DLN: 93493150001220 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Department of the Open to Public ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 09-01-2018 , and ending 08-31-2019 D Employer identification number B Check if applicable Columbia College Chicago □ Address change 36-6112087 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 600 South Michigan Ave ☐ Amended return ☐ Application pending (312) 369-7162 City or town, state or province, country, and ZIP or foreign postal code Chicago, IL  $\,$  60605  $\,$ G Gross receipts \$ 329,038,127 Name and address of principal officer H(a) Is this a group return for Dr Kwang-Wu Kım ☐Yes **☑**No subordinates? 600 South Michigan Ave H(b) Are all subordinates Chicago, IL 60605 ☐ Yes ☐No ıncluded? Tax-exempt status **✓** 501(c)(3) 501(c)( ) **◄** (insert no ) 4947(a)(1) or □ 527 If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ▶ www colum edu L Year of formation 1890 M State of legal domicile IL K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities THE ORGANIZATION'S MISSION IS TO EDUCATE STUDENTS FOR CREATIVE OCCUPATIONS IN DIVERSE FIELDS OF ARTS AND MEDIA Activities & Governance 2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 4 28 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2018 (Part V, line 2a) 3,308 **6** Total number of volunteers (estimate if necessary) . . . 6 140 Total unrelated business revenue from Part VIII, column (C), line 12 -3,879 **b** Net unrelated business taxable income from Form 990-T, line 34 -6,329 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 6,351,215 7,972,266 Ravenua 211,930,709 204,951,766 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 31,669,373 11,083,469 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,991,488 2,163,076 251,942,785 226,170,577 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 38,468,801 38,594,370 **14** Benefits paid to or for members (Part IX, column (A), line 4) . . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 101,800,477 102,119,936 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . b Total fundraising expenses (Part IX, column (D), line 25) ▶2,381,878 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 85,266,279 84,056,662 225,535,557 224,770,968 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 . 26,407,228 1,399,609 Net Assets or Fund Balances Beginning of Current Year End of Year 532,448,196 524,601,747 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 133,303,422 134,260,172 22 Net assets or fund balances Subtract line 21 from line 20 . 399,144,774 390,341,575 Signature Block 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 2020-05-29 Signature of officer Sign Here JERRY TARRER SENIOR VP BUSINESS AFFAIRS/CFO Type or print name and title Print/Type preparer's name Preparer's signature Check 🔲 ıf P00756195 Paid self-employed Firm's name ► CROWE LLP Firm's EIN > 35-0921680 Preparer Use Only Firm's address ▶ 225 West Wacker Drive Suite 2600 Phone no (312) 899-7000 Chicago, IL 606061224 ✓ Yes □ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)

2 D th 3 D	Check if Scheoriefly describe the organization of the organization	rganization's mission SION IS TO EDUCATE  undertake any signific 990-EZ? se new services on So cease conducting, or r se changes on Schedu	STUDENTS FOR  ant program services in the dule O make significant in the dule O	CREATIVE OCCUPATION	IS IN DIVERSE FIELDS OF ARTS	AND MEDIA
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se	ervices? "Yes," describe these scribe the organiza		 ıle O			
If	escribe the organiza	ition's program servic				☐ Yes 🗹 No
	escribe the organiza	ition's program servic				
S		d 501(c)(4) organizati ue, if any, for each pro	ons are required	to report the amount of	argest program services, as mea f grants and allocations to others	
4a (0	Code	) (Expenses \$	154,671,509	including grants of \$	38,594,370 ) (Revenue \$	178,471,998 )
S	ee Addıtıonal Data					
(	Code	) (Expenses \$	25,831,547	including grants of \$	0 ) (Revenue \$	28,394,251 )
<u> </u>	ee Addıtıonal Data					
<b>4c</b> (0	Code	) (Expenses \$		including grants of \$	) (Revenue \$	)
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<b>4d</b> 0	ther program servic	es (Describe in Sched	lule O)			
(8	Expenses \$	inc	luding grants of	\$	) (Revenue \$	)
4e T	otal program serv	ice expenses 🕨	180,503,0	56		

Pai	tiV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?  If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?  If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III "	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🕏	11b	Yes	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
Ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	206		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	20b 21	Yes	

government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II . . . . . .

column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . . . . . . . . .

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

22

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Par	Checklist of Required Schedules (continued)			
			Yes	No
3	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J </i>	23	Yes	
4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?  If "Yes," complete Schedule L, Part I	25b		No
	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
7	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	Yes	
}	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
)	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M $$	29	Yes	
)	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
}	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
,	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
ia	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
Ь	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b		
•	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
3	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
Par	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

**b** Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable

9,800

1a

1b

Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services 7a Yes If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . . 7b Yes

Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7с Yes d If "Yes," indicate the number of Forms 8282 filed during the year . . . . 7d | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .

No No If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during 8 9a Did the sponsoring organization make any taxable distributions under section 4966? . . . 9a

Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 . . . 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders . 11a

9h

14a

14b

15

No

No

Form **990** (2018)

**b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .

c Enter the amount of reserves on hand . . . . . . . . . . . . . . .

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

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

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . . .

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

**b** Gross income from other sources (Do not net amounts due or paid to other sources 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b

Section 501(c)(29) qualified nonprofit health insurance issuers.

a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O 13a Enter the amount of reserves the organization is required to maintain by the states in 13b which the organization is licensed to issue qualified health plans . . . .

13c

19

20

	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions	o" resp	onse to	
Se	Check if Schedule O contains a response or note to any line in this Part VI		<u> </u>	✓
<u> </u>	Ection A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 29			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
Ь	Enter the number of voting members included in line 1a, above, who are independent  1b 28			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
5	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
В	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
)	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to			
	conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12b	Yes Yes	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done			
3	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
} }	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes Yes	
; ;	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes Yes	
a	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c 13 14	Yes Yes Yes	No
; ; ;	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c 13 14	Yes Yes Yes	No
a b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	12c 13 14	Yes Yes Yes	
3 4 5 a b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	12c 13 14 15a 15b	Yes Yes Yes	
3 4 5 a b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt	12c 13 14 15a 15b	Yes Yes Yes	No
3 4 5 a b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	12c 13 14 15a 15b	Yes Yes Yes	

☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

101111 330 (2	010)										Page /
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	nploy	ees	, Highest Comp	ensated Employ	ees,
	Check if Schedule O contains a	response or no	te to an	y line	≘ ın t	hıs	Part VI	١.			🗆
Section	A. Officers, Directors, Tru	ıstees, Key E	mploy	ees	, an	d F	lighe	st (	Compensated En	nployees	
year .	this table for all persons requir of the organization's current of		·						, ,		•
of compensa	tion Enter -0- in columns (D), ( if the organization's <b>current</b> key	E), and (F) if no	compe	nsatı	on w	vas į	paid		- ,,		
• List the who received	organization's five <b>current</b> high direportable compensation (Box and any related organizations	est compensate	d emplo	yees	(oth	ner t	than a	n off	icer, director, truste	e or key employee)	1
• List all o	of the organization's <b>former</b> office compensation from the organization						pensat	ed e	employees who rece	ived more than \$10	0,000
	f the organization's <b>former dir</b> e , more than \$10,000 of reportat										e
compensated	in the following order individual demployees, and former such p	ersons									
☐ Check tl	nis box if neither the organization	n nor any relate	ed organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee	Т
	(A) Name and Title	(B) Average hours per week (list any hours for related	than o	one bo oth a direct	ox, un off tor/t	t cho unles ficer rust	and a	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MI3C)	(W- 2/1099- MISC)	related organizations
See Additiona	al Data Table										

Form 990 (2018)													Page <b>8</b>
Part VII Section A. Officers, Direct	tors, Trustees	, Key l	Empl	loye	es,	and I	Higl	hest Co	mpensa	ted Employees	(cont	inued)	
<b>(A)</b> Name and Title	(B) Average hours per week (list any hours		ne b	ox, u n off	che Inles	ss pers	son	compensation compensation from the organizations (W-					) ated of other sation the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensati employee	Former	2/109	99-MISC)	2/1099-MISC	<b>5</b> )	organizat relat organiz	ed
See Additional Data Table						Ē.					_		
											+		
1b Sub-Total	art VII. Section			<u>.</u>		<u> </u> 							
d Total (add lines 1b and 1c)	•					▶		3,	641,193		0		787,374
Total number of individuals (including of reportable compensation from the	but not limited	to thos			oove	e) who	rec	eived mo	ore than \$	100,000			
	- 55				1-					<b></b>		Yes	No
<ul> <li>Did the organization list any former line 1a? If "Yes," complete Schedule 3</li> <li>For any individual listed on line 1a, is</li> </ul>	for such individ	dual .	•	•	•		•			· ,	3	Yes	
organization and related organization											4	Yes	
5 Did any person listed on line 1a receivervices rendered to the organization		•						-	ition or in	dıvıdual for	5		No
Section B. Independent Contract													
Complete this table for your five high from the organization Report competents											mpen:	sation	
	(A) and business addre	ess							t	(B) scription of services		(C Compe	nsation
PepperBMI Construction LLC 643 North Orleans									Constructi	on		15	,487,855
Chicago, IL 744662924 Allied Barton Security Services									Security S	ervices		2	,442,926
161 Washington Street Suite 600									Security 5			_	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Conshohocken, PA 19428 HARVARD MAINTENANCE INC									MAINTENA	NCE		2	,425,042
59 Maiden Lane FL 17													
NEW YORK, NY 10038 Social Deviant LLC									Marketing,	, Advertising, Social I	Media	1	,694,822
1143 W Rundell Pl Suite 201 Chicago, IL 60607													
Clune Construction Company LP									Constructi	on			968,953
10 S Riverside Plaza Suite 2200 CHICAGO, IL 60606													
2 Total number of independent contractor compensation from the organization ▶		not lim	ited t	o the	ose	listed	abov	ve) who i	received r	nore than \$100,0	00 of	Form <b>99</b>	0 (2010)

Form 9													Page <b>9</b>
Part	VIII						D (1/41)						🗹
		Check if Schedul	e O contains a i	respo	onse or note to any	(,	A) revenue	Rela ex fui	(B) ated or empt action venue	U	(C) nrelated usiness evenue		(D) Revenue scluded from under sections 512 - 514
(6)	<b>1</b> a	Federated campaigi	ns	1a	0				rende				312
unts	ŀ	Membership dues	[	<b>1</b> b	0								
Gra		Fundraising events	[	1c	222,949								
Ę, Ę	,	l Related organizatio	ns	1d	0								
<u>S</u>	6	Government grants (co	ontributions)	1e	2,665,642								
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, and similar amounts no above	ot included	1f	5,083,675								
Contribuand Oth	g	Noncash contribution in lines 1a - 1f \$	ons included	2,0	045,99 <u>5</u>								
<u>ة</u> ك	'	<b>h Total.</b> Add lines 1a-	-1f	•	•		7,972,266						
a.					Business	Code	176.0	70.645	476.07	0.645			
Program Service Revenue		TUITION AND FEES				611600		79,645	176,97	·		0	0
3	b	RESIDENCE CENTERS				611600	27,9	72,121	27,97			0	0
3	С							0		0		0	0
Ž.	d							0		0		0	0
ق ق	е							0		0		0	0
gra	f	All other program se	rvice revenue					0		0		0	0
Ĕ.	g.	Total. Add lines 2a-2	f		<u> </u>	51,766				ı			
		Investment income (ii imilar amounts) .			interest, and other	ļ	5,185,184		0		-3,879		5,189,063
		Income from investme			ond proceeds <b>&gt;</b>		0		0		0		0
	5 F	Royalties					15,793		0		0		15,793
			(ı) Real		(II) Personal								
	6a	Gross rents	101	,409	0								
	b	Less rental expenses		0	0								
	C	Rental income or (loss)	101	,409	0								
	d	Net rental income of				]	101,409		0		0		101,409
	<b>7</b> -	Gross amount	(ı) Securitie	S	(II) Other	-							
	/ d	from sales of assets other than inventory	108,632	,560	21,000								
	b	Less cost or	102.000	170	66.006								
		other basis and sales expenses	102,689			1							
		Gain or (loss)	5,943		-45,096	<u> </u>	- 000 00F						5 000 005
		Net gain or (loss) .			<b>•</b>		5,898,285		0		0		5,898,285
<b>.</b>	Od	Gross income from for (not including \$	undraising even 222,949   of										
듄		contributions reporte See Part IV, line 18		a	86,319								
ě	h	Less direct expense:		a b	50,319	-							
<u>ت</u> π		Net income or (loss)			,		36,000				0		36,000
Other Revenue		Gross income from q	aming activities										
0		See Part IV, line 19		_	] 								
	h	Less direct expense:	<b>c</b>	a b	0	1							
		Net income or (loss)			les	J	0		0		0		0
		Gross sales of invent											
		returns and allowand	es	_1	60.404								
	<b>.</b>		لداء	a		-							
		Less cost of goods s		b	·	_	-1,465		0		0		-1,465
		Net income or (loss) Miscellaneous		ivent	Business Code								<u> </u>
	11	aperformance fees		LES		7	334,781		334,781		0		0
	b	SHERWOOD SCHOO	L OF MUSIC		611600	)	638,715		638,715		0		0
		LESSON REVENUE											
	C	CONTRACTED EDUCATRAINING SERVICES			611600		422,130		422,130		0		0
	d	All other revenue .					615,713		518,857		0		96,856
	e	Total. Add lines 11a	-11d				2 011 220						
	12	Total revenue. See	Instructions .				2,011,339		206.057.70				44 pc= = : :
					<u> </u>		226,170,577	1	206,866,249	1	-3,879		11,335,941

