</b>
	<b>5</b> Dividends and interest from securities	<b>5</b>		<b>9,350</b>
	<b>6a</b> Gross rents	<b>6a</b>		
<b>b</b> Less: rental expenses	<b>6b</b>			
<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>			
<b>7</b> Other investment income (describe ▶ <b>Capital gains from mutual funds</b> )	<b>7</b>		<b>45</b>	
Revenue	<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
		<b>280,052</b>	<b>8a</b>	
	<b>b</b> Less: cost or other basis and sales expenses	<b>279,468</b>	<b>8b</b>	
	<b>c</b> Gain or (loss) (attach schedule)	<b>584</b>	<b>8c</b>	
	<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))		<b>8d</b>	<b>584</b>
	<b>9</b> Special events and activities (attach schedule)			
	<b>a</b> Gross revenue (not including \$ 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>		<b>776,263</b>	
Expenses	<b>13</b> Program services (from line 44, column (B))	<b>13</b>		<b>224,065</b>
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>		<b>1,915</b>
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>		<b>46,593</b>
	<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>		<b>272,573</b>
Net Assets	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>		<b>503,690</b>
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		<b>2,532,036</b>
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>		<b>(20,105)</b>
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>		<b>3,015,621</b>

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19

**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 Specific Instructions on page 20.)

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>224,065</u> noncash \$ _____)	224,065	224,065		
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc				
26	Other salaries and wages				
27	Pension plan contributions				
28	Other employee benefits				
29	Payroll taxes				
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees				
33	Supplies				
34	Telephone				
35	Postage and shipping				
36	Occupancy				
37	Equipment rental and maintenance				
38	Printing and publications				
39	Travel				
40	Conferences, conventions, and meetings				
41	Interest				
42	Depreciation, depletion, etc. (attach schedule)				
43a	Other expenses (itemize): <b>a Operating exp</b>	1,915		1,915	
43b	<b>b Gifts campaign expense</b>	46,593			46,593
43c	<b>c</b>				
43d	<b>d</b>				
43e	<b>e</b>				
44	Total functional expenses (add lines 22 through 43). <i>Organizations completing columns (B)-(D), carry these totals to lines 13-15.</i>	272,573	224,065	1,915	46,593

**Reporting of Joint Costs.** Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? ▶ ☐ 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 Specific Instructions on page 23.)

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.)
<b>a Scholarships for Columbia State Community College students</b>	
(Grants and allocations \$ <u>153,929</u> )	153,929
<b>b Support of Nursing &amp; Allied Health Programs - Columbia State Community College</b>	
(Grants and allocations \$ <u>30,322</u> )	30,322
<b>c Athletic Boosters Club - support of college athletic program</b>	
(Grants and allocations \$ <u>16,884</u> )	16,884
<b>d Library expenditures</b>	
(Grants and allocations \$ <u>15,834</u> )	15,834
<b>e Other program services (attach schedule)</b>	(Grants and allocations \$ <u>7,096</u> ) 7,096
<b>f Total of Program Service Expenses (should equal line 44, column (B), Program services)</b>	224,065

**Part IV Balance Sheets** (See Specific Instructions on page 23)

Note		(A) Beginning of year		(B) End of year
<i>Where required, attached schedules and amounts within the description column should be for end-of-year amounts only</i>				
<b>Assets</b>	45 Cash—non-interest bearing		45	
	46 Savings and temporary cash investments	780,626	46	1,248,883
	47a Accounts receivable	13,860	47a	1,167
	b Less allowance for doubtful accounts		47b	
	48a Pledges receivable		48a	
	b Less allowance for doubtful accounts		48b	
	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	
	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	1,687,648	54	1,737,761
	55a Investments—land, buildings, and equipment basis		55a	
	b Less accumulated depreciation (attach schedule)		55b	
56 Investments—other (attach schedule)		56		
57a Land, buildings, and equipment basis		57a		
b Less accumulated depreciation (attach schedule)		57b		
58 Other assets (describe <input checked="" type="checkbox"/> <b>Donated land</b> )	99,999	58	99,999	
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)	2,582,133	59	3,087,810	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	50,097	60	72,189
	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 )		65	
66 <b>Total liabilities</b> (add lines 60 through 65)	50,097	66	72,189	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74		67	
	67 Unrestricted		68	
	68 Temporarily restricted		69	
	69 Permanently restricted			
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74	855,281	70	1,159,187
	70 Capital stock, trust principal, or current funds		71	
	71 Paid-in or capital surplus, or land, building, and equipment fund	1,676,755	72	1,856,434
	72 Retained earnings, endowment, accumulated income, or other funds			
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 and column (B) must equal line 21)	2,532,036	73	3,015,621	
74 <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	2,582,133	74	3,087,810	

