

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2014

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2014 or fiscal plan year beginning 07/01/2014 and ending 06/30/2015

A This return/report is for: a multiemployer plan; a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or a single-employer plan; a DFE (specify) _____

B This return/report is: the first return/report; the final return/report; an amended return/report; a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here.▶

D Check box if filing under: Form 5558; automatic extension; the DFVC program; special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan Columbia College Retirement Plan	1b Three-digit plan number (PN) ▶	001
	1c Effective date of plan	07/01/1989
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) Columbia College 1001 Rogers Street Columbia MO 65216	2b Employer Identification Number (EIN)	43-0655867
	2c Plan Sponsor's telephone number	573-875-7251
	2d Business code (see instructions)	611000

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE			Bruce Boyer
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN
	3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN
	4c PN

5 Total number of participants at the beginning of the plan year	5	935
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	652
a(2) Total number of active participants at the end of the plan year	6a(2)	654
b Retired or separated participants receiving benefits	6b	24
c Other retired or separated participants entitled to future benefits	6c	295
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	973
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	0
f Total. Add lines 6d and 6e	6f	973
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	973
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	35

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2G 2L 2M

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

<p>9a Plan funding arrangement (check all that apply)</p> <p>(1) <input checked="" type="checkbox"/> Insurance</p> <p>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts</p> <p>(3) <input checked="" type="checkbox"/> Trust</p> <p>(4) <input type="checkbox"/> General assets of the sponsor</p>	<p>9b Plan benefit arrangement (check all that apply)</p> <p>(1) <input checked="" type="checkbox"/> Insurance</p> <p>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts</p> <p>(3) <input checked="" type="checkbox"/> Trust</p> <p>(4) <input type="checkbox"/> General assets of the sponsor</p>
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1) **R** (Retirement Plan Information)

(2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1) **H** (Financial Information)

(2) **I** (Financial Information – Small Plan)

(3) **A** (Insurance Information) 3

(4) **C** (Service Provider Information)

(5) **D** (DFE/Participating Plan Information)

(6) **G** (Financial Transaction Schedules)

Part III

Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

<p align="center">SCHEDULE A (Form 5500)</p> <p align="center">Department of the Treasury Internal Revenue Service</p> <hr/> <p align="center">Department of Labor Employee Benefits Security Administration</p> <hr/> <p align="center">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2014</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2014 or fiscal plan year beginning 07/01/2014 and ending 06/30/2015

A Name of plan Columbia College Retirement Plan	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 Columbia College	D Employer Identification Number (EIN) 43-0655867	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
TIAA-CREF

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1624203	69345	385543	46	07/01/2014	06/30/2015

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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	(c) Amount	(d) Purpose	

Part II	Investment and Annuity Contract Information																						
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.																						
4	Current value of plan's interest under this contract in the general account at year end	549223																					
5	Current value of plan's interest under this contract in separate accounts at year end	112483																					
6	Contracts With Allocated Funds:																						
a	State the basis of premium rates ▶																						
b	Premiums paid to carrier	6b																					
c	Premiums due but unpaid at the end of the year	6c																					
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d																					
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶																						
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>																						
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)																						
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶																						
b	Balance at the end of the previous year	7b 535676																					
c	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">(1) Contributions deposited during the year</td> <td style="width:10%; text-align: right;">7c(1)</td> <td style="width:10%; text-align: right;">4807</td> </tr> <tr> <td>(2) Dividends and credits.....</td> <td style="text-align: right;">7c(2)</td> <td style="text-align: right;">0</td> </tr> <tr> <td>(3) Interest credited during the year</td> <td style="text-align: right;">7c(3)</td> <td style="text-align: right;">21691</td> </tr> <tr> <td>(4) Transferred from separate account.....</td> <td style="text-align: right;">7c(4)</td> <td style="text-align: right;">1052</td> </tr> <tr> <td>(5) Other (specify below)..... ▶</td> <td style="text-align: right;">7c(5)</td> <td></td> </tr> <tr> <td colspan="2" style="height: 40px;"></td> <td></td> </tr> <tr> <td>(6) Total additions</td> <td style="text-align: right;">7c(6)</td> <td style="text-align: right;">27550</td> </tr> </table>	(1) Contributions deposited during the year	7c(1)	4807	(2) Dividends and credits.....	7c(2)	0	(3) Interest credited during the year	7c(3)	21691	(4) Transferred from separate account.....	7c(4)	1052	(5) Other (specify below)..... ▶	7c(5)					(6) Total additions	7c(6)	27550	563226
(1) Contributions deposited during the year	7c(1)	4807																					
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(4) Transferred from separate account.....	7c(4)	1052																					
(5) Other (specify below)..... ▶	7c(5)																						
(6) Total additions	7c(6)	27550																					
d	Total of balance and additions (add lines 7b and 7c(6)).	7d																					
e	Deductions:																						
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">(1) Disbursed from fund to pay benefits or purchase annuities during year</td> <td style="width:10%; text-align: right;">7e(1)</td> <td style="width:10%; text-align: right;">14003</td> </tr> <tr> <td>(2) Administration charge made by carrier</td> <td style="text-align: right;">7e(2)</td> <td></td> </tr> <tr> <td>(3) Transferred to separate account</td> <td style="text-align: right;">7e(3)</td> <td></td> </tr> <tr> <td>(4) Other (specify below)..... ▶</td> <td style="text-align: right;">7e(4)</td> <td></td> </tr> <tr> <td colspan="2" style="height: 40px;"></td> <td></td> </tr> <tr> <td>(5) Total deductions</td> <td style="text-align: right;">7e(5)</td> <td style="text-align: right;">14003</td> </tr> </table>	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	14003	(2) Administration charge made by carrier	7e(2)		(3) Transferred to separate account	7e(3)		(4) Other (specify below)..... ▶	7e(4)					(5) Total deductions	7e(5)	14003	549223			
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	14003																					
(2) Administration charge made by carrier	7e(2)																						
(3) Transferred to separate account	7e(3)																						
(4) Other (specify below)..... ▶	7e(4)																						
(5) Total deductions	7e(5)	14003																					
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f																					