16 Occupancy

23 Insurance .

b c d

**18** Payments of travel or entertainment expenses for any federal, state, or local public officials •

24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e

25 Total functional expenses. Add lines 1 through 24e

26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation
Check here ► ☐ if following SOP 98-2 (ASC 958-720)

19 Conferences, conventions, and meetings .

22 Depreciation, depletion, and amortization .

**20** Interest . . . . .

21 Payments to affiliates . . .

expenses on Schedule O )

e All other expenses

17 Travel

Part IX Statement of Functional Expenses

Section $501(c)(3)$ and $501(c)(4)$ organizations must complete all $cc$	lumns All other orga	nizations must comp	lete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX .			🗆
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	40,680	40,680		
2 Grants and other assistance to domestic individuals See Part IV, line 22	38,553,690	38,553,690		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16				
4 Benefits paid to or for members	0	0		
<b>5</b> Compensation of current officers, directors, trustees, and key employees	2,630,467	1,169,610	1,289,996	170,861
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	76,715,573	61,384,742	14,173,314	1,157,517
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	4,451,054	3,509,095	867,441	74,518
9 Other employee benefits	12,768,619	10,066,447	2,488,405	213,767
<b>10</b> Payroll taxes	5,554,223	4,378,805	1,082,432	92,986
11 Fees for services (non-employees)				
a Management				
<b>b</b> Legal	455,371	4,125	451,246	
<b>c</b> Accounting	158,050	250	157,800	
<b>d</b> Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	2,665,438		2,665,438	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	13,025,886	11,111,920	1,890,347	23,619
12 Advertising and promotion	1,059,062	966,285	86,774	6,003
<b>13</b> Office expenses	6,468,112	4,179,639	2,229,603	58,870
14 Information technology	7,265,597	3,002,707	4,150,715	112,175
15 Royalties	45,456	41,362	4,094	

30,270,768

1,775,012

2,342,581

2,903,088

14,863,525

224,770,968

758,716

27,535,500

1,434,478

1,398,558

11,718,016

180,503,056

6,063

1,084

2,615,086

306,969

875,347

2,897,025

2,896,670

757,332

0

41,886,034

120,182

33,565

68,676

248,839

0

2,381,878

Form **990** (2018)

Form 990 (2018)

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Assets or Fund Balances

Net

Check if Schedule O contains a response or note to any line in this Part IX			🗆
	(A) Beginning of year		(B) End of year
1 Cash-non-interest-bearing	3,338	1	2,500
2 Savings and temporary cash investments	4,105,595	2	1,949,607
3 Pledges and grants receivable, net	711,564	3	791,567
4 Accounts receivable, net	1,098,329	4	1,498,543
5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
6 Loans and other receivables from other disqualified persons (as defined under			

	6	Loans and other receivables from current and for trustees, key employees, and highest compensations and other receivables from other disqualissection 4958(f)(1)), persons described in section contributing employers and sponsoring organizations voluntary employees' beneficiary organizations. Part II of Schedule L	ated em fied per in 4958 ations o (see ins	rsons (as defined under (c)(3)(B), and f section 501(c)(9) structions) Complete	0	5	
Assets	7	Notes and loans receivable, net	• •		0	7	
\$8	8	Inventories for sale or use			17,307	8	
⋖	9	Prepaid expenses and deferred charges			8,360,322	9	8,20
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	471,119,260			
	b	Less accumulated depreciation	10b	237,032,835	207,552,729	10c	234,08
	11	Investments—publicly traded securities .			129,840,893	11	108,44
	12	Investments—other securities See Part IV, line	11 .		177,404,315	12	169,62
	13	Investments—program-related See Part IV, line	e 11 .		0	13	

Ф	<b>'</b>	Notes and loans receivable, net			0	, , , , , , , , , , , , , , , , , , ,	1
\$8	8	Inventories for sale or use			17,307	8	5,253
4	9	Prepaid expenses and deferred charges			8,360,322	9	8,204,686
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	471,119,260			
	ь	Less accumulated depreciation	<b>10</b> b	237,032,835	207,552,729	<b>10</b> c	234,086,425
	11	Investments—publicly traded securities .			129,840,893	11	108,441,380
	12	Investments—other securities See Part IV, line	11 .		177,404,315	12	169,621,786
	13	Investments—program-related See Part IV, line	e 11 .		0	13	
	14	Intangible assets			0	14	0
	15	Other assets See Part IV, line 11			3,353,804	15	0

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23,375,077

295.001

134.260.172

375.607.536

7,031,353

7.702.686

390,341,575

524,601,747

Form **990** (2018)

0

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25,429,657

133,303,422

385.343.950

6,791,060

7.009,764

399,144,774

532,448,196

145,833

	13	Investments—program-related See Part IV, line 11	0	13	
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	3,353,804	15	0
	16	Total assets.Add lines 1 through 15 (must equal line 34)	532,448,196	16	524,601,747
	17	Accounts payable and accrued expenses	19,231,402	17	25,466,865
	18	Grants payable	0	18	0
	19	Deferred revenue	34,120,142	19	32,470,197
	20	Tax-exempt bond liabilities	54,376,388	20	52,653,032
Š	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
jab		persons Complete Part II of Schedule L		22	0
	22	Secured mortgages and notes navable to unrelated third parties	25 429 657	22	23 375 077

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

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

and other liabilities not included on lines 17 - 24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . . .

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

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

3a

3b

Yes

Yes Form 990 (2018)

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Audit Act and OMB Circular A-133?

## **Additional Data**

**Software ID:** 18007697

Software Version: 2018v3.1

**EIN:** 36-6112087

Name: Columbia College Chicago

Form 990 (2018)

## Form 990, Part III, Line 4a:

COLUMBIA COLLEGE CHICAGO (THE COLLEGE) IS A FULLY ACCREDITED NOT-FOR-PROFIT PRIVATE COLLEGE WITH MORE THAN 120 ACADEMIC PROGRAMS AND OVER 6,900 STUDENTS COLUMBIA COLLEGE CHICAGO AWARDS UNDERGRADUATE BACHELOR OF ARTS, BACHELOR OF FINE ARTS, BACHELOR OF MUSIC AND BACHELOR OF SCIENCE DEGREES, ALONG WITH GRADUATE MASTER OF ARTS, MASTERS OF ARTS MANAGEMENT, AND MASTERS OF FINE ART DEGREES THE COLLEGE IS ONE OF THE LARGEST AND MOST DIVERSE PRIVATE ARTS AND MEDIA COLLEGES IN THE NATION THE COLLEGE'S INTENT IS TO EDUCATE STUDENTS WHO WILL COMMUNICATE CREATIVELY AND SHAPE THE PUBLIC PERCEPTIONS OF ISSUES AND EVENTS AND WHO WILL AUTHOR THE CULTURE OF THEIR TIMES THE COLLEGE HAD 6,708 STUDENTS

LARGEST AND MOST DIVERSE PRIVATE ARIS AND MEDIA COLLEGES IN THE NATION. THE COLLEGE'S INTENTIS TO EDUCATE STUDENTS WHO WILL COMMUNICATE CREATIVELY AND SHAPE THE PUBLIC PERCEPTIONS OF ISSUES AND EVENTS AND WHO WILL AUTHOR THE CULTURE OF THEIR TIMES. THE COLLEGE HAD 6,708 STUDENTS ENROLLED IN ITS GRADUATE PROGRAMS. THE UNDERGRADUATE PROGRAMS ARE OFFERED IN THREE SCHOOLS WITHIN THE COLLEGE, THE SCHOOL OF FINE AND PERFORMING ARTS, THE SCHOOL OF LIBERAL ARTS & SCIENCES, AND THE SCHOOL OF MEDIA ARTS COLUMBIA COLLEGE CHICAGO CONSISTS OF THREE SCHOOLS. FINE AND PERFORMING ARTS, LIBERAL ARTS AND SCIENCES AND MEDIA ARTS. IN FALL 2019, THE SCHOOL OF FINE AND PERFORMING ARTS HAD AN UNDERGRADUATE ENROLLMENT OF 3,177 AND A GRADUATE ENROLLMENT OF 115. THE SCHOOL OF LIBERAL ARTS AND SCIENCES HAD AN UNDERGRADUATE ENROLLMENT OF 3,4 AND A GRADUATE ENROLLMENT OF 70. THE SCHOOL OF MEDIA ARTS HAD AN UNDERGRADUATE ENROLLMENT OF 2,949 AND A GRADUATE ENROLLMENT OF 54. THERE WERE 208 STUDENTS WHO DID NOT HAVE AN OFFICIAL DEPARTMENT. IN THE 2018-2019 ACADEMIC YEAR, THE COLLEGE GRANTED 1,678 DEGREES. THE SCHOOL OF FINE AND PERFORMING ARTS GRANTED 893 DEGREES (822 WERE UNDERGRADUATE), THE SCHOOL OF LIBERAL ARTS AND SCIENCES GRANTED 129 DEGREES (103 WERE UNDERGRADUATE), AND THE SCHOOL OF MEDIA ARTS GRANTED 638 DEGREES (617 WERE UNDERGRADUATE) AND THE SCHOOL OF MEDIA ARTS GRANTED 638 DEGREES (617 WERE UNDERGRADUATE) AND THE SCHOOL OF MEDIA ARTS GRANTED 638 DEGREES (617 WERE UNDERGRADUATE) AND THE SCHOOL OF MEDIA ARTS GRANTED 638 DEGREES (617 WERE UNDERGRADUATE) AND THE SCHOOL OF MEDIA ARTS GRANTED 638 DEGREES (617 WERE UNDERGRADUATE) AND THE SCHOOL OF MEDIA ARTS GRANTED 638 DEGREES (617 WERE UNDERGRADUATE) AND THE SCHOOL OF MEDIA ARTS GRANTED 638 DEGREES (617 WERE UNDERGRADUATE) AND THE SCHOOL OF MEDIA ARTS GRANTED 638 DEGREES (617 WERE UNDERGRADUATE) AND THE SCHOOL OF MEDIA ARTS GRANTED 638 DEGREES (617 WERE UNDERGRADUATE) AND THE SCHOOL OF MEDIA ARTS GRANTED 638 DEGREES (617 WERE UNDERGRADUATE) AND THE SCHOOL OF MEDIA ARTS GRANTED 638 DEGR

Form 990, Part III, Line 4b: COLUMBIA COLLEGE CHICAGO PROVIDES HOUSING, FOOD SERVICE AND RESIDENCE LIFE PROGRAMS TO ITS STUDENTS THE COLLEGE HAS OVER 2,000 BEDS AVAILABLE TO ITS STUDENTS IN FIVE DIFFERENT RESIDENCE CENTERS ON ITS CAMPUS

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person amount of other hours per compensation compensation is both an officer and a week (list from the from related compensation the

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

and Independent Contractors

VICE CHAIR

**TREASURER** 

**SECRETARY** 

KWANG-WU KIM

PRESIDENT AND CEO

JIMMY CHAMBERLAIN

LUIS DE LA PARRA

ROBERT J BUFORD

TRUSTEE

TRUSTEE

TRUSTEE

LEN AMATO

TRUSTEE (Through May 2019)