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-A**      **Reconciliation of Revenue per Audited  
Financial Statements with Revenue per  
Return (See Specific Instructions, page 25 )**

<b>a</b>	Total revenue gains and other support 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>	
<b>(1)</b>	Net unrealized gains on investments \$ _____	<b>c</b>	
<b>(2)</b>	Donated services and use of facilities \$ _____	<b>d</b>	
<b>(3)</b>	Recoveries of prior year grants \$ _____	<b>e</b>	
<b>(4)</b>	Other (specify) _____		
	\$ _____		
	Add amounts on lines <b>(1)</b> through <b>(4)</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>	
<b>(1)</b>	Investment expenses not included on line 6b, Form 990 \$ _____	<b>e</b>	
<b>(2)</b>	Other (specify) _____		
	\$ _____		
	Add amounts on lines <b>(1)</b> and <b>(2)</b> ▶		
<b>e</b>	Total revenue per line 12, Form 990 (line <b>c</b> plus line <b>d</b> ) ▶	<b>e</b>	

<b>Part IV-B</b>	<b>Reconciliation of Expenses per Audited Financial Statements with Expenses per Return</b>
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<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 17, Form 990		
<b>(1)</b>	Donated services and use of facilities \$ _____		
<b>(2)</b>	Prior year adjustments reported on line 20, Form 990 \$ _____		
<b>(3)</b>	Losses reported on line 20, Form 990 \$ _____		
<b>(4)</b>	Other (specify) _____		
	\$ _____		
	Add amounts on lines <b>(1)</b> through <b>(4)</b> ▶	<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 17, Form 990 but not on line <b>a</b>		
<b>(1)</b>	Investment expenses not included on line 6b, Form 990 \$ _____		
<b>(2)</b>	Other (specify) _____		
	\$ _____		
	Add amounts on lines <b>(1)</b> and <b>(2)</b> ▶	<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 Specific Instructions on page 25 )

[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 Specific Instructions on page 26

**Part VI Other Information** (See Specific Instructions on page 26)

	N/A	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		✓
77 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	77		✓
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		✓
b If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	78b		
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		✓
80a 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?	80a	✓	
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			
81a Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81	81a	0	
b Did the organization file <b>Form 1120-POL</b> for this year?	81b		
82a 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?	82a	✓	
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 for reporting in Part III.)	82b		
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	✓	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	✓	
84a Did the organization solicit any contributions or gifts that were not tax deductible?	84a		✓
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a		
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	85b		
c Dues, assessments, and similar amounts from members	85c		
d Section 162(e) lobbying and political expenditures	85d		
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		
g Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g		
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
86 501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86a		
b Gross receipts, included on line 12, for public use of club facilities	86b		
87 501(c)(12) orgs Enter a Gross income from members or shareholders	87a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b		
88 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	88		✓
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0</u> , section 4912 <u>0</u> , section 4955 <u>0</u>			
b 501(c)(3) and 501(c)(4) orgs 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	89b		✓
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0	
d Enter Amount of tax on line 89c, above, reimbursed by the organization		0	
90a List the states with which a copy of this return is filed	90b	0	
b Number of employees employed in the pay period that includes March 12, 2000 (See inst.)			
91 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 code <b>38402-1315</b>			
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <u>92</u>			