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)			
	(2) Increase (decrease) in amount due but unpaid	9a(2)			
	(3) Increase (decrease) in unearned premium reserve	9a(3)			
	(4) Earned ((1) + (2) - (3))		9a(4)		0
b	Benefit charges (1) Claims paid	9b(1)			
	(2) Increase (decrease) in claim reserves	9b(2)			
	(3) Incurred claims (add (1) and (2))		9b(3)		0
	(4) Claims charged		9b(4)		
c	Remainder of premium: (1) Retention charges (on an accrual basis) --				
	(A) Commissions	9c(1)(A)			
	(B) Administrative service or other fees	9c(1)(B)			
	(C) Other specific acquisition costs	9c(1)(C)			
	(D) Other expenses	9c(1)(D)			
	(E) Taxes	9c(1)(E)			
	(F) Charges for risks or other contingencies	9c(1)(F)			
	(G) Other retention charges	9c(1)(G)			
	(H) Total retention		9c(1)(H)		0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)		
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)		
	(2) Claim reserves		9d(2)		
	(3) Other reserves		9d(3)		
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2) .)		9e		

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a			
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b			
	Specify nature of costs ▶				

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

<p align="center">SCHEDULE A (Form 5500)</p> <p align="center">Department of the Treasury Internal Revenue Service</p> <hr/> <p align="center">Department of Labor Employee Benefits Security Administration</p> <hr/> <p align="center">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2014</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2014 or fiscal plan year beginning 07/01/2014 and ending 06/30/2015

<p>A Name of plan Columbia College Retirement Plan</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>001</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 Columbia College</p>	<p>D Employer Identification Number (EIN) 43-0655867</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
Lincoln National life Insurance Company

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	CR18693	931	07/01/2014	06/30/2015

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
231207	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
 Lincoln Financial Advisors
 1300 S Clinton St, Ste 150
 Fort Wayne IN 46802-9999

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
231207			4

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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Part II	Investment and Annuity Contract Information																						
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.																						
4	Current value of plan's interest under this contract in the general account at year end	9738302																					
5	Current value of plan's interest under this contract in separate accounts at year end																						
6	Contracts With Allocated Funds:																						
a	State the basis of premium rates ▶																						
b	Premiums paid to carrier	6b																					
c	Premiums due but unpaid at the end of the year	6c																					
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d																					
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶																						
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>																						
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a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶																						
b	Balance at the end of the previous year	7b 6827896																					
c	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">Additions: (1) Contributions deposited during the year</td> <td style="width:10%; text-align: right;">7c(1)</td> <td style="width:10%; text-align: right;">976163</td> </tr> <tr> <td>(2) Dividends and credits.....</td> <td style="text-align: right;">7c(2)</td> <td style="text-align: right;">0</td> </tr> <tr> <td>(3) Interest credited during the year</td> <td style="text-align: right;">7c(3)</td> <td style="text-align: right;">243486</td> </tr> <tr> <td>(4) Transferred from separate account.....</td> <td style="text-align: right;">7c(4)</td> <td style="text-align: right;">2541142</td> </tr> <tr> <td>(5) Other (specify below).....</td> <td style="text-align: right;">7c(5)</td> <td style="text-align: right;">180012</td> </tr> <tr> <td>▶ Loan Repayments, Forfeitures, Takeovers, and/or Adjustments</td> <td></td> <td></td> </tr> <tr> <td>(6) Total additions</td> <td style="text-align: right;">7c(6)</td> <td style="text-align: right;">3940803</td> </tr> </table>	Additions: (1) Contributions deposited during the year	7c(1)	976163	(2) Dividends and credits.....	7c(2)	0	(3) Interest credited during the year	7c(3)	243486	(4) Transferred from separate account.....	7c(4)	2541142	(5) Other (specify below).....	7c(5)	180012	▶ Loan Repayments, Forfeitures, Takeovers, and/or Adjustments			(6) Total additions	7c(6)	3940803	
Additions: (1) Contributions deposited during the year	7c(1)	976163																					
(2) Dividends and credits.....	7c(2)	0																					
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(5) Other (specify below).....	7c(5)	180012																					
▶ Loan Repayments, Forfeitures, Takeovers, and/or Adjustments																							
(6) Total additions	7c(6)	3940803																					
d	Total of balance and additions (add lines 7b and 7c(6)).	7d 10768699																					
e	Deductions:																						
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">(1) Disbursed from fund to pay benefits or purchase annuities during year</td> <td style="width:10%; text-align: right;">7e(1)</td> <td style="width:10%; text-align: right;">633405</td> </tr> <tr> <td>(2) Administration charge made by carrier</td> <td style="text-align: right;">7e(2)</td> <td style="text-align: right;">1994</td> </tr> <tr> <td>(3) Transferred to separate account</td> <td style="text-align: right;">7e(3)</td> <td style="text-align: right;">186812</td> </tr> <tr> <td>(4) Other (specify below).....</td> <td style="text-align: right;">7e(4)</td> <td style="text-align: right;">208186</td> </tr> <tr> <td>▶ Loans Issued, Forfeitures, Fees, Correctives and/or Adjustments</td> <td></td> <td></td> </tr> <tr> <td>(5) Total deductions.....</td> <td style="text-align: right;">7e(5)</td> <td style="text-align: right;">1030397</td> </tr> </table>	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	633405	(2) Administration charge made by carrier	7e(2)	1994	(3) Transferred to separate account	7e(3)	186812	(4) Other (specify below).....	7e(4)	208186	▶ Loans Issued, Forfeitures, Fees, Correctives and/or Adjustments			(5) Total deductions.....	7e(5)	1030397				
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	633405																					
(2) Administration charge made by carrier	7e(2)	1994																					
(3) Transferred to separate account	7e(3)	186812																					
(4) Other (specify below).....	7e(4)	208186																					
▶ Loans Issued, Forfeitures, Fees, Correctives and/or Adjustments																							
(5) Total deductions.....	7e(5)	1030397																					
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 9738302																					

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2) .)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	
	Specify nature of costs ▶		

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

<p align="center">SCHEDULE A (Form 5500)</p> <p align="center">Department of the Treasury Internal Revenue Service</p> <hr/> <p align="center">Department of Labor Employee Benefits Security Administration</p> <hr/> <p align="center">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2014</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2014 or fiscal plan year beginning <u>07/01/2014</u> and ending <u>06/30/2015</u>	
A Name of plan Columbia College Retirement Plan	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 Columbia College	D Employer Identification Number (EIN) 43-0655867

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
USAA Life Insurance Company

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
74-1472662	69663	008602561	4	07/01/2014	06/30/2015