BARRY M SABLOFF

SHARON REESE DALENBERG

	any hours		direct	or/tı	rust	ee)		organization (W-	organizations	from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	10	Key employee	Highest compensated	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
WILLIAM WOLF	1 0	X		×				0	0	
CHAIRMAN OF THE BOARD	0 0			^				0	0	0
CHESTER T KAMIN	1 0	X		V				0	0	
VICE CHAIR	0 0			×						0
HUGH C WILLIAMS	1 0			,				0	0	
		X	1	X	l			0	l o	0

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(A) (B) (D) (C) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless person amount of other hours per compensation compensation is both an officer and a week (list from the from related compensation from the

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

and Independent Contractors

TRUSTEE

JAY LEIB

TRUSTEE

**TRUSTEE** 

TRUSTEE

TRUSTEE

ARLEN RUBIN

ASHA SPENCER

AVERILL LEVITON

FREDERICK C LOWINGER

TRUSTEE (Through May 2019)

	any hours		direct	or/t	rust	ee)		organization (W-	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations	
MADELINE MOORE BURRELL	1 0							_		_	
TRUSTEE	0 0	×						0	0	0	
TERRY DIAMOND	1 0							_	_	_	
TRUSTEE	0 0	×						0	0	0	
JUDITH A GOLD	1 0							_		_	
TRUSTEE	0 0	X						°	0	0	
DEVIN A GROSS	1 0										

JUDITH A GOLD	10	v			0		
TRUSTEE	0 0	Х			U	0	
DEVIN A GROSS	1 0	V			_		
TRUSTEE	0 0	^			0	0	
JOHN MCLAIN HOLMES	1 0						

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(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person amount of other hours per compensation compensation is both an officer and a week (list from the from related compensation director/trustee) any hours organization (Worganizations from the

Highest compensated employee

employee

Former

Individual trustee or director

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Institutional

2/1099-MISC)

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(W- 2/1099-

MISC)

organization and

related

organizations

0

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

	for related organizations below dotted line)
ANDREAS WALDBURG-WOLFEGG	10
TRUSTEE	0 0
SONA WANG	1 0
TRUCTEE	
TRUSTEE	l 00

ALLISON GRANT WILLIAMS

ROBERT A WISLOW

SUSAN V DOWNING

JEREMY EFROYMSON

JOHN R GEHRON

MICHAEL WOJCIK

NEDRA A KALISH

Paul Broucek

TRUSTEE (Through May 2019)

TRUSTEE (Through May 2019)

TRUSTEE (Through April 2019)

Trustee (As of February 2019)

TRUSTEE

**TRUSTEE** 

TRUSTEE

**TRUSTEE** 

and Independent Contractors

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person hours per compensation compensation amount of other week (list is both an officer and a from the from related compensation the

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

and Independent Contractors

STEVEN COREY

ERIC FREEDMAN

ROSITA SANDS

DEAN OF LIBERAL ARTS SCHOOL (LAS)

DEPARTMENT CHAIR, INTERIM DEAN OF SCHOOL

DEAN OF SCHOOL OF MEDIA ARTS

OF FINE AND PERFORMING ARTS

	any hours		direct			ee)		organization (W-	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
Paul Garnes	1 0									
Trustee (As of October 2018)	0.0	X						0	0	0
James E Kopp Jr	1 0	X							0	0
Trustee	0.0							0	0	
Cayla Weisberg	1 0									
Trustee	0 0	X						0	0	0
	40.0		1							

Trustee	0.0	^							Ĭ	
Cayla Weisberg	1 0	V								
Trustee	0 0	^						0	O	
STANLEY WEARDEN	40 0									
SENIOR VP & PROVOST (THRU 12/31/2018)	0 0			X				277,364	0	
PATRICIA BERGESON	40 0									
		l	1	l x	ı	I	ı	222 979	I 01	1

Trustee	0.0	_ ^			0	0	
STANLEY WEARDEN	40 0		,		277 264		
SENIOR VP & PROVOST (THRU 12/31/2018)	0 0		×		277,364	U	
PATRICIA BERGESON	40 0						
VP OF LEGAL AFFAIRS & GENERAL COUNSEL	0 0		Х		222,979	0	
-	40.0						-

0 0

40 0

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	0.0						
STANLEY WEARDEN	40 0						
SENIOR VP & PROVOST (THRU 12/31/2018)	0.0		×		277,364	0	55,767
PATRICIA BERGESON	40 0						
VP OF LEGAL AFFAIRS & GENERAL COUNSEL	0.0		X		222,979	0	38,361
JERRY TARRER	40 0						
			χΙ		251.826	0	37.470

41,190

35,080

34,985

VP OF LEGAL AFFAIRS & GENERAL COUNSEL	0.0		^		222,373		36,301
JERRY TARRER	40 0					_	
SENIOR VP OF BUSINESS AFFAIRS & CFO	0.0		X		251,826	0	37,470
CHARON WILCON TAVIOR	40 0						

SENIOR VP OF BUSINESS AFFAIRS & CFO	0 0		^			231,820		37,470
SHARON WILSON TAYLOR	40 0			V		207 402		F9.166
VP OF STUDENT AFFAIRS	0 0			X		207,492	0	58,166
CTEVEN COREY	40 0							

Χ

Х

Χ

196,031

199,820

186,046

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Average Estimated than one box, unless person amount of other hours per compensation compensation is both an officer and a week (list from the from related compensation any hours director/trustee) organization (Worganizations from the 2/1099-MISC) (W- 2/1099organization and Former

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MISC)

208,741

208,953

224,360

220,331

263,307

129,556

128,068

189,000

related organizations

35,655

49,804

36,550

31,515

33,462

21,431

17,366

0

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

				•		,
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee
TERENCE SMITH	40 0					Х
SPECIAL COUNSEL LABOR RELATIONS	0 0					ı ^
SUZANNE BLUM MALLEY	40 0					

0 0

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24 0

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......

.......

and Independent Contractors

ASSOC SR PROVOST & ASSOC ENGLISH PROF

VICE PROVOST FOR GLOBAL EDUCATION

VICE PROVOST FOR DIGITAL LEARNING

VP OF DEVELOPMENT AND ALUMNI RELATIONS

Former DEAN SCHOOL OF FINE AND PERFORMING

Former Dean of Academic Diversity, Equity, and

FORMER SENIOR VP OF BUSINESS AFFAIRS & CFO,

SPECIAL ADVISOR TO THE PRESIDENT

1/1/19)

MARCELO SABATES

ROBERT GREEN

SHAWN WAX

ONYE OZUZU

Matthew Shenoda

ARTS

Inclusion RICHARD DOWSEK

(THRU 12/31/18), Interim SR VP & Provost (as of

SCHEDUL Form 990 or 990EZ)			Charity Statu rganization is a sect 4947(a)(1) nonexe ▶ Attach to Form	ion 501(c)(3) e mpt charitable	organization or trust.		2018
Department of the T		► Go to	www.irs.gov/Forms	990 for the late	st information	•	Open to Public Inspection
Name of the o	rganization					Employer identific	cation number
Down I. D.	for F	andia Charita Stat	(		+	36-6112087	
		Public Charity Stat ate foundation because				see instructions.	
1	hurch, conve	ntion of churches, or a	ssociation of churches	described in <b>sec</b>	tion 170(b)(1)	(A)(i).	
2 🗸 As	chool describ	ed in section 170(b)(	( <b>1)(A)(ii).</b> (Attach Sch	nedule E (Form 9	90 or 990-EZ))		
	ospital or a c	ooperative hospital ser	vice organization desci	nbed in <b>section</b>	170(b)(1)(A)(	iii).	
	nedical resear ne, city, and	rch organization operat state	ed in conjunction with	a hospital descri	bed in <b>section</b> :	170(b)(1)(A)(iii). E	Enter the hospital's
		operated for the benef (Complete Part II)	it of a college or unive	rsity owned or op	perated by a gov	ernmental unit descr	ibed in <b>section 170</b>
•	. , . , . ,	or local government o	r governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(A	ı)(v).	
	-	that normally receives (1)(A)(vi). (Complete	•	s support from a	governmental u	nıt or from the gener	al public described in
8	ommunity tru	ıst described in <b>sectio</b> i	n 170(b)(1)(A)(vi)	(Complete Part I	I)		
		esearch organization d college of agriculture S					lege or university or a
fro Inv	m activities re estment inco	that normally receives elated to its exempt fui me and unrelated busin ection 509(a)(2). (Co	nctions—subject to cer ness taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its s	upport from gross
·		organized and operate		r public safety S	ee section 509	(a)(4).	
□ mo	re publicly su	organized and operate ipported organizations ugh 12d that describes	described in section 5	09(a)(1) or sec	ction 509(a)(2	). See section 509(	
a Type	pe I. A suppo anization(s) f	orting organization oper the power to regularly IV, Sections A and B	rated, supervised, or co appoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by	
ma	nagement of	orting organization sup the supporting organiz Part IV, Sections A	ation vested in the sar				
		onally integrated. A iization(s) (see instruct	11 2 2	•	•	, -	ated with, its
d Typ	pe III non-f	unctionally integrate grated The organization ou must complete Pa	ed. A supporting organion generally must satis	zation operated fy a distribution	in connection wi requirement and	th its supported orga	
e 🗌 Ch	eck this box i	f the organization recei	ved a written determir	ation from the I		pe I, Type II, Type II	II functionally
		/pe III non-functionally upported organizations		organization			
		nformation about the s		Γ'		() A	(111) Amazumb a6
	e of supported anization	d (ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
otal							
	Reduction	Act Notice, see the I	nstructions for	Cat No 11285	F :	Schedule A (Form 9	990 or 990-EZ) 201

Sch	edule A (Form 990 or 990-EZ) 2018						Page <b>2</b>
P	art II Support Schedule for	Organizations I	Described in Se	ctions 170(b)	(1)(A)(iv), 17	0(b)(1)(A)(vi)	, and 170
	(b)(1)(A)(ix)				_		
	(Complete only if you ch						y under Part
_	III. If the organization fa	alls to qualify und	der the tests liste	ed below, please	e complete Part	111.)	
3	Section A. Public Support  Calendar year						
	(or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not	14,149,450	6,838,090	5,646,117	6,351,215	7,972,266	40,957,138
	include any "unusual grant ")						
2	Tax revenues levied for the organization's benefit and either paid						
	to or expended on its behalf						0
3	The value of services or facilities						
	furnished by a governmental unit to						0
1	Total. Add lines 1 through 3	14,149,450	6,838,090	5,646,117	6,351,215	7,972,266	40,957,138
;	The portion of total contributions by	2.1/2.12/.00	5/555/555	0,010,00	5,002,000	.,,_,	10/20//200
	each person (other than a						
	governmental unit or publicly						_
	supported organization) included on line 1 that exceeds 2% of the						0
	amount shown on line 11, column (f)						
5	Public support. Subtract line 5						40,957,138
_	from line 4						
- 3	Section B. Total Support  Calendar year						
	(or fiscal year beginning in) ▶	<b>(a)</b> 2014	<b>(b)</b> 2015	(c)2016	<b>(d)</b> 2017	(e)2018	(f)Total
7	Amounts from line 4	14,149,450	6,838,090	5,646,117	6,351,215	7,972,266	40,957,138
8	Gross income from interest,						
	dividends, payments received on	3,308,293	3,571,518	3,575,327	4,912,492	5,302,386	20,670,016
	securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business						
-	activities, whether or not the						0
	business is regularly carried on						
LO		835,601	719,108	416,785	290,546	243,666	2,505,706
	or loss from the sale of capital assets (Explain in Part VI )	855,001	719,108	410,783	290,340	243,000	2,303,700
1							64 122 960
	10						64,132,860
L <b>2</b>	Gross receipts from related activities,	etc (see instruction	ns)			12	1,164,079,639
L3	First five years. If the Form 990 is fo	or the organization's	s fırst, second, thır	d, fourth, or fifth	tax year as a sect	ion 501(c)(3) orga	nızatıon,
	check this box and <b>stop here</b>					▶ □	
S	ection C. Computation of Public	Support Perce	entage				
4	Public support percentage for 2018 (lin	ne 6, column (f) div	rided by line 11, co	olumn (f))		14	63 86 %
.5	Public support percentage for 2017 Sc	hedule A, Part II, lı	ne 14			15	66 27 %
L6a	<b>33 1/3% support test—2018.</b> If the	organization did n	ot check the box o	n line 13, and line	14 is 33 1/3% or	more, check this b	ох
	and stop here. The organization quali	fies as a publicly si	upported organizat	ion			▶ ☑
b	33 1/3% support test—2017. If th	e organization did i	not check a box on	line 13 or 16a, ar	nd line 15 is 33 1/	3% or more, check	this
	box and <b>stop here.</b> The organization	qualifies as a publ	icly supported orga	anization			ightharpoons
.7a	10%-facts-and-circumstances test	<b>—2018.</b> If the org	anization did not c	heck a box on line			
	is 10% or more, and if the organizatio						
	in Part VI how the organization meets	the "facts-and-circ	umstances" test I	he organization qu	ualifies as a public	ly supported	. —
	organization	+ 2017 TOUR			- 12 16- 16-		▶□
b	10%-facts-and-circumstances tes 15 is 10% or more, and if the organiz						
	Explain in Part VI how the organization						
	supported organization			<b>3-</b>	,	, ,,	►□
8	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box	and see	
_	instructions		, – -				ightharpoons

