FOUNTAIN, ARRINGTON, BASS, MERCER & LEE, P.C.
P O BOX 4768
COLUMBUS GA 31914-0768
706-322-5482

05-11-2007

20-5776040
COLUMBUS COMMUNITY CAMPUS, LLC

INSTRUCTIONS FOR FILING 2006 FEDERAL FORM 990

.THE TRUSTEE/OFFICER REPRESENTING THE ORGANIZATION MUST SIGN THE RETURN.

.MAIL YOUR RETURN ON OR BEFORE 05-15-2007 TO:
INTERNAL REVENUE SERVICE CENTER
OGDEN UT 84201-0027

.MAIL A COPY TO THE STATE AT: GEORGIA DEPARTMENT OF REVENUE
..............................GEORGIA TAXPAYER SERVICES DIVISION
..............................1800 CENTURY BLVD. N.E., SUITE 7100
..............................ATLANTA, GA 30345-3205

COLUMBUS COMMUNITY CAMPUS, LLC
2006 TAX RETURN

FOUNTAIN, ARRINGTON, BASS, MERCER
P O BOX 4768
Columbus GA 31914-0768
706-322-5482

Form **990** | **Return of Organization Exempt From Income Tax** | OMB No. 1545-0047 | **2006**

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

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2006 calendar year, or tax year beginning , 2006, and ending , 20

B Check if applicable:
- [ ] Address change
- [ ] Name change
- [X] Initial return
- [ ] Final return
- [ ] Amended return
- [X] Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: COLUMBUS COMMUNITY CAMPUS, LLC

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite: 1955 NORTHSIDE INDUSTRIAL BLVD.

City or town, state or country, and ZIP + 4: COLUMBUS GA 31904

D Employer identification number: 20-5776040

E Telephone number: (706)324-4366

F Acctg. method: [ ] Cash [X] Accrual [ ] Other (specify) ▶

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

H & I are not applicable to sec. 527 organizations.

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? [ ] Yes [ ] No (If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? [ ] Yes [X] No

G Website: ▶ N/A

J Organization type (check only one) ▶ [X] 501(c)(2) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

K Check here ▶ [ ] if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than $25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

I Group Exemption Number ▶

M Check ▶ [ ] if organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 521

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

REVENUE	1	Contributions, gifts, grants, and similar amounts received:				
	a	Contributions to donor advised funds	1a			
	b	Direct public support (not included on line 1a)	1b			
	c	Indirect public support (not included on line 1a)	1c			
	d	Government contributions (grants) (not included on line 1a)	1d			
	e	Total (add lines 1a through 1d) (cash $ 0 noncash $ 0)			1e	0
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	
	3	Membership dues and assessments			3	
	4	Interest on savings and temporary cash investments			4	521
	5	Dividends and interest from securities			5	
	6a	Gross rents	6a			
	b	Less: rental expenses	6b			
	c	Net rental income or (loss). Subtract line 6b from line 6a			6c	
	7	Other investment income (describe ▶)			7	
	8a	Gross amount from sales of assets other than inventory	(A) Securities:	8a	(B) Other:	
	b	Less: cost or other basis & sales expenses		8b		
	c	Gain or (loss) (attach schedule)		8c		
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)			8d	
	9	Special events and activities (attach schedule). If any amount is from gaming, check here ▶ [ ]				
	a	Gross revenue (not including $ of contributions reported on line 1b)	9a			
	b	Less: direct expenses other than fundraising expenses	9b			
	c	Net income or (loss) from special events. Subtract line 9b from line 9a			9c	
	10a	Gross sales of inventory, less returns and allowances	10a			
	b	Less: cost of goods sold	10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a			10c	
	11	Other revenue (from Part VII, line 103)			11	
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12	521
EXPENSES	13	Program services (from line 44, column (B))			13	755
	14	Management and general (from line 44, column (C))			14	
	15	Fundraising (from line 44, column (D))			15	
	16	Payments to affiliates (attach schedule)			16	
	17	Total expenses. Add lines 16 and 44, column (A)			17	755
NET ASSETS	18	Excess or (deficit) for the year. Subtract line 17 from line 12			18	-234
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	
	20	Other changes in net assets or fund balances (attach explanation)			20	
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20			21	-234