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid			
(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	540644
5	Current value of plan's interest under this contract in separate accounts at year end	
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 508292
c	Additions: (1) Contributions deposited during the year	7c(1) 10780
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year	7c(3) 21572
	(4) Transferred from separate account.....	7c(4)
	(5) Other (specify below)..... ▶	7c(5)
	(6) Total additions	7c(6) 32352
d	Total of balance and additions (add lines 7b and 7c(6)).	7d 540644
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)
	(2) Administration charge made by carrier	7e(2)
	(3) Transferred to separate account	7e(3)
	(4) Other (specify below)..... ▶	7e(4)
(5) Total deductions.....	7e(5) 0	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 540644

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	
	Specify nature of costs ▶		

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

**SCHEDULE C
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Service Provider Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2014

This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 07/01/2014 and ending 06/30/2015

A Name of plan
Columbia College Retirement Plan

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
Columbia College

D Employer Identification Number (EIN)
43-0655867

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

TIAA 13-1624203

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

Lincoln National Corporation 35-1140070

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

Fidelity Institutional Operations 04-2647786

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)						
Lincoln National Corporation 35-1140070						
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 65			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	None	10224			0	
(a) Enter name and EIN or address (see instructions)						
Fidelity Investments Institutional 04-2647786						
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 65			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	None	463			0	
(a) Enter name and EIN or address (see instructions)						
USAA Investment Management Company 74-1664189						
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
65			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	None	0			0	

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

USAA Transfer Agency

74-2456174

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
65	None	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**SCHEDULE H
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 07/01/2014 and ending 06/30/2015

A Name of plan Columbia College Retirement Plan	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 Columbia College	D Employer Identification Number (EIN) 43-0655867

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i, CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions.....	1b(1)	3520
(2) Participant contributions	1b(2)	0
(3) Other.....	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other.....	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common.....	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property).....	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans.....	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	74386 112483
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities.....	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	31222218 30772921
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	7871864 10828169
(15) Other	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	39168468	41717093

Liabilities

g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f).....	1l	39168468	41717093
--	-----------	----------	----------

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	2159557	
(B) Participants.....	2a(1)(B)	1479373	
(C) Others (including rollovers).....	2a(1)(C)	779975	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		4418905
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	286749	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	132337	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		132337
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		9057
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		711818
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		5558866

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2999939	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		2999939
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	463	
(3) Investment advisory and management fees.....	2i(3)	9839	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		10302
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3010241

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2548625
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unqualified (2) Qualified (3) Disclaimer (4) Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? Yes No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: Williams-Keepers LLC (2) EIN: 43-1126847

d The opinion of an independent qualified public accountant is **not attached** because:

(1) This form is filed for a CCT, PSA, or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?	X		900000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?.....		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.....			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
 If "Yes," enter the amount of any plan assets that reverted to the employer this year..... Yes No **Amount:**

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN
-------------------------	-----------------------

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2014 This Form is Open to Public Inspection.
--	--	---

For calendar plan year 2014 or fiscal plan year beginning 07/01/2014 and ending 06/30/2015

A Name of plan <u>Columbia College Retirement Plan</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>Columbia College</u>	D Employer Identification Number (EIN) <u>43-0655867</u>	

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

1		0
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 35-1140070 04-2647786

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....

3	
---	--

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
----------------	--

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... Yes No N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

11 a Does the ESOP hold any preferred stock? Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment.

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment.....

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

- a** Enter the percentage of plan assets held as:
 Stock: 0.0 % Investment-Grade Debt: _____ % High-Yield Debt: _____ % Real Estate: _____ % Other: _____ %
- b** Provide the average duration of the combined investment-grade and high-yield debt:
 0-3 years 3-6 years 6-9 years 9-12 years 12-15 years 15-18 years 18-21 years 21 years or more
- c** What duration measure was used to calculate line 19(b)?
 Effective duration Macaulay duration Modified duration Other (specify): _____

Application for Extension of Time To File Certain Employee Plan Returns

▶ For Privacy Act and Paperwork Reduction Act Notice, see instructions.
▶ Information about Form 5558 and its instructions is at www.irs.gov/form5558

File With IRS Only

Part I Identification

<p>A Name of filer, plan administrator, or plan sponsor (see instructions)</p> <p>Columbia College Number, street, and room or suite no. (If a P.O. box, see instructions) 1001 Rogers Street City or town, state, and ZIP code Columbia, MO 65216</p>	<p>B Filer's identifying number (see instructions)</p> <p>Employer identification number (EIN) (9 digits XX-XXXXXXX) 43-0655867</p> <p>Social security number (SSN) (9 digits XXX-XX-XXXX)</p>															
<p>C</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width: 60%;">Plan name</th> <th colspan="3" style="text-align: center;">Plan year ending—</th> </tr> <tr> <th style="text-align: center;">MM</th> <th style="text-align: center;">DD</th> <th style="text-align: center;">YYYY</th> </tr> </thead> <tbody> <tr> <td style="border-bottom: none;">Columbia College Retirement Plan</td> <td style="text-align: center; border-bottom: none;">06</td> <td style="text-align: center; border-bottom: none;">30</td> <td style="text-align: center; border-bottom: none;">2015</td> </tr> <tr> <td style="border-top: none;"></td> <td style="text-align: center; border-top: none;">0</td> <td style="text-align: center; border-top: none;">0</td> <td style="text-align: center; border-top: none;">1</td> </tr> </tbody> </table>	Plan name	Plan year ending—			MM	DD	YYYY	Columbia College Retirement Plan	06	30	2015		0	0	1	
Plan name		Plan year ending—														
	MM	DD	YYYY													
Columbia College Retirement Plan	06	30	2015													
	0	0	1													

Part II Extension of Time To File Form 5500 Series, and/or Form 8955-SSA

- 1 Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan listed in Part 1, C above.
- 2 I request an extension of time until 04 / 15 / 2016 to file Form 5500 series (see instructions).
Note. A signature IS NOT required if you are requesting an extension to file Form 5500 series.
- 3 I request an extension of time until 04 / 15 / 2016 to file Form 8955-SSA (see instructions).
Note. A signature IS NOT required if you are requesting an extension to file Form 8955-SSA.

The application is **automatically approved** to the date shown on line 2 and/or line 3 (above) if: **(a)** the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested, and **(b)** the date on line 2 and/or line 3 (above) is not later than the 15th day of the third month after the normal due date.