Р	Support Schedule for						
	(Complete only if you c						ler Part II. If
- C	the organization fails to ection A. Public Support	quality under t	ne tests listed	pelow, please co	omplete Part II.	)	
30	Calendar year		43.554.5		413.004-		(0) =
	(or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions,						
_	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
_	organization's tax-exempt purpose Gross receipts from activities that are						
3	not an unrelated trade or business						
	under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
_	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6 )						
36	ection B. Total Support  Calendar year			I	1		1
	(or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
b	income from similar sources Unrelated business taxable income						
D	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12							
	loss from the sale of capital assets						
	(Explain in Part VI )						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is fo	r the organization	ı 's fırst, second, tl	nird, fourth, or fift	:h tax vear as a se	ction 501(c)(3) c	rganization.
	check this box and <b>stop here</b>	3	, ,	, ,	,	( ), ( )	• □
Se	ection C. Computation of Public	Support Perce	ntage				<u> </u>
15	Public support percentage for 2018 (lin			column (f))		15	
16	Public support percentage from 2017 S					16	
	ection D. Computation of Investi	<u>_</u>				1 1	
17	Investment income percentage for 201			line 13, column (f	·))	17	
18	Investment income percentage from 2	•		,	••	18	
	331/3% support tests—2018. If the		·	on line 14 and lin	ne 15 is more than		ne 17 is not
							_
	more than 33 1/3%, check this box and s						
b	33 1/3% support tests—2017. If the	-			•		_
	not more than 33 1/3%, check this box	and stop here.	The organization	qualifies as a publ	icly supported org	anization	▶⊔_
20	Private foundation. If the organization	on did not check a	box on line 14, 1	.9a, or 19b, check	this box and see	instructions	▶ □

Schedule A (Form 990 or 990-EZ) 2018 Page 4 Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V ) Section A. All Supporting Organizations

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509

(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

3а Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the

determination 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you

checked 12a or 12b in Part I, answer (b) and (c) below 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations

Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported

organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by 5a

amendment to the organizing document) Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?

5b 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

than (1) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its

6

7

8

answer line 10b below

the organization had excess business holdings)

supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in

section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

complete Part I of Schedule L (Form 990 or 990-EZ)

8 Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI.

9a Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI.

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

9b which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

>cn	edule A (Form 990 or 990-E2) 2018		F	age 5	
Pa	rt IV Supporting Organizations (continued)				
			Yes	No	
11	Has the organization accepted a gift or contribution from any of the following persons?				
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the				
	governing body of a supported organization?	11a			
b	A family member of a person described in (a) above?	11b			
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	<b>11</b> c			
S	ection B. Type I Supporting Organizations				
			Yes	No	
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1			
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting				
	organization				
S	ection C. Type II Supporting Organizations				
			Yes	No	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of				
	each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1			
_	<u> </u>				
	ection D. All Type III Supporting Organizations		Yes	No	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		103	-140	
		1			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)				
		2			
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3			
S	ection E. Type III Functionally-Integrated Supporting Organizations		l		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ions)			
	The organization satisfied the Activities Test Complete line 2 below	•			
	b				
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	instru	ctions)		
2	Activities Test Answer (a) and (b) below.	į	Yes	No	
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a			
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement				
,		2b			
3	Parent of Supported Organizations Answer (a) and (b) below.	_			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a			
	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard	3h			

Sched	lule A (Form 990 or 990-EZ) 2018			Page <b>6</b>
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrat	ed Type III supporting or	ganızatıon (see

Schedule A (Form 990 or 990-EZ) (2018)

c Remainder Subtract lines 4a and 4b from 4

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2
If the amount is greater than zero, explain in Part VI

Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.
 Excess distributions carryover to 2019. Add lines.

**a** Excess from 2014. . . . . **b** Excess from 2015. . . . . **c** Excess from 2016. . . . .

See instructions

d Excess from 2017.e Excess from 2018.

3<sub>j</sub> and 4c

8 Breakdown of line 7

Page 8 Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12. Part IV. Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V. Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions) Facts And Circumstances Test 990 Schedule A, Supplemental Information Return Reference Explanation Schedule A. Part II. Line 10 DESCRIPTION - GROSS INVENTORY INCOME. COLUMN A - 606265 0. COLUMN B - 509097 0. COLUMN C -249627 0, COLUMN D - 144543 0, COLUMN E - 60491 0, COLUMN F - 1570023 0, DESCRIPTION - GR Other Income OSS FUNDRAISING INCOME, COLUMN A - 104475 0, COLUMN B - 103621 0, COLUMN C - 72090 0, COLU MN D - 69460 0. COLUMN E - 86319 0. COLUMN F - 435965 0. DESCRIPTION - OTHER INCOME. COLUM N A - 124861 0, COLUMN B - 106390 0, COLUMN C - 95068 0, COLUMN D - 76543 0, COLUMN E - 96

856 0, COLUMN F - 499718 0,

Schedule A (Form 990 or 990-EZ) 2018

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE D** 

(Form 990)

Department of the Treasury

Internal Revenue Service

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for the latest information. DLN: 93493150001220 OMB No 1545-0047

Open to Public **Inspection** 

	me of the organization		Employer identification number
COIL	umbia College Chicago		36-6112087
Pa	Organizations Maintaining Donor Advis		s or Accounts.
	Complete if the organization answered "Ye	(a) Donor advised funds	(b)Funds and other accounts
1	Total number at end of year	(a) Donor advised failus	(b) unus and other accounts
- 2	Aggregate value of contributions to (during year)		
- 3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor adviso	re in writing that the assets held in dono	r advised funds are the
	organization's property, subject to the organization's ex		Yes No
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?		
Pa	rt II Conservation Easements. Complete if th	e organization answered "Yes" on F	form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organ	nization (check all that apply)	
	$\square$ Preservation of land for public use (e g , recreation	or education) Preservation of	f an historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservation contribution in the	e form of a conservation  Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic	structure included in (a)	2c
d	Number of conservation easements included in (c) acquistructure listed in the National Register	red after 7/25/06, and not on a historic	2d
3	Number of conservation easements modified, transferre tax year ▶	d, released, extinguished, or terminated	by the organization during the
4	Number of states where property subject to conservatio	n easement is located >	
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds		ng of violations,
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcin	
7	Amount of expenses incurred in monitoring, inspecting,	handling of violations, and enforcing cor	servation easements during the year
	<b>\$</b>		
8	Does each conservation easement reported on line 2(d) and section $170(h)(4)(B)(II)$ ?	above satisfy the requirements of section	n 170(h)(4)(B)(ı)
9	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the organization's financial s	
Par	t III Organizations Maintaining Collections Complete if the organization answered "Ye	of Art, Historical Treasures, or (	Other Similar Assets.
<b>1</b> a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for	6 (ASC 958), not to report in its revenue public exhibition, education, or research	ın furtherance of public service,
b	provide, in Part XIII, the text of the footnote to its finan If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for publ	6 (ASC 958), to report in its revenue sta	tement and balance sheet works of art,
	following amounts relating to these items  (i) Revenue included on Form 990, Part VIII, line 1		▶ ¢ 1 874 468
			► \$ 1,874,468 ► \$ 17,232,759
-	ii)Assets included in Form 990, Part X	and the angular constitution of the same state o	
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS:		
а	Revenue included on Form 990, Part VIII, line 1		<b>▶</b> \$
b	Assets included in Form 990, Part X		<b>▶</b> \$

Cat No 52283D

Schedule D (Form 990) 2018

d Equipment . . . .

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

Par	t III	Organizations M	aintaining Collection	s of Art. Hist	orical T	reasu	res. or Other	Similar As	sets (cont	unued)
3	Using		juisition, accession, and o							
а	✓	Public exhibition		1	d 🗸	Loan	or exchange prog	ırams		
b	<b>✓</b>	Scholarly research		ı	e 🗌	Othe	r			
c	<b>✓</b>	Preservation for future	e generations							
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII									
5			anization solicit or receive nds rather than to be mai					ular	<b></b> Yes	□ No
Pa	rt IV		codial Arrangements ganization answered "		990, Parl	IV, lı	ne 9, or reporte	ed an amour	nt on Forn	n 990, Part
1a		e organization an agent led on Form 990, Part :	t, trustee, custodian or ot X?	her intermediary	for contr	ibution	s or other assets	not	☐ Yes	□ No
Ь	If "Ye	es." explain the arrange	ement in Part XIII and cor	mplete the follow	ıng table			An	nount	
c		ning balance		'	,		1c			
d	_	ions during the year					1d			
е		butions during the year	r				1e			
f		g balance					1f			
2a	Did +b	se organization include	an amount on Form 990,	Part V line 21	for eccro	w or cu	stodial account lia	hility2	□ vos	 □ No
			ement in Part XIII    Check							<b>□</b> 110
	irt V	· · ·	ds. Complete if the or	· · · · · · · · · · · · · · · · · · ·					<u> </u>	
ГС	1 C V	Lildowillent i dil			<b>b)</b> Prior yea		(c)Two years back	(d)Three year		Four years back
<b>1</b> a	Beginni	ing of year balance .		196,912,601	173,04	-	141,980,157		41,189	140,721,915
b	Contrib	outions		692,133	21,03	5,270	20,083,073	10,0	40,994	283,411
С	Net inv	estment earnings, gair	ns, and losses	1,791,231	10,84	3,467	19,748,982	5,8	89,819	-3,195,291
d	Grants	or scholarships		298,767	26	3,445	226,725	1	64,600	106,023
е		expenditures for facilities	es	8,124,553	7,75	1,830	8,536,348	5,4	27,245	6,062,823
f	Admini	strative expenses .				0	0		0	
g	End of	year balance		190,972,645	196,91	2,601	173,049,139	141,9	80,157	131,641,189
2	Provid	de the estimated perce	ntage of the current year	end balance (line	e 1g, colu	ımn (a	)) held as	I	l	
а	Board	d designated or quasi-e	endowment ► 94 53 °	· %						
b	Perma	anent endowment 🕨	4 03 %							
С	Temp	orarily restricted endo	wment ▶ 1 44 %							
·		•	, 2b, and 2c should equal	100%						
3а		nere endowment funds nization by	not in the possession of t	the organization f	that are h	neld an	d administered fo	r the		Yes No
	(i) un	related organizations							3a(i)	No
_									3a(ii)	No
ь			lated organizations listed	·		۱۶۶			3b	
4			ended uses of the organiz	ation's endowme	nt funds					
Pa	rt VI	Land, Buildings,	and Equipment. ganization answered "	Yes" on Form <sup>0</sup>	190 Part	- T\/  -	ne 11a See For	rm 990 Dar	t X line 1	0
	Descri	ption of property	(a) Cost or other basis (investment)	(b) Cost or of						ook value
1a	Land				21.8	98,620				21,898,620
	Building					26,415		141,213,710		131,512,705
		old improvements			· ·	0		0		0

92,994,500

83,499,725

83,895,253

11,923,872

9,099,247

71,575,853

234,086,425

Part VII Investments—Other Securities. Complete if the	ne organization answ	vered "Yes" on Form	990, Part IV, line 11b.
See Form 990, Part X, line 12.  (a) Description of security or category	(b) Book value		thod of valuation
(including name of security)  (1) Financial derivatives		Cost or end	l-of-year market value
(2) Closely-held equity interests			
(A) Other Equity Investments	56,438,912		F
(B) Alternative Investments	113,182,874		F
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12 ) ▶	169,621,786		
Part VIII Investments—Program Related.  Complete if the organization answered 'Yes' on F	orm 990, Part IV, lii		
(a) Description of investment	(b) Book value		thod of valuation l-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )	<b>&gt;</b>		
Part IX Other Assets. Complete if the organization answered		rt IV, line 11d See For	m 990, Part X, line 15 (b) Book value
(1) (a) Description	<u>'</u>		(b) book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 )			. •
Part X Other Liabilities. Complete if the organization a	nswered 'Yes' on Fo	rm 990, Part IV, line	
See Form 990, Part X, line 25.  1. (a) Description of liability	(b) Bo	ook value	
(1) Federal income taxes			
Deferred Compensation Payable (2)		295,001	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	<b>•</b>	295,001	
<b>2.</b> Liability for uncertain tax positions In Part XIII, provide the text of organization's liability for uncertain tax positions under FIN 48 (ASC 7)			

Part XI

2

е 3

4

b

c

Part XII

5

1

2

c

d

3

4

b

5

Part XIII

See Additional Data Table

Schedule D (Form 990) 2018

Page 4

-4,480,119

186,201,413

179,079,120

112,275

178,966,845

45,804,123

224.770.968

Schedule D (Form 990) 2018

b	Donated services and use of facilities		
c	Recoveries of prior year grants		

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

Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b .