**Part VII Analysis of Income-Producing Activities** (See Specific Instructions on page 30)

	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	
Enter gross amounts unless otherwise indicated					
93 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			512	132,441	
96 Dividends and interest from securities			512	9,350	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income			512	45	
100 Gain or (loss) from sales of assets other than inventory			512	584	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D) and (E))				142,420	
105 Total (add line 104, columns (B), (D), and (E))					142,420

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 Specific Instructions on page 31)

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 Specific Instructions on page 31)

(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 Specific Instructions on page 31)

- (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 and correct. I am not aware of any information that would require the filing of another return (other than officer) is based on all information of which preparer has any knowledge

1/10/02  
Date

Kenneth R Horner, Treasurer  
Type or print name and title

**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

**2000**

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 1 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

	Yes	No
<b>1</b> 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: \$ _____ 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.		✓
<b>2</b> During the year, has the organization either directly or indirectly, engaged in any of the following acts with any of its 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:		
<b>a</b> Sale, exchange, or leasing of property?		✓
<b>b</b> Lending of money or other extension of credit?		✓
<b>c</b> Furnishing of goods, services, or facilities?		✓
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		✓
<b>e</b> Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions.	✓	
<b>3</b> Does the organization make grants for scholarships, fellowships, student loans, etc.?		
<b>4a</b> Do you have a section 403(b) annuity plan for your employees?		✓
<b>b</b> 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. (See page 2 of the instructions.)		

**Part IV** Reason for Non-Private Foundation Status (See pages 2 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, page 5.)
- 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) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	1,053,537	414,241	612,921	343,741	2,424,440
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc. purpose					
18 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	131,350	71,571	71,909	51,767	326,597
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 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.	Unknown	Unknown	Unknown	Unknown	
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22	1,184,887	485,812	684,830	395,508	2,751,037
24 Line 23 minus line 17	1,184,887	485,812	684,830	395,508	2,751,037
25 Enter 1% of line 23	11,849	4,858	6,848	3,955	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24				26a	55,020
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts				26b	935,834
c Total support for section 509(a)(1) test. Enter line 24, column (e)				26c	2,751,037
d Add: Amounts from column (e) for lines 18 <u>326,597</u> 19 <u>0</u>					
22 <u>0</u> 26b <u>935,834</u>				26d	1,262,431
e Public support (line 26c minus line 26d total)				26e	1,488,606
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				26f	54 %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of and total amounts received in each year from each "disqualified person." Enter the sum of such amounts for each year:					
(1999) - - - (1998) - - - (1997) - - - (1996) - - -					
b For any amount included in line 17 that was received from a nondisqualified person, attach a list 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.) 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:					
(1999) - - - (1998) - - - (1997) - - - (1996) - - -					
c Add: Amounts from column (e) for lines 15 _____ 16 _____					
17 _____ 20 _____ 21 _____				27c	
d Add: Line 27a total _____ and line 27b total _____				27d	
e Public support (line 27c total minus line 27d total)				27e	
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)				27f	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				27g	%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				27h	%
28 Unusual Grants. For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 5 of the instructions.)					

**Part V Private School Questionnaire** (See page 5 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 7 of the instructions )  
(To be completed **ONLY** by an eligible organization that filed Form 5768)Check here **a** ☐ if the organization belongs to an affiliated groupCheck here **b** ☐ if you checked "a" above 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 9 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(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 9 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)

Yes	No	Amount

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

**Part VII** Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 9 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**

(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.

