

Form **990-EZ**

**Short Form**  
**Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

**2009**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)  
▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.  
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A** For the 2009 calendar year, or tax year beginning **August 1**, 2009, and ending **July 31**, 20 **10**

<b>B</b> Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization <b>Consortium for Computing Sciences in Colleges</b>		<b>D</b> Employer identification number <b>35-1651794</b>	
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <b>100 Belmont-Mount Holly Road, Belmont Abbey College</b>		<b>E</b> Telephone number <b>794-461-6823</b>	
		City or town, state or country, and ZIP + 4 <b>Belmont, NC 28012-1802</b>		<b>F</b> Group Exemption Number ▶	

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

**G** Accounting Method:  Cash  Accrual  
Other (specify) ▶

**I** Website: ▶ [www.ccsc.org](http://www.ccsc.org)

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**J** Tax-exempt status (check only one) —  501(c) ( c ) ◀ (insert no.)  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **136824**

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

		Revenue	
1	Contributions, gifts, grants, and similar amounts received . . . . .	1	2200
2	Program service revenue including government fees and contracts . . . . .	2	129156
3	Membership dues and assessments . . . . .	3	4393
4	Investment income . . . . .	4	1075
5a	Gross amount from sale of assets other than inventory . . . . .	5a	
b	Less: cost or other basis and sales expenses . . . . .	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c	0
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ <input type="checkbox"/>		
a	Gross revenue (not including \$ _____ of contributions reported on line 1) . . . . .	6a	
b	Less: direct expenses other than fundraising expenses . . . . .	6b	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	6c	0
7a	Gross sales of inventory, less returns and allowances . . . . .	7a	
b	Less: cost of goods sold . . . . .	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c	0
8	Other revenue (describe ▶ _____ ) . . . . .	8	0
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . . ▶	9	136824
		Expenses	
10	Grants and similar amounts paid (attach schedule) . . . . .	10	0
11	Benefits paid to or for members . . . . .	11	0
12	Salaries, other compensation, and employee benefits . . . . .	12	0
13	Professional fees and other payments to independent contractors . . . . .	13	87
14	Occupancy, rent, utilities, and maintenance . . . . .	14	0
15	Printing, publications, postage, and shipping . . . . .	15	20517
16	Other expenses (describe ▶ See attached _____ ) . . . . .	16	89416
17	<b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶	17	110020
		Net Assets	
18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	26804
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	19	122103
20	Other changes in net assets or fund balances (attach explanation) . . . . .	20	2
21	Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ▶	21	148909

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments . . . . .	136348	22 151105
23	Land and buildings . . . . .	0	23 0
24	Other assets (describe ▶ Accounts Receivable _____ ) . . . . .	2094	24 5849
25	<b>Total assets</b> . . . . .	138442	25 156954
26	<b>Total liabilities</b> (describe ▶ See attached _____ ) . . . . .	16339	26 8045
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	122103	27 148909

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III.)		<b>Expenses</b> (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)	
What is the organization's primary exempt purpose? <b>See Attachment</b>			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.			
<b>28</b>	Conducting ten conferences dealing with topics related to our tax exempt purposes. Total attendance at our conferences was 570 professionals involved with computer education or with the application of technology to education and over 300 students. (570 Professional attendees) (Grants \$ 1200 ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	65704.68
<b>29</b>	Publishing and distributing a scholarly journal consisting of the proceedings of the above conferences and of information on the Consortiums organization and goals. The journal went to 588 members and several libraries. (6 issues) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	19103.63
<b>30</b>	  (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	
<b>31</b>	Other program services (attach schedule) . . . . . (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32</b>	<b>Total program service expenses</b> (add lines 28a through 31a) . . . . .	<b>32</b>	<b>84808.31</b>