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

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . .

Other (Describe in Part XIII ) . . . . . .

Add lines **4a** and **4b** . . . . . .

Donated services and use of facilities . . .

Other (Describe in Part XIII ) . . . . . .

Supplemental Information

Add lines 2a through 2d . .

Return Reference

Net unrealized gains (losses) on investments . . . .

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . .

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

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

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

Add lines **4a** and **4b** . . . . . . . . . . . . . . . . .

2b 

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

2c 2d 

-4.480.119

2.665.438

37,303,726

112,275

2,665,438

43.138.685

2a

4a

4b

2a 2b

2c

2d

4a

4b

Explanation

2e 3

4c

5

2e

3

4c

5

## 39,969,164 226,170,577

Schedule D (Form 990) 2018	
Part XIII Supplemental Info	mation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

## Additional Data

Software Version: 2018v3 1

**EIN:** 36-6112087

Name: Columbia College Chicago

Supplemental Information

Return Reference

Explanation

Schedule D, Part III, Line 4
Collections of art - description of collections

AND
APPRECIATION OF ARTISTIC, CULTURAL AND POLITICAL IMPLICATION OF THE PHOTOGRAPHIC IMAGES I N OUR WORD TODAY AS WELL AS PRESERVE ARTIFACTS OF HISTORICAL AND CULTURAL SIGNIFICANCE THE COLLEGE ALSO MAINTAINS COLLECTION OF FASHION DESIGNS, PAINTINGS, DRAWINGS, AND OTHER FOR MS OF ARTISTIC EXPRESSION TO PRESERVE THESE PIECES FOR THEIR HISTORICAL SIGNIFICANCE AND TO USE FOR SCHOLARLY RESEARCH AND PEDANTIC PURPOSES

Supplemental Information	
Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	PROVIDE FUNDING FOR SCHOLARSHIPS AND EDUCATIONAL PROGRAMS OR OTHER APPROPRIATE PURPOSES PER DONOR RESTRICTIONS AND REQUIREMENTS

Supplemental Imormation	
Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	The College has received a determination letter from the Internal Revenue Service (IRS) in dicating that it is a tax-exempt organization as provided in Section 501(c)(3) of the Internal Revenue Code of 1986 and, except for taxes pertaining to unrelated business income, is exempt from federal and state income taxes. No provision has been made for income taxes in the accompanying financial statements, as the College has had no significant unrelated business income. In accordance with U.S. generally accepted accounting principles (GAAP), the College recognizes the tax benefit from an uncertain tax position only if it is more. I likely than not that the tax position will be sustained on examination by the taxing author.

ities, based on the technical merits of the position. Based upon this practice the College, as of August 31, 2019 and 2018, believes it has no significant uncertain tax positions.

Supplemental Information

upplemental Information	
Return Reference	Explanation
Schedule D, Part XI, Line 4(b) Other revenues in form 990 not n audited financial statements	Scholarships - 37416000 Fundraising50318 Cost of Goods Sold61956

Sι

Supplemental Information	
Return Reference	Explanation
Schedule D, Part XII, Line 2(d) Other expenses in audited financial statements not in form 990	Fundraising expense (Line 8b, Statement of revenue) - 50319 COGS (Line 10b, Statement of revenue) - 61956

upplemental Information	
Return Reference	Explanation
Schedule D, Part XII, Line 4(b) Other expenses in form 990 not n audited financial statements	Scholarships - 37416000 Change in pension - 3952488 Net periodic pension cost - 1770197

Su

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493150001220 OMB No 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-▶ Complete if the organization answered "Yes" on Form 990, EZ) Part IV, line 13, or Form 990-EZ, Part VI, line 48. ▶ Attach to Form 990 or Form 990-EZ. Open to Public ▶ Go to www.irs.gov/Form990EZ for the latest instructions. Inspection Department of the Treasury Namel & the organization **Employer identification number** Columbia College Chicago 36-6112087 Part I YES NO 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? 1 Yes 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? 2 Yes 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 use Part II 3 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Nο b Admissions policies? 5b Nο 5с c Employment of faculty or administrative staff? Nο d Scholarships or other financial assistance? 5d Nο e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? 5g Nο h Other extracurricular activities? 5h Nο If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Yes b Has the organization's right to such aid ever been revoked or suspended? 6b No If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Schedule E (Form 990 or 990-EZ) (2018)

Schedule E (Form 990 or 990EZ) (2018)	Page <b>2</b>				
Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable Also provide any other additional information (see instructions)					
Return Reference	Explanation				
Schedule E, Part I, Line 3 RACIALLY NONDISCRIMINATORY POLICY	Included in all recruitment advertisements				
Schedule E, Part I, Line 6(a) FINANCIAL AID OR ASSISTANCE FROM A GOVERNMENT	Columbia College Chicago receives support from the U.S. Department of Education, National Endowment for the Arts, Illinois State Board of Education and the Illinois Arts Council				

Schedule F (Form 990 or 990-F7) (2018)

efile GRAPHIC print	t - DO NOT I	PROCESS	As Filed Data -	n - DLN: 9349315000122				20
SCHEDULE F (Form 990)	State	ement of	Activities (	Outside the United States OMB No 1545-0047				
(1 01111 330)	► Comp	lete if the organ		"Yes" to Form 990, Part IV, line 14b, 15, or 16. to Form 990.				
Department of the Treasury Internal Revenue Service	•	► Go to www.irs	gov/Form990 for II	nstructions and the latest ii	nformatio	n.	Open to Public Inspection	
Name of the organization Columbia College Chicago						Employer iden 36-6112087	tification number	_
	<b>nformation</b> Part IV, line		s Outside the U	Inited States. Comple	te if the	organization a	nswered "Yes" to	
1 For grantmakers	s. Does the o	rganızatıon ma	intain records to	substantiate the amount	of its gi	rants and		
			he grants or assis	tance, and the selection	criteria	used	_	
to award the gran	ts or assistan	ce?					☐ Yes ☐	No
2 For grantmakers outside the United		Part V the org	janization's proce	dures for monitoring the	use of i	ts grants and oth	ner assistance	
3 Activites per Region	n (The followir	ng Part I, line 3	table can be dupli	cated if additional space is	needed	)		
(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	program sp	vity listed in (d) is a n service, describe ecific type of ce(s) in region	(f) Total expenditure: for and investments in region	
See Add'l Data				•				
3a Sub-total b Total from continuat Part I	ion sheets to		0 1				52,100,	0
c Totals (add lines 3a	and 3b)		0 1				52,100,	362
Part I	a and 3b)	e the Instruction	-,	Cat	No 5008	37W Schadu	52,100,	[3]

Schedule F (Form 990) 2018							Page <b>3</b>
Part IIII Grants and Otl				<b>ed States.</b> Complete r	f the organization ar	nswered "Yes" to Form 9	990, Part IV, line 16.
	duplicated if addit			1	1		
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Sche	dule F (Form 990) 2018		Page 4
Par	t IV Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	<b>☑</b> Yes	□No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)	Yes	<b>✓</b> No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)	<b>☑</b> Yes	□No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	<b>✓</b> Yes	□No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	<b>✓</b> Yes	□No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)	<b>✓</b> Yes	□No

Schedule F	(Form 990) 2018	Page :
Part V	amounts of investments vs.	uired by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; expenditures per region); Part II, line 1 (accounting method); Part III (accounting nn (c) (estimated number of recipients), as applicable. Also complete this part to provide
	ReturnReference	Explanation

Schedule F (Form 990) 2018

## **Additional Data**

(a) Region

**Software ID:** 18007697 **Software Version:** 2018v3.1 **EIN:** 36-6112087

Name: Columbia College Chicago

(b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures

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

	offices in the region	employees or agents in region	in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	is a program service, describe specific type of service(s) in region	for region
Europe (Including Iceland and Greenland)	0	0	Program Services	SEMESTER STUDY ABROAD ADMISSIONS, RECRUITING, BUSINESS TRAVEL ABROAD (INCLUDES TRAVEL TO SEMINARS AND CONFERENCES)	198,814
East Asia and the Pacific	0	1	Program Services	SEMESTER STUDY ABROAD ADMISSIONS, RECRUITING, BUSINESS TRAVEL ABROAD (INCLUDES TRAVEL TO ATTEND SEMINARS AND CONFERENCES)	97,645

Form 990 Schedule F Part I - Activities Outside The United States (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures (a) Region offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region services, grants to region recipients located in the region) 0 Program Services SEMESTER STUDY 24,512 South America ABROAD ADMISSIONS, RECRUITING, BUSINESS TRAVEL ABROAD (INCLUDES TRAVEL TO ATTEND SEMINARS AND CONFERENCES) North America (Canada & 0 Program Services SEMESTER STUDY 11.677 Mexico only) ABROAD ADMISSIONS, RECRUITING, BUSINESS TRAVEL(INCLUDES TRAVEL TO ATTEND SEMINARS AND CONFERENCES)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region fundraising, program describe specific type of region agents in service(s) in region services, grants to region recipients located in the region) Sub-Saharan Africa 0 Program Services SEMESTER STUDY 5,827 ABROAD ADMISSIONS, RECRUITING, BUSINESS TRAVLE ABROAD (INCLUDES TRAVEL ABRAOD TO ATTEND SEMINARS AND CONFERENCES) Central America and the 0 Program Services SEMESTER STUDY 17,584 Carıbbean ABROAD ADMISSIONS, RECRUITING, BUSINESS TRAVEL ABROAD (INCLUDES TRAVEL TO SEMINARS AND CONFERENCES)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) Central America and the 51.698.812 0 IInvestments Carıbbean Middle Fast and North Africa 0 Program Services 42,360 ISEMESTER STUDY ABROAD ADMISSIONS, RECRUITING, BUSINESS TRAVEL ABROAD (INCLUDES TRAVEL TO SEMINARS AND ICONFERENCES)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) Russia and Neighboring States 0 Program Services SEMESTER STUDY 3,131 ABROAD ADMISSIONS, RECRUITING, BUSINESS ITRAVEL ABROAD (INCLUDES TRAVEL TO SEMINARS AND ICONFERENCES)

DLN: 93493150001220 OMB No 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **Fundraising or Gaming Activities** Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service Go to www irs gov/Form990 for instructions and the latest information **Employer identification number** Name of the organization Columbia College Chicago 36-6112087 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Solicitation of government grants Phone solicitations ☐ Special fundraising events ☐ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col (i) contributions? Yes No