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

[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]

**Schedule B**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Supplementary Information for line 1d of Form 990 or  
line 1 of Form 990-EZ (see instructions)

OMB No 1545-0047

**2000**

Name of organization

Columbia State Community College Foundation

Employer identification number

23 7106327

Organization type (check one)—Section ☒ 501(c)( 3 ) ◀ (enter number) ☐ 527 or ☐ 4947(a)(1) nonexempt charitable trust

**A Section 501(c)(7), (8), or (10) organizations—**

Check this box if the organization had no charitable contributors who contributed more than \$1,000 during the year. (But see General rule below.) ☐

Enter here the total gifts received during the year for a religious, charitable, etc., purpose ▶ \$

**Note:** This form is generally not open to public inspection except for section 527 organizations

**General Instructions**

**Purpose of Form**

Schedule B (Form 990 or 990-EZ) is used by organizations required to file **Form 990**, Return of Organization Exempt From Income Tax, or **Form 990-EZ**, Short Form Return of Organization Exempt From Income Tax, to provide the information regarding their contributors that is required for line 1d of Form 990 (or line 1 of Form 990-EZ).

Attach the Schedule B (Form 990 or 990-EZ) to Form 990 or 990-EZ. Attach Schedule B after Schedule A (Form 990 or 990-EZ), Organization Exempt Under Section 501(c)(3), if that return is required for the organization.

**Who Must File Schedule B (Form 990 or 990-EZ)**

**All organizations** must file Schedule B (Form 990 or 990-EZ) unless they certify that they do not meet the filing requirements of Schedule B (Form 990 or 990-EZ) by checking the box in item L of the heading of their Form 990 or Form 990-EZ.

See the instructions for item L in the Instructions for Form 990 and Form 990-EZ.

**Caution** Schedule B (Form 990 or 990-EZ) is not a substitute for the list of "contributors" required for Part IV-A, Support Schedule, of Schedule A (Form 990 or 990-EZ).

**Public Inspection**

Schedule B (Form 990 or 990-EZ) is

- Open to public inspection for a section 527 political organization.
- Generally not open to public inspection for the other organizations that must file this form.

If a non-section 527 organization files a copy of Form 990, or Form 990-EZ, and attachments with any state, it should not include its Schedule B (Form 990 or 990-EZ) in the attachments for the state unless a schedule of contributors is specifically required by the state. States that do not require the information might make the schedule available for public inspection along with the rest of the Form 990 or Form 990-EZ.

See the Instructions for Form 990 and Form 990-EZ for phone help and the public inspection rules for those forms and their attachments, which include Schedule B (Form 990 or 990-EZ).

**Contributors Required To Be Listed on Part I**

"Contributor" includes individuals, fiduciaries, partnerships, corporations, associations, trusts, and exempt organizations.

**General rule.** Unless the organization is covered by one of the special rules below, it must list on Part I every contributor who, during the year, gave the organization directly or indirectly, money, securities, or any other type of property totaling \$5,000 or more for the year. Also complete Part II for a noncash contribution. In determining the \$5,000 amount, total all of the contributor's gifts of \$1,000 or more for the year.

**Section 501(c)(3) organizations.** For an organization described in section 501(c)(3) that meets the 33⅓% support test of the Regulations under sections 509(a)(1)/170(b)(1)(A)(vi) (whether or not the organization is otherwise described in section 170(b)(1)(A))—

List in Part I only those contributors whose contribution of \$5,000 or more is greater than 2% of the amount reported on line 1d of Form 990 (or line 1 of Form 990-EZ) (Regulations section 1.6033-2(a)(2)(iii)(a)).

**Example.** A section 501(c)(3) organization, of the type described above, reported \$700,000 in total contributions, gifts, grants, and similar amounts received on line 1d of its Form 990. The organization is only required to list in Parts I and II of its Schedule B (Form 990 or 990-EZ) each person who contributed more than the greater of \$5,000 or \$14,000 (2% of \$700,000). Thus, a contributor who gave a total of \$11,000 would not be reported in Parts I and II for this section 501(c)(3) organization. Even though the \$11,000 contribution to the organization exceeded \$5,000, it did not exceed \$14,000.

**Section 501(c)(7), (8), or (10) organizations.** For noncharitable contributions to one of these organizations, list in Part I contributors who gave \$5,000 or more as described in the **General rule** discussed above.