Part III Extension of Time To File Form 5330 (see instructions)

- 4 I request an extension of time until ____ / ____ / ____ to file Form 5330.
You may be approved for up to a 6 month extension to file Form 5330, after the normal due date of Form 5330.
- a Enter the Code section(s) imposing the tax ▶

a

- b Enter the payment amount attached ▶

b

- c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date ▶

c

5 **State in detail why you need the extension:**

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ▶ _____ Date ▶ _____

REPORT OF
COLUMBIA COLLEGE
RETIREMENT PLAN
June 30, 2015 and 2014

INDEPENDENT AUDITORS' REPORT

To the Trustees of the
Columbia College Retirement Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Columbia College Retirement Plan (the Plan), which comprise the statements of net assets available for benefits as of June 30, 2015 and 2014, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with U.S. generally accepted accounting principles; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of the financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with U.S. generally accepted auditing standards. Because of the matters described in the *Basis for Disclaimer of Opinion* section, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by Lincoln Financial Group (Lincoln), Fidelity Management Trust Company (Fidelity), and Teachers Insurance and Annuity Association - College Retirement Equities Fund (TIAA-CREF), custodians of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that Lincoln, Fidelity, and TIAA-CREF hold the Plan's investment assets and execute investment transactions. The Plan administrator has obtained certifications from those custodians as of and for the years ended June 30, 2015 and 2014, that the information provided to the Plan administrator by those custodians is complete and accurate.

As further discussed in Note 3, because of inadequacies in the Plan's records prior to June 30, 2008, we were unable to perform sufficient auditing procedures with respect to participants' individual account balances totaling approximately \$16,200,000 accumulated from the inception of the Plan through June 30, 2008, or to satisfy ourselves as to the basis on which participants' equity is stated as of June 30, 2008, or the propriety of the distributions to participants who terminated during the years then ended. The estimated remaining unaudited balance of participants' individual accounts prior to 2008 was approximately \$10,300,000 as of June 30, 2015.

Disclaimer of Opinion

Because of the significance of the matters described in the *Basis for Disclaimer of Opinion* section, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedule of assets held at year end as of June 30, 2015, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matters described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on the supplemental schedule referred to above.

Report on the Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the above custodians, have been audited by us in accordance with U.S. generally accepted auditing standards and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Williams Reppas LLC

April 13, 2016

**Columbia College
Retirement Plan**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
June 30, 2015 and 2014**

ASSETS	<u>2015</u>	<u>2014</u>
Investments at fair value		
Mutual funds	\$ 30,772,921	\$ 31,222,218
Pooled separate accounts	112,483	74,386
Total investments at fair value	<u>30,885,404</u>	<u>31,296,604</u>
Investments at contract value		
Insurance company general accounts	10,828,169	7,871,864
Receivables		
Employer contributions	<u>3,520</u>	<u>-</u>
Net assets available for benefits	<u><u>\$ 41,717,093</u></u>	<u><u>\$ 39,168,468</u></u>

The notes to financial statements are an integral part of these statements.

**Columbia College
Retirement Plan**

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years Ended June 30, 2015 and 2014**

	2015	2014
Additions to net assets attributed to:		
Investment income		
Net appreciation in fair value of investments	\$ 720,875	\$ 4,239,141
Dividend income	132,337	115,795
Interest income	286,749	240,070
Total investment income	1,139,961	4,595,006
Contributions		
Employee	1,479,373	1,455,360
Employer	2,159,557	2,208,081
Rollovers	779,975	598,185
Total contributions	4,418,905	4,261,626
Total additions	5,558,866	8,856,632
Deductions from net assets attributed to:		
Benefits paid to participants	2,999,939	2,053,380
Other expenses	10,302	10,851
Total deductions	3,010,241	2,064,231
Net increase	2,548,625	6,792,401
Net assets available for benefits, beginning of year	39,168,468	32,376,067
Net assets available for benefits, end of year	\$ 41,717,093	\$ 39,168,468

The notes to financial statements are an integral part of these statements.

Columbia College Retirement Plan

NOTES TO FINANCIAL STATEMENTS

1. DESCRIPTION OF THE PLAN

The following description of the Columbia College Retirement Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more comprehensive description of the Plan's provisions.

General: The Plan is a 403(b) defined contribution plan covering employees of Columbia College (the college). The Plan was established July 1, 1989, and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility: All employees, except students, part-time employees, and leased employees, are eligible to participate in the Plan. To be eligible for employer contributions, employees must have attained age 21, have completed one year of service and not be classified as an adjunct employee.

Contributions: Participants may contribute a portion of pretax annual compensation, as defined in the Plan, not to exceed 100% of compensation or maximum amounts specified by the IRS, in accordance with a participant salary deferral agreement. Participants who are at least 50 years of age may make an additional contribution to the Plan not to exceed \$5,500 in 2015 and 2014, under certain conditions. Participants may also contribute amounts representing rollover distributions from other qualified plans. College contributions are determined annually at the discretion of the college's Board of Trustees. The amount of college contributions approved for 2015 and 2014 was 8% of eligible compensation to eligible participants. Participants direct the investment of contributions into various investment options offered by the Plan. The Plan currently offers mutual funds, insurance company general accounts, and a pooled separate account as investment options for participants.

Participant accounts: Each participant's account is credited with the participant's contributions and the college's contributions, if any, and Plan earnings or losses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting: Participants are automatically 100% vested in the portion of their accounts resulting from participant salary deferrals. Participants vest 20% in their accounts after one year of eligible service, and 20% for each year of eligible service thereafter. A participant is 100% vested after five years of eligible service.

Forfeitures: If a participant's employment terminates prior to normal retirement, the unvested portion of his account balance is forfeited. Any forfeitures occurring during the Plan year are used to reduce employer contributions or pay plan expenses. During the years ended June 30, 2015 and 2014, forfeitures used totaled \$184,940 and \$159,314, respectively. Remaining forfeitures to be used to reduce future employer contributions or to pay plan expenses total \$178,510 and \$175,775 at June 30, 2015 and 2014, respectively.

Distribution of benefits: Distributions to plan participants are generally made to a participant after the participant's termination of employment. A participant may receive a lump-sum amount equal to the value of the participant's vested interest in his or her account, an annuity, or installment payments.

Administration: Lincoln Financial Group (Lincoln) is the Plan's third-party administrator and provides general professional and administrative services related to the Plan. Lincoln, Teachers Insurance and Annuity Association - College Retirement Equities Fund (TIAA-CREF), Fidelity Management Trust Company (Fidelity), and United Services Automobile Association (USAA) function as the Plan's record-keepers and custodians. Certain administrative and record-keeping costs are being absorbed by the college. The college's Board of Trustees is responsible for oversight of the Plan. Plan management determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the college's Board of Trustees as needed.

2. SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting: The financial statements of the Plan are prepared under the accrual basis of accounting.

Valuation of investments: Investments are reported at fair value, except for fully benefit-responsive contracts, which are reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan. Purchases and sales of securities are recorded on a trade date basis. Dividends are recorded on the declaration date. Interest is recorded when earned. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Investment securities of the Plan are exposed to various risks, such as interest rates, market, and credit. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

Payment of benefits: Benefits are recorded when paid.

Estimates: The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Subsequent events: Events that have occurred subsequent to June 30, 2015, have been evaluated through April 13, 2016, which represents the date the Plan's financial statements were approved by management and therefore available to be issued.

Accounting standards update: In July 2015, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965): (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient*. Part I eliminates the requirements to measure the fair value of fully benefit-responsive investment contracts and provide certain disclosures. Contract value is the only required measure for fully benefit-responsive investment contracts. Part II eliminates the requirements to disclose individual investments that represent five percent (5%) or more of the net assets available for benefits and the net appreciation or depreciation in fair value of investments by general type. Part II also simplifies the level of disaggregation of investments that are measured using fair value. Plans will continue to disaggregate investments that are measured using fair value by general type; however, plans are no longer required to also disaggregate investments by nature, characteristics and risks. Further, the disclosure of information about fair

value measurements shall be provided by general type of plan asset. Part III is not applicable to the Plan. The ASU is effective for fiscal years beginning after December 15, 2015, with early adoption permitted. Parts I and II are to be applied retrospectively. Management has elected to adopt Parts I and II early.

3. TAX STATUS

Effective July 1, 2002, the Plan adopted a 403(b) prototype plan sponsored by Lincoln. Effective January 1, 2009, the Plan adopted a 403(b) Regulations amendment. Effective July 1, 2015, the Plan was amended to clarify the definition of eligible compensation and to adopt certain regulatory changes.

Under current regulations the Plan is not required to obtain Internal Revenue Service (IRS) approval of its plan document. The Plan administrator believes that the Plan is designed and is currently operating in compliance with the applicable requirements of the IRS. Therefore, the Plan administrator believes that the Plan is qualified as of the financial statement date.

In 2007, the DOL, the IRS and the Pension Benefit Guaranty Corporation published final regulations significantly changing rules and regulations governing 403(b) plans. One of the key changes eliminated the limited reporting previously allowed. Prior to 2009, plan level records were not required to be maintained. Effective in 2009, 403(b) plans are required to submit plan level financial information and are subject to audit. As a result of the regulations in effect prior to 2009, the Plan did not maintain sufficient records to provide evidence to support its balances as of June 30, 2008.

4. PLAN TERMINATION

Although it has not expressed any intent to do so, the college has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

5. TERMINATED PARTICIPANTS

Net assets available for benefits at June 30, 2015 and 2014, include \$7,448,159 and \$6,144,395 in vested benefits, respectively, allocated to the accounts of individuals who, as of or prior to that date, had withdrawn from participating in the earnings and operations of the Plan, generally as a result of terminating employment. These amounts may be paid subsequent to year-end, at the request of the participant. These participants receive no further contributions but do receive allocations of investment income and Plan expenses.

6. INVESTMENTS

Plan investments are held in trust and managed by Lincoln, TIAA-CREF, Fidelity, and USAA, the Plan's custodians, and are unsecured. Therefore, these transactions qualify as party-in-interest transactions. Lincoln, TIAA-CREF, and Fidelity have certified that their information below was complete and accurate as of and for the years ended December 31, 2015 and 2014. USAA did not provide certifications.

The following table summarizes the fair value of certified and non-certified investments at December 31:

	<u>2015</u>	<u>2014</u>
Investments at fair value:		
Certified		
Mutual funds	\$ 30,752,779	\$ 31,127,268
Pooled separate account	112,483	74,386
Total investments at fair value, certified	<u>30,865,262</u>	<u>31,201,654</u>
Not certified		
Mutual funds	20,142	94,950
Total investments at fair value, not certified	<u>20,142</u>	<u>94,950</u>
Total investments at fair value	<u>\$ 30,885,404</u>	<u>\$ 31,296,604</u>

The following table summarizes the contract value of certified and non-certified investments at December 31:

	<u>2015</u>	<u>2014</u>
Investments at contract value:		
Certified		
Insurance company general accounts	\$ 10,287,525	\$ 7,363,572
Not certified		
Insurance company general accounts	540,644	508,292
Total investments at contract value	<u>\$ 10,828,169</u>	<u>\$ 7,871,864</u>

The following table summarized the certified and non-certified investment income for the years ended December 31:

	<u>2015</u>		
	<u>Certified</u>	<u>Not Certified</u>	<u>Total</u>
Net appreciation in fair value of investments	\$ 717,933	\$ 2,942	\$ 720,875
Dividend income	128,772	3,565	132,337
Interest income	265,177	21,572	286,749
Total investment income	<u>\$ 1,111,882</u>	<u>\$ 28,079</u>	<u>\$ 1,139,961</u>
	<u>2014</u>		
	<u>Certified</u>	<u>Not Certified</u>	<u>Total</u>
Net appreciation in fair value of investments	\$ 4,222,341	\$ 16,800	\$ 4,239,141
Dividend income	115,795	-	115,795
Interest income	218,016	22,054	240,070
Total investment income	<u>\$ 4,556,152</u>	<u>\$ 38,854</u>	<u>\$ 4,595,006</u>

7. FAIR VALUE OF INVESTMENTS

A fair value hierarchy is used that prioritizes the inputs to valuation techniques used to measure fair value of balances that are required or permitted to be measured at fair value for reporting in financial statements. The hierarchy gives the highest priority to the unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to the unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described as follows:

- | | |
|---------|---|
| Level 1 | Valuation is based upon quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan has the ability to access. |
| Level 2 | Valuation is based upon quoted prices for similar assets or liabilities in active markets, quoted market prices for identical or similar assets or liabilities in inactive markets, inputs other than quoted prices that are observable for the asset or liability, or inputs that are derived principally from or corroborated by observable market data by correlation or other means. Observable inputs may include interest rates, foreign exchange rates, and yield curves that are observable at commonly quoted intervals. |
| Level 3 | Valuation is based on methodologies that are unobservable and significant to the fair value measure. These may be generated from model-based techniques that use at least one significant assumption based on unobservable inputs for the asset or liability, which are typically based on an entity's own assumptions, as there is little, if any, related market activity. |

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. The Plan's assessment of the significance of a particular input to the fair value measurement in its entirety requires judgment, and considers factors specific to the asset or liability. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of valuation methodologies used for assets recorded at fair value.