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

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

Cat No 50083H

Schedule G (Form 990 or 990-EZ) 2018

Total

licensing

che	dule G (Form 990 or 990-EZ) 2018					F	Page <b>3</b>
.1	Does the organization conduct gaming	activities with nonmember	5?		☐ Yes	□Ne	
.2	Is the organization a grantor, beneficia formed to administer charitable gaming		member of a partnership or other entity		□Yes		
3	Indicate the percentage of gaming activ	vity conducted in					
а	The organization's facility			13a			%
b	An outside facility			13b			%
4	Enter the name and address of the pers	son who prepares the orga	nization's gaming/special events books and ri	ecords			
	Name ►						
	Address ►						
5a	Does the organization have a contract virevenue?	with a third party from who	om the organization receives gaming		□Yes	□No	
b	If "Yes," enter the amount of gaming re amount of gaming revenue retained by		anization ▶ \$ and th	ne			
С	If "Yes," enter name and address of the	e third party					
	Name ►						
	Address ►						
6	Gaming manager information						
	Name ►						
	Gaming manager compensation ▶ \$						
	Description of services provided ▶						
	☐ Director/officer	☐ Employee	☐ Independent contractor				
7	Mandatory distributions						
а	Is the organization required under state retain the state gaming license?	e law to make charitable di	stributions from the gaming proceeds to		Yes	□No	
b	Enter the amount of distributions requirements in the organization's own exempt activities.		ated to other exempt organizations or spent		53		
Pai	t IV Supplemental Informatio	n. Provide the explanat	rions required by Part I, line 2b, column licable. Also provide any additional info				 S.
_	Return Reference		Explanation				

Schedule G (Form 990 or 990-EZ) 2018

DLN: 93493150001220 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. **Open to Public** ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number Columbia College Chicago 36-6112087 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization (book, FMV, appraisal, noncash assistance or assistance grant cash or government assistance other) (1) See Additional Data (4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

STUDENTS. AND BASED ON THE COMMITTEE'S ANALYSIS AID IS AWARDED AS NEEDED AND POSTED TO THE STUDENT'S ACCOUNT

Procedures for monitoring use of

grant funds

## **Additional Data**

Old Town School of Folk Music

4544 North Lincoln Avenue Chicago, IL 60625 Hyde Park Art Center

5020 S Cornell Avenue

Chicago, IL 60615

36-2373635

36-2887294

**Software ID:** 18007697 **Software Version:** 2018v3.1

Form 990, Schedule I, Part	II, Grants and	Other Assistance to	Domestic Organiza	tions and Domest	ic Governments.	
(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	

(a) Name and address of	<b>(b)</b> EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	<b>(f)</b> Method of valuation	
organization		ıf applıcable	grant	cash	(book, FMV, appraisal,	
or government				assistance	other)	ı

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuatio
organization		ıf applıcable	grant	cash	(book, FMV, appraisal
or government				assistance	other)

501(C)(3)

501(C)(3)

Name: Columbia College Chicago

**EIN:** 36-6112087

5,000

10,000

(g) Description of

non-cash assistance

(h) Purpose of grant

or assistance

SUPPORT OF COMMUNITY

SUPPORT OF

COMMUNITY

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 36-3083180 501(C)(3) 7.500 Near South Planning Board SUPPORT OF 2600 S Michigan Ave ICOMMUNITY

SUPPORT OF

ICOMMUNITY

10,000

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

501(C)(3)

Chicago, IL 60616

The Chicago High School for the Arts
2714 W Augusta Blvd

Chicago, IL 60622

30-0440226

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

46-2070232 501(C)(3) 5.000 SUPPORT OF ICOMMUNITY

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

Filter Photo LTD 1821 West Hubbard Ste 207

Chicago, IL 60622

Compensation Information	efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Dat	a -	DLN: 934	19315	50001	220
Part I Compensated Employees and Highest Compensated Employees and Highest Compensated Employees and Highest Compensated Employees and Highest Compensated Employees (Among 190, Part IV, Ine 23.)  Attach to Form 990.  Attach to Form 990.  Attach to Form 990.  Attach to Form 990.  Barne of the organization Collembra	Schedule J		Co	OMB No 1545-0047					
Post   Market   Post	(For	n 990)	For certain Office						
Post   Market   Post			Compensated Employees  Complete if the organization answered "Yes" on Form 990. Part IV. line 23.						
Image: Comparation   Columbia College Cheege   Columbia Cheege	Б		-	► Attach	ı to Form 990.				
Part   Questions Regarding Compensation   36-6112087	•		▶ do to <u>www.irs.qo</u>	101	instructions and the latest infor	nation.			
Questions Regarding Compensation   Yes   No						Employer identificat	ion nu	ımber	
Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items   First-class or charter travel   Housing allowance or residence for personal use   First-class or charter travel   Housing allowance or residence for personal seasons   Health or social club dues or initiation fees   Discretionary spending account   Personal services (e.g., maid, chauffeur, chef)    b		imbia college chicag	U			36-6112087			
Compensation committee   Written employment contract   Compensation or a person listed on Form   Past Variety   Participate in, or receive payment from, an equity-based compensation survey or study   Participate in, or receive payment from, an equity-based compensation pay or accrue any compensation or the receive payment from, an equity-based compensation pay or accrue any compensation or the receive payment from, an equity-based compensation pay or accrue any compensation or the receive payment from, an equity-based compensation pay or accrue any compensation or the receive payment or the received payment or the received payments or provision into said to the explanation or the received paging to the filling organization or the received payment or the payments or allowing the payments or allowing expenses used by a related organization received payments of the discrete payment or provision of all of the expenses described above? If TNO; complete Part III to explain or provision of all of the expenses described above? If TNO; complete Part III to explain or provision of all of the expenses described above? If TNO; complete Part III to explain or provision of all of the expenses described above? If TNO; complete Part III to explain or provision of a complete payment or force, regarding the terms checked in line 1a?    Jung the wear, of the following the filing organization used to establish the compensation of the organization or the related organization to establish compensation of the CEO/Executive Director, or explain in Part III    Compensation committee	Pa	rt I Questio	ons Regarding Compensa	tion					
See   Pert VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items   First-class or charter travel   Housing allowance or residence for personal use   Travel for companions   Payments for business use of personal residence   Health or social club dues or initiation fees   Discretionary spending account   Personal services (e.g., maid, chauffeur, chef)								Yes	No
Travel for companions   Payments for business use of personal residence   Payments   P	la								
Tax idemnification and gross-up payments   Health or social club dues or initiation fees   Discretionary spending account   Personal services (e.g., maid, chauffeur, chef)				$\mathbf{\nabla}$	•	•			
Discretionary spending account   Personal services (e.g., maid, chauffeur, chef)		_	•		•				
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain  2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?  3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III    Compensation committee			•	s 💟					
or provision of all of the expenses described above? If "No," complete Part III to explain  2 Did the organization require substantiation prior to rembursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?  3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to assibilish compensation of the CEO/Executive Director, but explain in Part III    Compensation committee		Discretion	ary spending account		Personal services (e g , maid, chau	reur, cher)			
directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?  Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III    Compensation committee   Written employment contract   Compensation consultant   Compensation survey or study   Compensation survey or study   Compensation committee   Part VII, Section A, line 1a, with respect to the filing organization or a related organization   Approval by the board or compensation committee   Participate in, or receive payment from, a supplemental nonqualified retirement plan?   4a	b					nent or reimbursement	1b	Yes	
Jalindicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III    Compensation committee   Written employment contract     Independent compensation consultant   Compensation survey or study     Form 990 of other organizations   Written employment contract     During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization     a Receive a severance payment or change-of-control payment?   4a   No     b Participate in, or receive payment from, a supplemental nonqualified retirement plan?   4b   No     c Participate in, or receive payment from, an equity-based compensation arrangement?   4c   No     If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III     Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.     For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of     a The organization?   5b   No     If "Yes," on line 5a or 5b, describe in Part III	2	Did the organiza	ition require substantiation prior	to reimbursing	or allowing expenses incurred by all	. 1.2	2	Yes	
organization's CEO/Executive Director Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III    Compensation committee   Written employment contract   Independent compensation consultant   Compensation survey or study   Approval by the board or compensation committee   Independent compensation consultant   Independent compensation consultant   Independent compensation consultant   Independent compensation or study   Approval by the board or compensation committee   Independent compensation or study   Approval by the board or compensation committee   Independent compensation or study   Approval by the board or compensation committee   Independent compensation or compensation committee   Independent compensation committee   Independent compensation committee   Independent compensation committee   Independent compensation compensation committee   Independent compensation contingent on the revenues of   Independent compensation contingent compensation contingent compensation contingent on the net earnings of   Independent compensation contingent contingent compensation contingent continge		unectors, truste	es, officers, including the CEO/E	xecutive Directo	r, regarding the items checked in line	: Iar			
used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III    Compensation committee   Written employment contract     Independent compensation consultant   Compensation survey or study     Form 990 of other organizations   Approval by the board or compensation committee     Approval by the board or compensation or a related organization     Approval by the board or compensation committee     Approval by the board or compensation committee     Approval by the board or compensation committee     Approval by the board or compensation or a related organization     Approval by the board or compensation committee     Approval by the board or compensation committee     Approval by the board or compensation committee     Approval by the board or compensation or a related organization     Approval by the board or compensation or a related organization     Approval by the board or compensation committee     Approval by the board or compensation committee     Approval by the board or compensation or compensation or related organization     Approval by the board or compensation or related organization     Approval by the board or compensation or related organization     Approval by the board or compensation or related organization     Approval by the board or compensation or related organization     Approval by the board or compensation or related organization     Approval by the board or compensation or related organization     Approval by the board or compensation or related organization     Approval by the board or compensation or related organization     Approval by the board or compensation or related organization     Approval by the board or compensation or related organization     Approval by the board organization or related organization     Approval by the	3					ne			
Independent compensation consultant		_	•		•	n Part III			
Independent compensation consultant		Compens:	ation committee	П	Written employment contract				
Form 990 of other organizations				<b>7</b>	' '				
related organization  Receive a severance payment or change-of-control payment?  Receive a severance payment from, a supplemental nonqualified retirement plan?  Participate in, or receive payment from, a supplemental nonqualified retirement plan?  Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III  Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of  Any related organization?  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of  The organization?  Any related organization and the net earnings of  The organization?  Any related organization?  Any related organization?  Any related organization?  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of  We nay related organization?  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6° If "Yes," describe in Part III  We any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III  Related organization also follow the rebuttable presumption procedure described in Regulations section  For "Yes," on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section  For "Yes," on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section  For "Yes," on line 8, did the organization also follow the rebuttable presumption procedure described			•	_	· · · · · · · · · · · · · · · · · · ·	tion committee			
A Receive a severance payment or change-of-control payment?  B Participate in, or receive payment from, a supplemental nonqualified retirement plan?  C Participate in, or receive payment from, an equity-based compensation arrangement?  D Participate in, or receive payment from, an equity-based compensation arrangement?  Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of  The organization?  The organization?  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of  The organization?  The organization?  Any related organization?  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of  The organization?  Any related organization?  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation on the net earnings of  Were any amounts reported on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III  Were any amounts reported on Form 990, Part VII, paid or accurred pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III  B No  The organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	4			990, Part VII, Se	ection A, line 1a, with respect to the f	ılıng organızatıon or a			
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?  Participate in, or receive payment from, an equity-based compensation arrangement?  Participate in, or receive payment from, an equity-based compensation arrangement?  Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  The organization?  The organization?  If "Yes," on line 5a or 5b, describe in Part III  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of  The organization?  Any related organization?  The organization in the 6a or 6b, describe in Part III  When the firm of the		_							
c Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III  Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of  The organization?  Any related organization?  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of  The organization?  The organization?  The organization?  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of  The organization?  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III  To Propersons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III  To Propersons listed on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III  To Propersons listed on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III  To Propersons listed on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III  To Propersons listed on Form 990, Part VII, Paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-6(c)?					lifted retirement plan?				
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III  Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of  The organization?  The organization?  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of  The organization?  The organization?  Any related organization?  Any related organization?  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of  The organization?  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III  Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III  The organization of the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III  The organization of the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III  The organization of the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III  The organization of the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III  The organization of the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III  The organization of the organization also follow the rebuttable presumption procedure described in Regulations section organization and the organization and the organization organization procedure de		•		•	•				
For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of  a The organization?  5a No  b Any related organization?  5b No  If "Yes," on line 5a or 5b, describe in Part III  6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of  a The organization?  6 Any related organization?  6 Any related organization?  6 Any related organization?  6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III  7 No  8 Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III  8 No  9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	·				<del>-</del>	t III			110
For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of  a The organization?  5a No  b Any related organization?  5b No  If "Yes," on line 5a or 5b, describe in Part III  6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of  a The organization?  6 Any related organization?  6 Any related organization?  6 Any related organization?  6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III  7 No  8 Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III  8 No  9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?									
compensation contingent on the revenues of  a The organization?  Any related organization?  If "Yes," on line 5a or 5b, describe in Part III  6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of  a The organization?  6 Any related organization?  6 Any related organization?  6 If "Yes," on line 6a or 6b, describe in Part III  7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III  8 Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III  8 No  9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	_			=	-				
Any related organization?  If "Yes," on line 5a or 5b, describe in Part III  6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of  a The organization?  Any related organization?  For persons listed or 6b, describe in Part III  7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III  8 Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III  9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	5				the organization pay or accrue any				
If "Yes," on line 5a or 5b, describe in Part III  6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of  a The organization?  6a No  6b No  If "Yes," on line 6a or 6b, describe in Part III  7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III  8 Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III  9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	а	-							
For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of  a The organization?  Any related organization?  If "Yes," on line 6a or 6b, describe in Part III  7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III  7 No  8 Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III  8 No  9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	Ь						5b		No
compensation contingent on the net earnings of  a The organization?  Any related organization?  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III  Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III  If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	_	•	·	n	the arganization have at accrue any				
Any related organization?  If "Yes," on line 6a or 6b, describe in Part III  7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III  8 Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III  9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	0				the organization pay or accrue any				
If "Yes," on line 6a or 6b, describe in Part III  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III  Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III  If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		-							
For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III  Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III  If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	b						6b		No
payments not described in lines 5 and 6? If "Yes," describe in Part III 7 No  8 Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III 8 No  9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	7	•	·	n Aline to did	the organization provide any nonfive	d			
subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III  9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?  9 No		payments not de	escribed in lines 5 and 6? If "Yes	s," describe in Pa	art III	u	7		No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	8	subject to the in				escribe	_		
53 4958-6(c)?	9		3, did the organization also follo	w the rebuttable	presumption procedure described in	Regulations section	8		No