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach sched.) (cash $ ______ noncash $ ______) If this amount includes foreign grants, ck. here ▶ ☐	22a				
22b Other grants and allocations (attach schedule) (cash $ ______ noncash $ ______) If this amount includes foreign grants, ck. here ▶ ☐	22b				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule)	25a				
b Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)	25b				
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26				
27 Pension plan contributions not included on lines 25a, b, and c	27				
28 Employee benefits not included on lines 25a - 27	28				
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	755	755		
34 Telephone	34				
35 Postage and shipping	35				
36 Occupancy	36				
37 Equipment rental and maintenance	37				
38 Printing and publications	38				
39 Travel	39				
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc. (attach schedule)	42				
43 Other expenses not covered above (itemize): a	43a				
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	755	755	0	0

Joint Costs. Check ▶ ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ▶ ☐ Yes ☒ No

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

(iii) the amount allocated to Management and general $ ______ ; and (iv) the amount allocated to Fundraising $ ______

Part III Statement of Program Service Accomplishments (See the instructions.)

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

What is the organization's primary exempt purpose? ▶ SEE ATTACHMENT #1

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

		Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a	SEE ATTACHMENT #2 (Grants and allocations $) If this amount includes foreign grants, check here . . . . ▶ ☐	755
b	(Grants and allocations $) If this amount includes foreign grants, check here . . . . ▶ ☐	
c	(Grants and allocations $) If this amount includes foreign grants, check here . . . . ▶ ☐	
d	(Grants and allocations $) If this amount includes foreign grants, check here . . . . ▶ ☐	
e	Other program services (attach schedule) (Grants and allocations $) If this amount includes foreign grants, check here . . . . ▶ ☐	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services) . . . . ▶	755

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

	Line	Description			(A) Beginning of year		(B) End of year
ASSETS	45	Cash -- non-interest-bearing				45	192,402
	46	Savings and temporary cash investments				46	
	47a	Accounts receivable	47a				
	b	Less: allowance for doubtful accounts	47b			47c	
	48a	Pledges receivable	48a				
	b	Less: allowance for doubtful accounts	48b			48c	
	49	Grants receivable				49	
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)				50a	
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)				50b	
	51a	Other notes and loans receivable (attach schedule)	51a				
	b	Less: allowance for doubtful accounts	51b			51c	
	52	Inventories for sale or use				52	
	53	Prepaid expenses and deferred charges				53	
	54a	Investments -- publicly-traded securities ▶ ☐ Cost ☐ FMV				54a	
	b	Investments -- other securities (attach schedule) ▶ ☐ Cost ☐ FMV				54b	
	55a	Investments -- land, buildings, and equipment: basis	55a				
	b	Less: accumulated depreciation (attach schedule)	55b			55c	
	56	Investments -- other (attach schedule)				56	
	57a	Land, buildings, and equipment: basis	57a				
	b	Less: accumulated depreciation (attach schedule)	57b			57c	
	58	Other assets, including program-related investments (describe ▶)				58	
	59	Total assets (must equal line 74). Add lines 45 through 58			0	59	192,402
LIABILITIES	60	Accounts payable and accrued expenses				60	28,448
	61	Grants payable				61	
	62	Deferred revenue				62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)				63	
	64a	Tax-exempt bond liabilities (attach schedule)				64a	
	b	Mortgages and other notes payable (attach schedule) #3				64b	163,527
	65	Other liabilities (describe ▶ SEE ATTACHMENT #4)				65	662
	66	Total liabilities. Add lines 60 through 65			0	66	192,637
NET ASSETS OR FUND BALANCES		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 67 through 69 and lines 73 and 74.					
	67	Unrestricted				67	-235
	68	Temporarily restricted				68	
	69	Permanently restricted				69	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74.					
	70	Capital stock, trust principal, or current funds				70	
	71	Paid-in or capital surplus, or land, building, and equipment fund				71	
	72	Retained earnings, endowment, accumulated income, or other funds				72	
	73	Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)			0	73	-235
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73			0	74	192,402

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements			a	
b	Amounts included on line a but not on Part I, line 12:				
1	Net unrealized gains on investments	b1			
2	Donated services and use of facilities	b2			
3	Recoveries of prior year grants	b3			
4	Other (specify):	b4			
	Add lines b1 through b4			b	
c	Subtract line b from line a			c	
d	Amounts included on Part I, line 12, but not on line a:				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify):	d2			
	Add lines d1 and d2			d	
e	Total revenue (Part I, line 12). Add lines c and d ▶			e	0

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

a	Total expenses and losses per audited financial statements			a	
b	Amounts included on line a but not on Part I, line 17:				
1	Donated services and use of facilities	b1			
2	Prior year adjustments reported on Part I, line 20	b2			
3	Losses reported on Part I, line 20	b3			
4	Other (specify):	b4			
	Add lines b1 through b4			b	
c	Subtract line b from line a			c	
d	Amounts included on Part I, line 17, but not on line a:				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify):	d2			
	Add lines d1 and d2			d	
e	Total expenses (Part I, line 17). Add lines c and d ▶			e	0

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE ATTACHMENT #5				

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

			Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 9			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b		X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the defenition of "related organization." ▶ If "Yes," attach a statement that includes the information described in the instructions.	75c		X
d	Does the organization have a written conflict of interest policy?	75d		X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances

Part VI Other Information (See the instructions.)

			Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		X
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b		X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
b	If "Yes," enter the name of the organization ▶ ____ and check whether it is ☐ exempt or ☐ nonexempt			
81a	Enter direct and indirect political expenditures. (See line 81 instructions.) 81a N/A			
b	Did the organization file Form 1120-POL for this year?	81b		X

Part VI Other Information (continued)

				Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b N/A			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?		83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		83b	N/A	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		84a	N/A	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		84b		X
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		85a		X
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?		85b		X
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.				
c	Dues, assessments, and similar amounts from members	85c N/A			
d	Section 162(e) lobbying and political expenditures	85d N/A			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		85g		X
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		85h		X
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a N/A			
b	Gross receipts, included on line 12, for public use of club facilities	86b N/A			
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a N/A			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b N/A			
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		88a		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI ▶		88b		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A				
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶	N/A			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶	N/A			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		89e		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		89f		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		89g		X

90a List the states with which a copy of this return is filed ▶ GA

b Number of employees employed in the pay period that includes March 12, 2006 (See instructions.) 90b N/A

91a The books are in care of ▶ SEE ATTACHMENT #6 Telephone no. ▶

Located at ▶ ZIP + 4 ▶

				Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		91b		X
	If "Yes," enter the name of the foreign country ▶				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				

Part VI Other Information (continued)

			Yes	No
c	At any time during the calendar year, did the organization maintain an office outside of the United States?	91c		X

If "Yes," enter the name of the foreign country ▶

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 -- Check here ▶ ☐
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ | 92 |

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Excl. code	(D) Amount	
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	521	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		521	0

105 Total (add line 104, columns (B), (D), and (E)) ▶ 521

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

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

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

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

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

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

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

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

Part XI **Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13).

		Yes	No
106	Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. N/A		

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

		Yes	No
107	Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. N/A		

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

		Yes	No
108	Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above? N/A		

Please Sign Here

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.

Signature of officer | Date

Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ▶ ☐	Preparer's SSN or PTIN (See Gen. Inst. X)
Firm's name (or yours if self-employed), address, and ZIP + 4	FOUNTAIN, ARRINGTON, BASS, MERCER P O BOX 4768 COLUMBUS GA 31914-0768		EIN ▶ Phone no. ▶ 706-322-5482

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	Schedule of Contributors Supplementary Information for line 1 of Form 990, 990-EZ, and 990-PF (see instructions)	OMB No. 1545-0047 2006

Name of organization	Employer identification number
COLUMBUS COMMUNITY CAMPUS, LLC	20-5776040

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	[X] 501(c)(2) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

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

General Rule --

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

Special Rules --

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

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

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

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

PRIMARY EXEMPT PURPOSE

ATTACHMENT 1: PAGE 0 - 990 PAGE 3, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2006 or tax period beginning , and ending .

Name of Organization	Employer Identification Number
COLUMBUS COMMUNITY CAMPUS, LLC	20-5776040

Primary Purpose

THE ORGANIZATION'S PRIMARY EXEMPT PURPOSE IS TO CREATE AND MAINTAIN STABLE AND AFFORDABLE MISSION-ENHANCING WORK ENVIRONMENTS FOR MULTIPLE NON-PROFIT PARTNERS WHO HAVE OWNERSHIP RIGHTS THROUGH THEIR CO-HABITATION IN THE 501(C)(3) OWNED CAMPUS. THIS STRUCTURE ALLOWS NONPROFITS TO SPEND OCCUPANCY MONEY IN AN INVESTMENT ENVIRONMENT LEVERAGING THEIR RESOURCES TO INCREASE MISSION CAPACITY FOR THE LONG TERM. IT ENABLES COST SHARING ON FACILITY MAINTENANCE AND OFFICE SUPPORT SERVICES. IT WILL PROMOTE COLLABORATION AND ORGANIZATIONAL SYNERGY BY MAKING IT EASIER TO BUILD RELATIONSHIPS AND DEVELOPE JOINT COMMUNITY INITIATIVES WHILE EXPANDING MISSION BASED SERVICES.

PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 2: PAGE 1 - 990 PAGE 3, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2006 or tax period beginning	, and ending	.