If a section 501(c)(7), (8) or (10) organization received contributions or bequests for use exclusively for religious, charitable, etc., purposes (sections 170(c)(4), 2055(a)(3), or 2522(a)(3))--

List in Part I each contributor whose contributions total more than \$1,000 during the year that were for a religious, charitable, etc., purpose. To determine the \$1,000, aggregate all of a contributor's gifts for the year (regardless of amount). For a noncash contribution, complete Part II.

All section 501(c)(7), (8), or (10) organizations that received **any** charitable contributions and listed **any** charitable contributors on Part I must also complete Part III.

If a section 501(c)(7), (8), or (10) organization received charitable gifts but is not required to list **any** charitable contributors on Part I, check the box on line A at the top of Schedule B (Form 990 or 990-EZ) and enter the amount of charitable contributions received in the space provided. The organization need not complete and attach Part III.

## Specific Instructions

**Note.** You may duplicate Parts I, II, and III if more copies are needed. Number each page of each Part.

**Part I.** In column (a), identify the first contributor listed as no. 1 and the second contributor as no. 2, etc. Number consecutively. Show the contributor's name, address, aggregate contributions for the year, and the type of contribution (e.g., whether an individual, payroll, or noncash contribution). Report payroll contributions by listing the employer's name, address, and total amount given (unless an employee gave enough to be listed individually).

**Part II.** In column (a), show the number that corresponds to the contributor's number in Part I. Describe the noncash contribution fully. Report on property with readily determinable market value (i.e., market quotations for securities) by listing its fair market value (FMV). For marketable securities registered and listed on a recognized securities exchange, measure market value by the average of the highest and lowest quoted selling prices (or the average between the bona fide bid and asked prices) on the contribution date. See Regulations section 20.2031-2 to determine the value of contributed stocks and bonds. When market value cannot be readily determined, use an appraised or estimated value. To determine the amount of a noncash contribution that is subject to an outstanding debt, subtract the debt from the property's fair market value.

**Part III.** Section 501(c)(7), (8), or (10) organizations that received contributions or bequests for use exclusively for religious, charitable, etc., purposes must complete Parts I through III for those persons whose gifts totaled more than \$1,000 during the year. Show also, in the heading of Part III, total gifts that were \$1,000 or less and were for a religious, charitable, etc., purpose. Complete this information only on the first Part III page.

If an amount is set aside for a religious, charitable, etc., purpose, show in column (d) how the amount is held (e.g., whether it is mingled with amounts held for other purposes). If the organization transferred the gift to another organization, show the name and address of the transferee organization in column (e) and explain the relationship between the two organizations.

Name of organization  
Columbia State Community College Foundation

Employer identification number  
23-7106327

**Part I Contributors**

(a) No	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>		\$ 20,000	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
<u>2</u>		\$ 15,000	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
<u>3</u>		\$ 45,008	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if a noncash contribution)
<u>4</u>		\$ 120,000	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
<u>5</u>		\$ 50,000	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
		\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)

Employer identification number  
23 7106327

(a) No from Part I	(b) <b>Description of noncash property given</b>	(c) <b>FMV (or estimate)</b> (see instructions)	(d) <b>Date received</b>
<u>  3  </u>	776 Shares of stock	\$ 45,008	12 / 22 / 2000
(a) No from Part I	(b) <b>Description of noncash property given</b>	(c) <b>FMV (or estimate)</b> (see instructions)	(d) <b>Date received</b>
<u>       </u>	- - - - - - - - - - - - -	\$ - - - - -	/ . . /.
(a) No from Part I	(b) <b>Description of noncash property given</b>	(c) <b>FMV (or estimate)</b> (see instructions)	(d) <b>Date received</b>
<u>       </u>	- - - - - - - - - - - - -	\$ - - - - -	/      /
(a) No from Part I	(b) <b>Description of noncash property given</b>	(c) <b>FMV (or estimate)</b> (see instructions)	(d) <b>Date received</b>
<u>       </u>	- - - - - - - - - - - - -	\$ - - - - -	. . . / . . /.
(a) No from Part I	(b) <b>Description of noncash property given</b>	(c) <b>FMV (or estimate)</b> (see instructions)	(d) <b>Date received</b>
<u>       </u>	- - - - - - - - - - - - -	\$ - - - - -	/      /
(a) No from Part I	(b) <b>Description of noncash property given</b>	(c) <b>FMV (or estimate)</b> (see instructions)	(d) <b>Date received</b>
<u>       </u>	- - - - - - - - - - - - -	\$ - - - - -	/ . . /.