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

Part II Officers, Directors, Trustees, Rey Employees, and Ting							
For each individual whose compensation must be reported on Schedule J, report of instructions, on row (ii) Do not list any individuals that are not listed on Form 990	0, Part VII						
Note. The sum of columns (B)(I)-(III) for each listed individual must equal the tot	<u>al amount of Fo</u> r	<u>rm 990, Part VII, Se</u>	ction A, line 1a, a	pplicable column (ر	<u>ン) and (E) amour</u>	nts for that indi	vidual
(A) Name and Title	(B) Breal	kdown of W-2 and/o compensation	or 1099-MISC	and other	( <b>D)</b> Nontaxable benefits	columns	Compensation in
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
See Additional Data Table						•	
	1	1	1		1	I	1
							!
				+			
	+			+			
				+			
				+			
1							

Part III Supplemental In	tion								
Provide the information, explanatio	, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information								
Return Reference	Explanation								

allowance or residence for personal use HOUSING PROVIDED IS NOT TAXABLE TO THE EXTENT IT IS A CONDITION OF EMPLOYMENT AND NECESSARY TO CARRY ON THEIR DUTIES

PERSONAL USE OF HOUSING IS GENERALLY BASED ON THE PROVISIONS OF THE PRESIDENT'S SERVICES AGREEMENT WITH THE COLLEGE THE VALUE OF THE

Page 3

Schedule J (Form 990) 2018

Schedule J, Part I, Line 1a Housing

Return Reference	Explanation
	SOCIAL CLUB DUES OR INITIATION FEES ARE GENERALLY PROVIDED BASED ON THE PROVISIONS OF THE PRESIDENT'S SERVICES AGREEMENT WITH THE COLLEGE

**Software ID:** 18007697 **Software Version:** 2018v3.1

**EIN:** 36-6112087

Name: Columbia College Chicago

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees											
(A) Name and Title			of W-2 and/or 1099-MIS		(C) Retirement and	(D) Nontaxable	(E) Total of columns (F) Compensation				
		(i) Base Compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990			
KWANG-WU KIM	(1)	443,874	45,000	38,445	152,500	108,072	787,891	0			
PRESIDENT AND CEO	(11)	0	0	0	0	0	0	0			
STANLEY WEARDEN	(1)	272,312	0	5,052	34,375	21,392	333,131	0			
SENIOR VP & PROVOST (THRU 12/31/2018)	(11)	0	0	0	0	0	0	0			
PATRICIA BERGESON	(1)	219,325	0	3,654	28,151	10,210	261,340	0			
VP OF LEGAL AFFAIRS & GENERAL COUNSEL	(11)	0	0	0	0	0	0	0			
JERRY TARRER	(1)	250,898	0	928	11,588	25,882	289,296	0			
SENIOR VP OF BUSINESS AFFAIRS & CFO	(11)	0	0	0	0	0	0	0			
SHARON WILSON TAYLOR	(1)	206,070	0	1,422	28,932	29,234	265,658	0			
VP OF STUDENT AFFAIRS	(11)	0	0	0	0	0	0	0			
STEVEN COREY	(1)	194,986	0	1,045	19,809	21,381	237,221	0			
DEAN OF LIBERAL ARTS SCHOOL (LAS)	(11)	0	0	0	0	0	0	0			
ERIC FREEDMAN	(1)	197,771	0	2,049	13,698	21,382	234,900	0			
DEAN OF SCHOOL OF MEDIA ARTS	(11)	0	0	0	0	0	0	0			
ROSITA SANDS	(1)	184,634	0	1,412	24,773	10,212	221,031	0			
DEPARTMENT CHAIR, INTERIM DEAN OF SCHOOL OF FINE AND PERFORMING ARTS	(11)	0	0	0	0	0	0	0			
TERENCE SMITH	(1)	206,927	0	1,814	14,262	21,393	244,396	0			
SPECIAL COUNSEL LABOR RELATIONS	(11)	0	0	0	0	0	0	0			
SUZANNE BLUM MALLEY	(1)	208,209	0	744	28,410	21,394	258,757	0			
ASSOC SR PROVOST & ASSOC ENGLISH PROF (THRU 12/31/18), Interim SR VP & Provost (as of 1/1/19)	(11)	0	0	0	0	0	0	0			
MARCELO SABATES	(1)	222,880	0	1,480	15,153	21,397	260,910	0			
VICE PROVOST FOR GLOBAL EDUCATION	(11)	0	0	0	0	0	0	0			
ROBERT GREEN	(1)	218,737	0	1,594	10,118	21,397	251,846	0			
VICE PROVOST FOR DIGITAL LEARNING	(11)	0	0	0	0	0	0	0			
SHAWN WAX	(1)	261,260	0	2,047	12,052	21,410	296,769	0			
VP OF DEVELOPMENT AND ALUMNI RELATIONS	(11)	0	0	0	0	0	0	0			
ONYE OZUZU	(1)	128,700	0	856	8,957	12,474	150,987	0			
Former DEAN SCHOOL OF FINE AND PERFORMING ARTS	(11)	0	0	0	0	0	0	0			
Matthew Shenoda	(1)	127,942	0	126	5,796	11,570	145,434	0			
Former Dean of Academic Diversity, Equity, and Inclusion	(11)	0	0	0	0	0	0	0			
RICHARD DOWSEK	(1)	189,000	0	0	o	0	189,000	0			
FORMER SENIOR VP OF BUSINESS AFFAIRS & CFO, SPECIAL ADVISOR TO THE PRESIDENT	(11)	0	0	0	0	0	0	0			

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493150001220 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule K Supplemental Information on Tax-Exempt Bonds (Form 990) ▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI. ▶ Attach to Form 990. Open to Public Department of the Treasury Internal Revenue Service ▶Go to www.irs.gov/Form990 for the latest information. Inspection Name of the organization Employer identification number Columbia College Chicago 36-6112087 Part I **Bond Issues** (c) CUSIP # (g) Defeased (i) Pool (a) Issuer name (b) Issuer EIN (d) Date issued (e) Issue price (f) Description of purpose (h) On behalf of financing issuer Yes No Yes No Yes No 45203H5Q1 Х Х Х Illinois Finance Authority 86-1091967 10-15-2015 52,985,952 Current refunding of 2003 and 2007 issues 10-30-2013 7.850,000 PARTIAL REFUNDING OF 2003 Χ Illinois Finance Authority 86-1091967 Χ Χ ISSUE Part  ${
m I\hspace{-.1em}I}$ Proceeds C D 3,711,710 6,910,000 2 59,126,710 7,850,000 5 6 3,810,000 7 667,246 155,000 8 9 10 11 54,649,464 7,695,000 12 13 2015 2013 Yes No Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue? . . . . Χ Χ 14 Were the bonds issued as part of an advance refunding issue? . . . . . Χ Χ 15 Χ Χ 16 Does the organization maintain adequate books and records to support the final allocation of Х Χ **Private Business Use** Part 🏻 Α C D Yes Nο Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned property Χ Χ Are there any lease arrangements that may result in private business use of bond-financed Χ Χ Cat No 50193E Schedule K (Form 990) 2018

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

counsel to review any research agreements relating to the financed property?

organization, or a state or local government

Rebate not due yet? . . . . . . .

Exception to rebate? . . . . . . . . . . . .

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Does the bond issue meet the private security or payment test? . . .

Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were

Enter the percentage of financed property used in a private business use by entities other than

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . .

If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

За

b c

d

Part IV

b

C

Arbitrage

Page 2

D

Schedule K (Form 990) 2018

No

Yes

0 %

0 %

0 %

В

Yes

Χ

Х

Х

Χ

No

Χ

Χ

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X

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No

Χ

Χ

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Χ

Χ

0 %

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0 %

22 %

Yes

C

No

Χ

	1 1 /						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		×			
С	Are there any research agreements that may result in private business use of bond-financed property?		×		X		
 d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside						

Α

Yes

Х

Х

Yes

Χ

Nο

Explanation

The difference between the issue price of the bonds and the total proceeds of the issue listed is due to the cash transfer from the Debt Service Fund and Debt

Χ

**Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

Service Reserve Fund for the Refunded Bonds and the institutional cash contribution

Χ

Х

Yes

Χ

No

Yes

No

Yes

Page 3

Nο

Χ 

Schedule K (Form 990) 2018

requirements of section 148? . . .

Return Reference

Schedule K, Part II Total Proceeds of

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

(GIC)?

period?

Part V

Part VI

Issue

Return Reference	Explanation					
Schedule K, Part IV, Line 2c COLUMN B	Issuer name Illinois Finance Authority The calculation for computing no rebate due was performed on 12/18/2018					

efile GRAPHI	C print - DO I	OT PROCES	S As F	iled Data -					DI	.N: 93	4931	5000122
Schedule L Form 990 or 990	-EZ) ► Comp			ns with li				25a, 2	25b, 2	-	MB No	1545-004
		27, 28a	, 28b, or 28 ► Attac	Sc, or Form 99 th to Form 99 gov/Form990	00-EZ, Part V, 0 or Form 99	, line 38a or <sup>,</sup> 0-EZ.	40b.	·	·		<b>20</b>	18
epartment of the Trest aternal Revenue Serv	<b>I</b>				_							o Public ection
Name of the org Columbia College C							E	mplo	yer ide	entifica	ation n	umber
_	_								2087			
	ss Benefit Tr lete if the organi									ne 40b		
	) Name of disqu			Relationship be	etween disqual			(c) [	Descript	ion of	(d)	Correcte
				(	organization		+	tr	ansact	on	Ye	s No
	orted an amount (b) Relationsh	amount on Form 990, Part ationship (c) Purpose (c				8a, or Form 9'  (f)Balance due	(g) In (default? Approba		h) (i)Writt		)Written eement?	
			То	From			Yes	No	Yes	No	Yes	No
											$\vdash$	
otal	•	'	•	)	<b>\$</b>							
	nts or Assist											
a) Name of Inter	nplete if the or rested person	ganızatıon ar ( <b>b)</b> Relatıonshı			of assistance	(d) Type	of ass	stand	e l	<b>(e)</b> Pu	rpose o	f assistanc
	.   1	nterested perso organizat										
1)					26,090	Tuition Remis	ssion		T	ultion F	Remissio	n
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Complete if the organization a	nswered "Yes" on Forn	n 990, Part IV, line 28a	a, 28b, or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sh o organiz reven	f ation's
				Yes	No

Part V Supplemental Information

Return Reference

Provide additional information for responses to questions on Schedule L (see instructions)

Schedule L (Form 990 or 990-EZ) 2018

AS PER IRS INSTRUCTIONS FOR 990 SCHEDULE L, SCHOOLS ARE NOT REQUIRED TO IDENTIFY Schedule L. Part III GRANTS OR ASSISTANCE BENEFITING INTERESTED PERSONS TO WHOM THEY PROVIDED SCHOLARSHIPS, FELLOWSHIPS, AND SIMILAR INTERESTED PERSONS FINANCIAL ASSISTANCE COLUMNS (A) AND (B) SHOULD BE LEFT BLANK FOR THESE LINES