Mutual funds: Valued at quoted market prices available on an active market which is based on the underlying net asset value (NAV) of shares held by the Plan at year-end. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Pooled separate account: Valued at NAV of shares held by the Plan at year-end. The pooled separate account is not publicly traded but the fair value is based on the underlying investments' fair value adjusted for certain expenses. The fund contains investments which have observable level 2 pricing inputs, including quoted prices for similar assets in active or non-active markets. There are no conditions or terms limiting redemption of the fund, except as noted below.

The TIAA-CREF Real Estate account generally invests in real estate properties and real estate-related investments. The account's value is principally derived from the market value of the underlying real estate holdings or other real estate-related investments. Real estate holdings are valued principally utilizing external appraisals, which are estimates of property values based on a professional's opinion. Transfers out of the account are limited to one per calendar quarter. Although the underlying assets of the account cannot be quickly sold and converted to liquid assets, the TIAA General Account provides the account with a liquidity guarantee to ensure that the account has funds available to meet participant redemption, transfer or cash withdrawal requests executed at quoted unit values.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The tables below present the Plan's assets measured at fair value on a recurring basis as of June 30, aggregated by the level in the fair value hierarchy within which those measurements fall:

2015	Level 1	Level 2	Level 3	Total
Mutual funds	\$30,772,921	\$ -	\$ -	\$30,772,921
Pooled separate account	-	112,483	-	112,483
Total	\$30,772,921	\$ 112,483	\$ -	\$30,885,404

2014	Level 1	Level 2	Level 3	Total
Mutual funds	\$31,222,218	\$ -	\$ -	\$31,222,218
Pooled separate account	-	74,386	-	74,386
Total	\$31,222,218	\$ 74,386	\$ -	\$31,296,604

8. PLAN LOANS

Participants are allowed to borrow directly from the Plan's custodians. Plan loans are issued directly from funds owned by a custodian and not directly from a participant's account. Adequate security is required and a portion of the participant's account is reserved, or held in collateral, to cover the outstanding loan in case of default. The outstanding balance of these loans was \$327,856 and \$248,276 at June 30, 2015 and 2014, respectively. Principal and interest are paid directly to the custodian, and these plan loans are not reflected in the Plan's financial statements.

9. INVESTMENT CONTRACTS WITH INSURANCE COMPANIES

The Plan holds traditional investment contracts with Lincoln and TIAA-CREF through the Lincoln Fixed Account and the TIAA Traditional – Benefit Responsive Account. These contracts meet the fully benefit-responsive investment contract criteria and, therefore, are reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under each contract, plus earnings, less participant withdrawals, and administrative expenses.

The Plan's ability to receive amounts due in accordance with fully benefit-responsive investment contracts is dependent on the third-party issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events might limit the ability of the Plan to transact at contract value with the contract issuer. These events may be different under each contract. Examples of such events include the following: the Plan's failure to qualify under Section 401(a) of the Internal Revenue Code or the failure of the trust to be tax-exempt under Section 501(a) of the Internal Revenue Code; premature termination of the contracts; Plan termination or merger; changes to the Plan's prohibition on competing investment options; and bankruptcy of

the plan sponsor or other plan sponsor events (for example, divestitures or spinoffs of a subsidiary) that significantly affect the Plan's normal operations.

No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

In addition, certain events allow the issuers to terminate the contracts with the Plan and settle at an amount different from contract value. Examples of such events include the following: an uncured violation of the Plan's investment guidelines; a breach of material obligation under the contract; a material misrepresentation; and a material amendment to the agreement without the consent of the issuer.

**Columbia College
Retirement Plan**

EIN: 43-0655867, PLAN NUMBER 001

**SCHEDULE H, line 4i - ASSETS HELD AT YEAR END
June 30, 2015**

<u>(a)</u>	<u>(b) Identity of issuer</u>	<u>(c) Description of investment</u>	<u>(e) Current value</u>
<u>Mutual funds</u>			
*	Fidelity	Fid Balanced	2,218
*	Fidelity	Fid Canada	320
*	Fidelity	Fid Contrafund	183,282
*	Fidelity	Fid Convertible Sec	3,694
*	Fidelity	Fid Equity Inc	119,022
*	Fidelity	Fid Fidelity Fund	100,990
*	Fidelity	Fid Float Rt Hi Inc	27,571
*	Fidelity	Fid Four In One Idx	358,878
*	Fidelity	Fid Freedom 2025	297
*	Fidelity	Fid Freedom 2030	306,475
*	Fidelity	Fid Govt Mkt	779
*	Fidelity	Fid Growth Company	4,867
*	Fidelity	Fid High Income	49,068
*	Fidelity	Fid Independence	1,628
*	Fidelity	Fid Latin America	4,478
*	Fidelity	Fid Levergd Co Stk	28,169
*	Fidelity	Fid Low Priced Stk	37,788
*	Fidelity	Fid Magellan	15,245
*	Fidelity	Fid Nordic	398
*	Fidelity	Fid Pacific Basin	5,229
*	Fidelity	Fid Ret Govt Mm	1,165
*	Fidelity	Fid Sel Banking	2,650
*	Fidelity	Fid Sel Biotech	7,669
*	Fidelity	Fid Sel Cons Staples	3,149
*	Fidelity	Fid Sel Gold	668
*	Fidelity	Fid Sel Med Eq & Sys	24,303
*	Fidelity	Fid Sel Natural Gas	832
*	Fidelity	Fid Sel Pharmaceutcl	5,119
*	Fidelity	Fid Small Cap Growth	14,710
*	Fidelity	Fid Small Cap Value	14,201
*	Fidelity	Fid Stk Sel All Cap	72,690
*	Fidelity	Fid Stksel Lgcap Val	62,855
*	Fidelity	Fid Stk Sel Mid Cap	33,018

**Columbia College
Retirement Plan**

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**SCHEDULE H, line 4i - ASSETS HELD AT YEAR END
June 30, 2015**