Name of Organization COLUMBUS COMMUNITY CAMPUS, LLC	Employer Identification Number 20-5776040

Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants		Program service expenses	755

Exempt Purpose Achievements

DURING THE CURRENT YEAR, THE ORGANIZATION BEGAN THE PROCESS OF ACQUIRING A SUITABLE LOCATION TO HOUSE OTHER TAX EXEMPT ORGANIZATIONS AND PROVIDE INDIRECT FINANCIAL SUPPORT BY WAYS OF BELOW MARKET RENTAL RATES.

SCHEDULE OF MORTAGES AND OTHER NOTES PAYABLE

ATTACHMENT 3: PAGE 1 - 990 PAGE 4, PART IV, LINE 64B

OPEN TO PUBLIC INSPECTION	For Calendar year 2006, or tax year period beginning	and ending .

Name of Organization	Employer Identification Number
COLUMBUS COMMUNITY CAMPUS, LLC	20-5776040

Lender's Name, Title and Relationship to Any Officer, Director, Trustee, Key Employee or Substantial Contributor	Original Amount	Balance Due	Date of Note	Maturity Date	Repayment Terms	Interest Rate
GOODWILL IND. OF THE SOUTHERN RIVER	163,527	163,527	2006-10		DEMAND	0.0000
Total	163,527	163,527				

Security Provided by Borrower	Purpose of Loan	Description of Lender Consideration	Consideration FMV
SIGNATURE	START UP COSTS		
		Total	
		Total amount of mortgages	

SCHEDULE OF OTHER LIABLILITIES

ATTACHMENT 4: PAGE 1 - 990 PAGE 4, PART IV, LINE 65

NOT OPEN TO PUB INSPECTION | For calendar year 2006 or tax period beginning , and ending .

Name of Organization	Employer Identification Number
COLUMBUS COMMUNITY CAMPUS, LLC	20-5776040

Description of Liability	Beginning of Year	End of Year
ACCRUED EXPENSES		662
Totals		662

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

ATTACHMENT 5: PAGE 1 - 990 PAGE 5, PART V-A

OPEN TO PUBLIC INSPECTION	For calendar year 2006 or tax period beginning , and ending .

Name of Organization	Employer Identification Number
COLUMBUS COMMUNITY CAMPUS, LLC	20-5776040

(A) Name and Address	(B) Title and Average Hrs. per Week	(C) Compensation (If not paid, enter 0)	(D) Cont. to Employee Ben. Plans & Def. Comp.	(E) Expense Account & Other Allowances
JANE NICHOLS 1955 NORTHSIDE INDUSTRIAL BLVD COLUMBUS, GA 31904	PRESIDENT VARIES	0	0	0
JUDY GIDDINGS 1838 VICTORY DRIVE COLUMBUS, GA 31901	SECRETARY VARIES	0	0	0
TERRY REIS P.O. BOX 1750 FORTSON, GA 31808	TREASURER VARIES	0	0	0
KIM CANTRELL 1955 NORTHSIDE INDUSTRIAL BLVD COLUMBUS, GA 31904	CAO VARIES	0	0	0
JOEL AMES 2300 VICTORY DRIVE COLUMBUS, GA 31901	CHAIR VARIES	0	0	0
CHUCK WALLS ATTN: GARRISON CDR'S OFFICE FORT BENNING, GA 31905	DIRECTOR VARIES	0	0	0
JOHN CREECH 5800 LAKEWOOD RANCH BLVD SARASOTA, FL 34240	VICE CHAIR VARIES	0	0	0
PAT KILLOUGH 2022 15TH AVENUE COLUMBUS, GA 31901	DIRECTOR VARIES	0	0	0
RICK TURNER 5956 VETERANS PARKWAY COLUMBUS, GA 31909	DIRECTOR VARIES	0	0	0

BOOKS ARE IN CARE OF

ATTACHMENT 6 - 990 PAGE 7, PART VI, LINE 91A

For calendar year 2006 or tax period beginning , and ending .

Name of Organization	Employer Identification Number
COLUMBUS COMMUNITY CAMPUS, LLC	20-5776040

Part VI - Line 91a

Individual Name . . . .

or

Business Name:

GOODWILL INDUSTRIES OF THE SOUTHERN RIVERS, INC.

Street Address . . . . 1955 NORTHSIDE INDUSTRIAL BLVD

U.S. Address:

Zip code 31904 City COLUMBUS State GA

or

Foreign Address

City . . . .

Province or State . . . .

Country . . . .

Postal code . . . .

Phone Number . . . .