Explanation

DLN: 93493150001220 SCHEDULE M OMB No 1545-0047 **Noncash Contributions** (Form 990) 2018 ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Inspection Internal Revenue Service **Employer identification number** Name of the organization Columbia College Chicago 36-6112087 Types of Property (b) (d) (a) (c) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1,874,468 Opinions of experts Art—Works of art . . Χ 560 Art—Historical treasures Art—Fractional interests Books and publications 22,115 Market value Clothing and household . . . . . Cars and other vehicles 7 Boats and planes . . . Intellectual property . . . Χ 50,781 Market value Securities—Publicly traded . 10 Securities—Closely held stock . **11** Securities—Partnership, LLC, or trust interests . . . Securities—Miscellaneous . Qualified conservation contribution—Historic structures . . . 14 Qualified conservation contribution-Other . . Real estate—Residential . Real estate—Commercial . 17 Real estate—Other . . Collectibles . . . . 18 19 Food inventory . . . Drugs and medical supplies . 21 Taxidermy . . . . 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . . Χ 1,993 65,411 Market value Other ▶ ( Miscellaneous - sport tickets, theatre tickets, food items, etc 33,220 Market value 26 Other ▶ ( Χ 15 Services - picture framing, catering, guest speaking, printing, education services, etc **27** Other ▶ ( \_\_\_ Number of Forms 8283 received by the organization during the tax year for contributions 8 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt 30a No b If "Yes," describe the arrangement in Part II 31 Yes 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Yes **b** If "Yes," describe in Part II 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2018) Cat No 51227J

education services, etc. NUMBER OF DONORS

publications - NUMBER OF DONORS Other - Services - picture framing, catering, quest speaking, printing,

Schedule M (Form 990) (2018)

contributions

Page 2

Schedule M (Form 990) (2018)

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SCHEDULE C (Form 990 or 990 EZ)	Complete to provide information for responses to specific que Form 990 or 990-EZ or to provide any additional informa  Attach to Form 990 or 990-EZ.	stions on tion.	OMB No 1545-0047  2018  Open to Public Inspection
Name Betherofganiza Columbia College Chicag 990 Schedule O,		36-6112087	tification number
Return Reference	Explanation		
Form 990, Part VI, Line 15b PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES	THE PRESIDENT/CEO HAS THE AUTHORITY TO HIRE AND SET INITIAL AND HER OFFICERS AND KEY EMPLOYEES THE BOARD IS MADE AWARE OF SA ON AN ANNUAL BASIS		

Return Reference	Explanation
Form 990, Part VI, Line 1a Delegate broad authority to a committee	The Executive Committee shall consist of the Chair, Vice Chairs, Secretary, Treasurer and the Chairs of the standing committees. When the Board is not in session, the Executive Committee shall, except as otherwise provided by law, these Bylaws, or expressly by the Board of Trustees, have the authority to act for the Board on all matters except for the following, which shall be reserved for the board. Presidential selection and termination, Truste e and Board officer selection, changes in institutional mission and purposes, adoption, amendments to or repeal of the Articles of Incorporation or Bylaws, incurring corporate indebtedness, adoption of a plan for the distribution or sale of all or substantially all of the College assets or tangible property, adoption of the annual budget, and determination of the existence of an Adverse Circumstance pursuant to the College's Statement of Policy on Academic Freedom, Faculty Status, Tenure and Due Process. The Committee shall also overs ee the management and development of the College's physical plant to ensure alignment with the College's mission and strategic plans. The Committee shall meet as often as necessary to conduct its business, as the Chair shall determine

# 990 Schedule O, Supplemental Information Return Explanation

Reference	
Form 990,	INTERNAL MANAGEMENT WILL REVIEW THE FORM 990 WITH THE PAID TAX PREPARER THE 990 WILL THEN
Part VI, Line	BE SUBMITTED TO THE ORGANIZATION'S GENERAL COUNSEL FOR REVIEW THE FORM IS SUBMITTED TO T
11b Review	HE AUDIT COMMITTEE FOR REVIEW AS WELL AS THE BOARD OF TRUSTEES FOR REVIEW AND COMMENTS BEF

11b Review
of form 990
by governing
body

HE AUDIT COMMITTEE FOR REVIEW AS WELL AS THE BOARD OF TRUSTEES FOR REVIEW AND COMMENTS BEF
ORE IT IS FILED WITH THE IRS THE BOARD WILL BE GIVEN A DEADLINE TO SUBMIT QUESTIONS AND C
OMMENTS

G IN DISCUSSION OF CONFLICTED TRANSACTIONS

Return

PER POLICY, DIRECTORS, OFFICERS AND TRUSTEES MUST COMPLETE AN ANNUAL FORM DISCLOSING CONFL
ICTS AND ACKNOWLEDGE THEIR RESPONSIBILITY FOR DISCLOSING POTENTIAL FUTURE CONFLICTS DISCL
OSURES ARE ALSO SUBMITTED BY STAFF DURING THE YEAR, THE BOARD OF TRUSTEES COMPLETED AND S
UBMITTED CONFLICT OF INTEREST FORMS REPORTED CONFLICTS ARE SUBMITTED TO THE AUDIT COMMITT

**Explanation** 

EE FOR EVALUATION CONFLICTED BOARD MEMBERS ARE PROHIBITED FROM VOTING ON AND PARTICIPATIN

Explanation
THE PRESIDENTIAL EVALUATION SUBCOMMITTEE OF THE BOARD OF TRUSTEES, USING VARIOUS DATA SOUR
CES INCLUDING COMPARATIVE DATA, CREATES AN EMPLOYMENT CONTRACT FOR THE PRESIDENT THE FINA
L CONTRACT IS PRESENTED TO THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES FOR APPROVAL A
ND IS RATIFIED BY THE BOARD OF TRUSTEES WHICH IS DOCUMENTED IN THE MINUTES. THIS PROCESS W
AS UNDERTAKEN IN 2018 ANNUALLY, THE PRESIDENTIAL EVALUATION SUBCOMMITTEE OF THE BOARD OF
TRUSTEES REVIEWS THE BASE SALARY AND PERFORMANCE BONUS FOR THE PRESIDENT BASED UPON THEIR
RECOMMENATION THE ANNUAL BASE SALARY MAY BE INCREASED AND A PERFORMANCE BONUS MAY BE AWAF
DED THIS IS PRESENTED TO THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES FOR APPROVAL

Return Reference Explanation

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

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	Vending Commissions - Total Revenue 96856, Related or Exempt Function Revenue 0, Unrelat ed Business Revenue 0, Revenue Excluded from Tax Under Sections 512, 513, or 514 96856, Miscellaneous Income - Total Revenue 237569, Related or Exempt Function Revenue 237569, Unrelated Business Revenue 0, Revenue Excluded from Tax Under Sections 512, 513, or 514 0, Course Materials/ Bookstore - Total Revenue 207948, Related or Exempt Function Revenue 207948, Unrelated Business Revenue 0, Revenue Excluded from Tax Under Sections 512, 513, or 514 0, Indirect Cost Recovery - Total Revenue 73340, Related or Exempt Function Revenue 73340, Unrelated Business Revenue 0, Revenue Excluded from Tax Under Sections 512, 513, or 514 0,

Return Explanation
Reference

Form 990. CHANGE IN PENSION COST - -3952489, NET PERIODIC PENSION COST - -1770197, Part XI, Line 9 Other changes in net assets or fund balances

schedule R
(Form 990)

As Filed Data Related

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

Department of the Treasury

Internal Revenue Service

#### Related Organizations and Unrelated Partnerships

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

► Attach to Form 990. ► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information. 2018

Schedule R (Form 990) 2018

DLN: 93493150001220 OMB No 1545-0047

> Open to Public Inspection

Name of the organization **Employer identification number** Columbia College Chicago 36-6112087 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (f) (b) (c) (d) (e) Direct controlling Name, address, and EIN (if applicable) of disregarded entity Legal domicile (state Total income End-of-year assets Primary activity or foreign country) entity Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (a) (d) (b) (c) (g) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) or foreign country) (If section 501(c)(3)) entity (13) controlled entity? Yes No (1) EDUCATIONAL ADVANCEMENT FUND INC UNIVERSITY HOUSING ΙL 501(c)(3) 111 NΑ No 525 S STATE STREET CHICAGO, IL 60605 36-4480416

Cat No 50135Y

(a) Name, address, and EIN of related organization		<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded fron tax under sections 512- 514)					(i) Code V-UBI amount in bo 20 of Schedule K-1 (Form 1065)	ox managin partner?		<b>(k</b> Percer owner	ntag
					314)			Yes	No		Yes	No		
														_
Identification of Related Organiza because it had one or more related o	ations Taxable as a C	Corporation s a corporation	or Trus	<b>t</b> Complete st during th	ıf the organ ne tax year.	ızatıon ansı	wered "Yes	" on Fo	orm 9!	90, Part IV	, line	34		
Identification of Related Organization because it had one or more related of Name, address, and EIN of related organization	ations Taxable as a C rganizations treated as (b) Primary activity	L do (state	on or trus (c) egal micile or foreign	st during th	(d) controlling entity  Ty	(e)	wered "Yes  (f) Share of total Income	Share	(g) of end- year assets	-of- Perce	, line h) entage	s (:	(I) ection 5 13) cont entity	512 trol y?
because it had one or more related o  (a)  Name, address, and EIN of	rganizations treated as	L do (state	on or tru: (c) egal micile	st during th	(d) controlling entity  Ty	(e) pe of entity corp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	-of- Perce	h) entage	s (:	ection 5 13) cont entity	512 trol
because it had one or more related o  (a)  Name, address, and EIN of	rganizations treated as	L do (state	on or trus (c) egal micile or foreign	st during th	(d) controlling entity  Ty	(e) pe of entity corp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	-of- Perce	h) entage	s (:	ection 5 13) cont entity	512 trol y?
because it had one or more related o  (a)  Name, address, and EIN of	rganizations treated as	L do (state	on or trus (c) egal micile or foreign	st during th	(d) controlling entity  Ty	(e) pe of entity corp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	-of- Perce	h) entage	s (:	ection 5 13) cont entity	512 trol y?
because it had one or more related o  (a)  Name, address, and EIN of	rganizations treated as	L do (state	on or trus (c) egal micile or foreign	st during th	(d) controlling entity  Ty	(e) pe of entity corp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	-of- Perce	h) entage	s (:	ection 5 13) cont entity	512 trol y?
because it had one or more related o  (a)  Name, address, and EIN of	rganizations treated as	L do (state	on or trus (c) egal micile or foreign	st during th	(d) controlling entity  Ty	(e) pe of entity corp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	-of- Perce	h) entage	s (:	ection 5 13) cont entity	tro y?

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity	1a	1	No
<b>b</b> Gift, grant, or capital contribution to related organization(s)	1b	,	No
c Gift, grant, or capital contribution from related organization(s)	10	;	No
d Loans or loan guarantees to or for related organization(s)	10	П	No
e Loans or loan guarantees by related organization(s)	16	:	No
f Dividends from related organization(s)	11		No
g Sale of assets to related organization(s)	19	<del>,   </del>	No
h Purchase of assets from related organization(s)	11	1	No
i Exchange of assets with related organization(s)	11		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	114	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	. 11		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1r	n Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	11	۱	No
o. Sharing of haid employees with related organization(s)	10	Yes	

k Lease of facilities, equipment, or other assets from related organization(s)	1	lk Ye	s
l Performance of services or membership or fundraising solicitations for related organization(s)	. 1	11	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1	Lm Ye	s
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1	1n	No
o Sharing of paid employees with related organization(s)	1	Lo Ye	s
p Reimbursement paid to related organization(s) for expenses	1	р	No
q Reimbursement paid by related organization(s) for expenses	1	[q	No
r Other transfer of cash or property to related organization(s)	1	1r	No

1s Yes 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds (a) Name of related organization (b) Transaction type (a-s) (d) Method of determining amount involved (c) Amount involved

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	01	(e) re all partners section 501(c)(3) rganizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(1) General o managin partner	g	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
													_
													_
	•								•	Schedul	e R (Forn	1 99	0) 2018