(a)	(b) Identity of issuer	(c) Description of investment	(e) Current value
*	Fidelity	Fid Strat Div & Inc	2,036
*	Fidelity	Fid Strategic Income	19,935
*	Fidelity	Fid Us Govt Res	503,820
*	Fidelity	Sptn 500 Index Adv	462,986
*	Fidelity	Sptn Intl Index Adv	24,679
*	Fidelity	Sptn Tot Mkt Idx Adv	18,174
*	Fidelity	Sptn Us Bond Idx Adv	38,574
*	Lincoln	AB VPS Global Thematic Growth	40,462
*	Lincoln	American Funds Global Growth	225,452
*	Lincoln	American Funds Growth	1,559,301
*	Lincoln	American Funds International	576,263
*	Lincoln	American Funds Growth-Income	516,297
*	Lincoln	Blackrock Global Allocation	30,946
*	Lincoln	Delaware VIP Diversified Income	1,108,606
*	Lincoln	Delaware VIP High Yield	182,595
*	Lincoln	Delaware VIP REIT	695,321
*	Lincoln	Delaware VIP Small Cap Value	543,364
*	Lincoln	Delaware VIP SMID Cap Growth	857,828
*	Lincoln	Delaware VIP Value	740,702
*	Lincoln	Deutsche Altrtv Asset Allo VIP	97,529
*	Lincoln	Fidelity VIP Contrafund	651,686
*	Lincoln	Fidelity VIP Growth	193,193
*	Lincoln	LVIP Baron Growth Opportunities	143,451
*	Lincoln	LVIP Blackrock Emerging Market Mngd Vlty	492
*	Lincoln	LVIP Blackrock Equity Dividend Mngd Vlty	365,937
*	Lincoln	LVIP Blackrock Inflation Protected Bond	70,822
*	Lincoln	LVIP Clarion Global Real Estate	15,226
*	Lincoln	LVIP Del Foundation Aggressive Alloc	1,576,349
*	Lincoln	LVIP Del Foundation Conservative Alloc	177,091
*	Lincoln	LVIP Delaware Bond	1,934,683
*	Lincoln	LVIP Delaware Diversified Floating Rate	1,506
*	Lincoln	LVIP Delaware Foundation Moderate Alloc	1,398,523
*	Lincoln	LVIP Delaware Social Awareness	1,449,891
*	Lincoln	LVIP Delaware Special Opportunities	1,024,307
*	Lincoln	LVIP Dimensional US Core Equity 1	1,407,451

**Columbia College
Retirement Plan**

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**SCHEDULE H, line 4i - ASSETS HELD AT YEAR END
June 30, 2015**

(a)	(b) Identity of issuer	(c) Description of investment	(e) Current value
*	Lincoln	LVIP Global Conservative Allocation Mrsk	445,673
*	Lincoln	LVIP Global Growth Allocation Mngd Risk	1,760,916
*	Lincoln	LVIP Global Income	12,297
*	Lincoln	LVIP Global Moderate Allocation Mgd Risk	1,589,828
*	Lincoln	LVIP JPMorgan Mid Cap Value Mangd Vltlty	570
*	Lincoln	LVIP Mondrian International Value	515,830
*	Lincoln	LVIP Money Market	247,914
*	Lincoln	LVIP Managed Risk Profile 2010	3,140
*	Lincoln	LVIP Managed Risk Profile 2020	550
*	Lincoln	LVIP Managed Risk Profile 2030	295,557
*	Lincoln	LVIP Managed Risk Profile 2040	86,035
*	Lincoln	LVIP Managed Risk Profile 2050	48,852
*	Lincoln	LVIP SSGA Bond Index	15,979
*	Lincoln	LVIP SSGA Emerging Markets 100	78,967
*	Lincoln	LVIP SSGA Global Tactical Allocation RPM	529,009
*	Lincoln	LVIP SSGA International Index	11,061
*	Lincoln	LVIP SSGA S&P 500 Index	1,564,841
*	Lincoln	LVIP SSGA Small-Cap Index	210,930
*	Lincoln	LVIP T. Rowe Price Mid Cap Growth	281,610
*	Lincoln	LVIP T. Rowe Price Structured Mid-Cap Growth	389,741
*	Lincoln	LVIP UBS Large Cap Growth RPM	569,688
*	Lincoln	LVIP Vanguard Domestic Equity ETF	2,577
*	Lincoln	LVIP Vanguard International Equity ETF	14,063
*	Lincoln	MFS Utilities	315,157
*	Lincoln	Pimco VIT Total Return Portfolio	64,882
*	TIAA CREF	CREF Bond Market	122,654
*	TIAA CREF	CREF Equity Index	176,510
*	TIAA CREF	CREF Global Equities	71,706
*	TIAA CREF	CREF Growth	120,664
*	TIAA CREF	CREF Inflation-Linked Bond	23,790
*	TIAA CREF	CREF Money Market	307,302
*	TIAA CREF	CREF Social Choice	102,551
*	TIAA CREF	CREF Stock	623,032

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**SCHEDULE H, line 4i - ASSETS HELD AT YEAR END
June 30, 2015**

<u>(a)</u>	<u>(b) Identity of issuer</u>	<u>(c) Description of investment</u>	<u>(e) Current value</u>
*	USAA	Growth & Income Fund	20,142
		Total mutual funds	<u>30,772,921</u>
<u>Insurance company general accounts</u>			
*	Lincoln	Fixed Account	9,738,302
*	TIAA-CREF	TIAA Traditional Benefit Responsive	53,054
*	TIAA-CREF	TIAA Traditional Non Benefit Responsive	496,169
*	USAA	Fixed Account	<u>540,644</u>
		Total insurance company general accounts	<u>10,828,169</u>
<u>Pooled separate account</u>			
*	TIAA-CREF	TIAA Real Estate Fund	<u>112,483</u>
		Total pooled separate accounts	<u>112,483</u>
		Total investments	<u><u>\$ 41,713,573</u></u>
*	Party-in-interest		