**Columbia State Community College Foundation**  
**23-7106327**  
**Form 990, Schedule A**  
**2000**

**Part IVA, Line 26b**

\$	253,285
	77,850
	55,099
	70,850
	303,600
	100,150
	75,000
<u>\$</u>	<u>935,834</u>

**Columbia State Community College Foundation**  
**23-7106327**  
**Form 990**  
**2000**

<b>Description</b>	<b>Date of Purchase</b>	<b>Cost</b>	<b>Date of Sale</b>	<b>Proceeds</b>	<b>Gain/ (Loss)</b>
Federal Home Loan Bank Bond	1/4/2000	29,850	12/27/2000	30,000	150
Federal Home Loan Bank Mtg Cp	1/16/1998	30,702	1/22/2001	30,000	(702)
Federal Home Loan Bank Bond	6/8/2000	\$ 10,000	1/30/2001	10,019	\$ 19
Federal Home Loan Bank Bond	3/21/2000	20,000	1/30/2001	20,009	9
Federal Home Loan Bank Bond	3/21/2000	50,000	1/30/2001	50,024	24
Federal Home Loan Bank Bond	2/5/1999	49,844	2/16/2001	50,000	156
United States Treasury Notes	3/8/1996	49,172	2/28/2001	50,000	828
Federal Home Loan Bank Mtg Cp	5/10/2000	39,900	5/25/2001	40,000	100
		<u>\$ 279,468</u>		<u>\$ 280,052</u>	<u>\$ 584</u>

Columbia State Community College Foundation  
23-7106327  
Form 990  
2000

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

Unrealized loss on investments	\$ (20,105)
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**Columbia State Community College Foundation**  
**23-7106327**  
**Form 990**  
**2000**

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

Scholarships	\$153,929
Nursing/ Allied Health	30,322
Athletic Boosters Club	16,884
Humphreys Co Site Library	15,834
Staff Awards	4,000
Other	3,096
	<u>\$224,065</u>

**2001 COLUMBIA STATE FOUNDATION  
EXECUTIVE BOARD**

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

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

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

Ms Sydney McClain  
2306 Country Club Lane  
Columbia, TN 38401

Mr Jim Criswell, Chair  
210 Sewanee Circle  
Columbia, TN 38401

Mr Dean Dickey  
1400 Timberwood Dr  
Columbia, TN 38401

Mrs Mary Ann Roberts  
508 Cornersville Road  
Lewisburg, TN 37091

Ms Carolyn Allred-Winnett  
3333 Jim Warren Rd  
Spring Hill, TN 37174

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

Mr Marc Lively  
Community First Bank & Trust  
P O Box 1037  
Columbia, TN 38402

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

Mr John Stephens  
1108 West 7th Street  
Columbia, TN 38401

Mr Roger Witherow  
Witherow & Associates  
1517 Hatcher Lane  
Columbia, TN 38401

Mr Charles Sanders, Executive  
Secretary  
Columbia State Foundation  
P O Box 1315  
Columbia, TN 38401

## 2001 COLUMBIA STATE FOUNDATION BOARD

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

Mr Harvey Church  
AmSouth Bank  
700 North Garden St  
Columbia, TN 38401

Ms Darlene Baxter  
Maury Regional Hospital  
1224 Trotwood Avenue  
Columbia, TN 38401

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

Mr Ben Boston  
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**PAGE 2, 2001 COLUMBIA STATE  
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**PAGE 3, 2001 COLUMBIA STATE  
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