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<u>Mutual funds</u>			
*	Fidelity	Fid Balanced	2,218
*	Fidelity	Fid Canada	320
*	Fidelity	Fid Contrafund	183,282
*	Fidelity	Fid Convertible Sec	3,694
*	Fidelity	Fid Equity Inc	119,022
*	Fidelity	Fid Fidelity Fund	100,990
*	Fidelity	Fid Float Rt Hi Inc	27,571
*	Fidelity	Fid Four In One Idx	358,878
*	Fidelity	Fid Freedom 2025	297
*	Fidelity	Fid Freedom 2030	306,475
*	Fidelity	Fid Govt Mkt	779
*	Fidelity	Fid Growth Company	4,867
*	Fidelity	Fid High Income	49,068
*	Fidelity	Fid Independence	1,628
*	Fidelity	Fid Latin America	4,478
*	Fidelity	Fid Levergd Co Stk	28,169
*	Fidelity	Fid Low Priced Stk	37,788
*	Fidelity	Fid Magellan	15,245
*	Fidelity	Fid Nordic	398
*	Fidelity	Fid Pacific Basin	5,229
*	Fidelity	Fid Ret Govt Mm	1,165
*	Fidelity	Fid Sel Banking	2,650
*	Fidelity	Fid Sel Biotech	7,669
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*	Fidelity	Fid Stk Sel All Cap	72,690
*	Fidelity	Fid Stksel Lgcap Val	62,855
*	Fidelity	Fid Stk Sel Mid Cap	33,018

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*	Fidelity	Fid Strategic Income	19,935
*	Fidelity	Fid Us Govt Res	503,820
*	Fidelity	Sptn 500 Index Adv	462,986
*	Fidelity	Sptn Intl Index Adv	24,679
*	Fidelity	Sptn Tot Mkt Idx Adv	18,174
*	Fidelity	Sptn Us Bond Idx Adv	38,574
*	Lincoln	AB VPS Global Thematic Growth	40,462
*	Lincoln	American Funds Global Growth	225,452
*	Lincoln	American Funds Growth	1,559,301
*	Lincoln	American Funds International	576,263
*	Lincoln	American Funds Growth-Income	516,297
*	Lincoln	Blackrock Global Allocation	30,946
*	Lincoln	Delaware VIP Diversified Income	1,108,606
*	Lincoln	Delaware VIP High Yield	182,595
*	Lincoln	Delaware VIP REIT	695,321
*	Lincoln	Delaware VIP Small Cap Value	543,364
*	Lincoln	Delaware VIP SMID Cap Growth	857,828
*	Lincoln	Delaware VIP Value	740,702
*	Lincoln	Deutsche Altrtv Asset Allo VIP	97,529
*	Lincoln	Fidelity VIP Contrafund	651,686
*	Lincoln	Fidelity VIP Growth	193,193
*	Lincoln	LVIP Baron Growth Opportunities	143,451
*	Lincoln	LVIP Blackrock Emerging Market Mngd Vlty	492
*	Lincoln	LVIP Blackrock Equity Dividend Mngd Vlty	365,937
*	Lincoln	LVIP Blackrock Inflation Protected Bond	70,822
*	Lincoln	LVIP Clarion Global Real Estate	15,226
*	Lincoln	LVIP Del Foundation Aggressive Alloc	1,576,349
*	Lincoln	LVIP Del Foundation Conservative Alloc	177,091
*	Lincoln	LVIP Delaware Bond	1,934,683
*	Lincoln	LVIP Delaware Diversified Floating Rate	1,506
*	Lincoln	LVIP Delaware Foundation Moderate Alloc	1,398,523
*	Lincoln	LVIP Delaware Social Awareness	1,449,891
*	Lincoln	LVIP Delaware Special Opportunities	1,024,307
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*	Lincoln	LVIP Global Income	12,297
*	Lincoln	LVIP Global Moderate Allocation Mgd Risk	1,589,828
*	Lincoln	LVIP JPMorgan Mid Cap Value Mangd Vltlty	570
*	Lincoln	LVIP Mondrian International Value	515,830
*	Lincoln	LVIP Money Market	247,914
*	Lincoln	LVIP Managed Risk Profile 2010	3,140
*	Lincoln	LVIP Managed Risk Profile 2020	550
*	Lincoln	LVIP Managed Risk Profile 2030	295,557
*	Lincoln	LVIP Managed Risk Profile 2040	86,035
*	Lincoln	LVIP Managed Risk Profile 2050	48,852
*	Lincoln	LVIP SSGA Bond Index	15,979
*	Lincoln	LVIP SSGA Emerging Markets 100	78,967
*	Lincoln	LVIP SSGA Global Tactical Allocation RPM	529,009
*	Lincoln	LVIP SSGA International Index	11,061
*	Lincoln	LVIP SSGA S&P 500 Index	1,564,841
*	Lincoln	LVIP SSGA Small-Cap Index	210,930
*	Lincoln	LVIP T. Rowe Price Mid Cap Growth	281,610
*	Lincoln	LVIP T. Rowe Price Structured Mid-Cap Growth	389,741
*	Lincoln	LVIP UBS Large Cap Growth RPM	569,688
*	Lincoln	LVIP Vanguard Domestic Equity ETF	2,577
*	Lincoln	LVIP Vanguard International Equity ETF	14,063
*	Lincoln	MFS Utilities	315,157
*	Lincoln	Pimco VIT Total Return Portfolio	64,882
*	TIAA CREF	CREF Bond Market	122,654
*	TIAA CREF	CREF Equity Index	176,510
*	TIAA CREF	CREF Global Equities	71,706
*	TIAA CREF	CREF Growth	120,664
*	TIAA CREF	CREF Inflation-Linked Bond	23,790
*	TIAA CREF	CREF Money Market	307,302
*	TIAA CREF	CREF Social Choice	102,551
*	TIAA CREF	CREF Stock	623,032

**Columbia College
Retirement Plan**

EIN: 43-0655867, PLAN NUMBER 001

**SCHEDULE H, line 4i - ASSETS HELD AT YEAR END
June 30, 2015**

<u>(a)</u>	<u>(b) Identity of issuer</u>	<u>(c) Description of investment</u>	<u>(e) Current value</u>
*	USAA	Growth & Income Fund	20,142
		Total mutual funds	<u>30,772,921</u>
<u>Insurance company general accounts</u>			
*	Lincoln	Fixed Account	9,738,302
*	TIAA-CREF	TIAA Traditional Benefit Responsive	53,054
*	TIAA-CREF	TIAA Traditional Non Benefit Responsive	496,169
*	USAA	Fixed Account	<u>540,644</u>
		Total insurance company general accounts	<u>10,828,169</u>
<u>Pooled separate account</u>			
*	TIAA-CREF	TIAA Real Estate Fund	<u>112,483</u>
		Total pooled separate accounts	<u>112,483</u>
		Total investments	<u><u>\$ 41,713,573</u></u>
*	Party-in-interest		