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Robert W. Neufeld, CS, McPherson College PO Box 421, North Newton, KS 67117	President 1 hr.	-0-	-0-	-0-
Laura J. Baker St. Edwards Univ, Box 910, Austin, TX 78704	Pres.-Elect/Secretary 1 hr.	-0-	-0-	-0-
John G. Meinke CMR420, Box 3368, APO, AE 09063	Publications Chair 2 hr.	-0-	-0-	-0-
William H Myers III 100 Belmont-Mt. Holly Road, Belmont, NC 28012-1802	Treasurer 2 hr.	-0-	-0-	-0-
James Aman CS, St. Xavier, 3700 W. 103rd, Chicago, IL 60655	Membership Chair 2 hr.	-0-	-0-	-0-
Scott Sigman CS, Drury University, Springfield, MO 65802	Central Plains Rep. .5 hr.	-0-	-0-	-0-
Elizabeth S. Adams 11520 Lockhart Pl., Silver Springs, MD 20902	Eastern Representative .5	-0-	-0-	-0-
David R. Naugler, CS, SE Missouri University 1 University Plaza, Cape Girardeau, MO 63701	MidSouth Rep. .5 hr.	-0-	-0-	-0-
Deborah Hwang, EE/CS, Univ. of Evansville 1800 Lincoln Ave., Evansville, IN 47722	Midwestern Rep. .5 hr.	-0-	-0-	-0-
Lawrence D'Antonio CS Dept., Ramapo Col. of NJ, Mahwah, NJ 07430	Northeastern Rep. .5 hr.	-0-	-0-	-0-
Brent Wilson George Fox, 414 N. Meridian St., Newberg, OR 97132	Northwestern Rep. .5 hr.	-0-	-0-	-0-
Ernest Carey, College of Tech/Comp # 102 Utah Valley University, Orem, UT 84058-5999	Rocky Mountain Rep. .5 h	-0-	-0-	-0-
Timothy J. McGuire CS Dept., Sam Houston Univ., Huntsville, TX 77341-2090	South Central Rep. .5 hr.	-0-	-0-	-0-
Kevin Treu CS, Furman University, Greenville, SC 29613	Southeastern Rep. .5 hr.	-0-	-0-	-0-
Kim P. Kihlstrom, CS, Westmont College 955 La Paz Rd, Santa Barbara, CA 93108	Southwestern Rep. .5 hr.	-0-	-0-	-0-

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? . . . . .		✓
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	✓	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b> 0.00		
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? . . . . .		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . <b>38b</b>		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b>		
b	Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b>		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.00 ; section 4912 ▶ 0.00 ; section 4955 ▶ 0.00		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .		✓
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. . . . .		✓
41	List the states with which a copy of this return is filed. ▶ <b>Indiana</b>		
42a	The organization's books are in care of ▶ <b>William H Myers III</b> Telephone no. ▶ <b>704-461-6823</b> Located at ▶ <b>100 Belmont-Mt. Holly Road, Belmont Abbey College, Belmont, NC</b> ZIP + 4 ▶ <b>28012-1802</b>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	Yes	No
	If "Yes," enter the name of the foreign country: ▶ _____		✓
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .		
	If "Yes," enter the name of the foreign country: ▶ _____		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b> <input type="checkbox"/>		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		✓
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		✓

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
<b>46</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	<b>46</b>	✓
<b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .	<b>47</b>	✓
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>48</b>	✓
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<b>49a</b>	✓
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .	<b>49b</b>	

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

**f** Total number of other employees paid over \$100,000 . . . . . ▶ 0

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

**d** Total number of other independent contractors each receiving over \$100,000 . . . ▶ 0

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

▶ William H Myers III Signature of officer      ▶ 3/15/11 Date

▶ William H Myers III, Treasurer Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_ Check if self-employed  Preparer's identifying number (See instructions) \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ \_\_\_\_\_ EIN ▶ \_\_\_\_\_

Phone no. ▶ \_\_\_\_\_

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶  Yes  No

Attachment to Form 990-EZ

Organization: Consortium for Computing Sciences in Colleges  
Tax Year: August 1, 2009, through July 31, 2010  
EIN: 35-1651794

Part I

Line 16

Expenses to conduct 10 conferences	\$66,455
Administrative Expenses	\$22,961

Line 20

Rounding error correction

Part III

Line 26

	At beginning	At end
Accounts Payable	\$9,052	\$ 8,045
Deferred Revenue	\$7,287	

Part III

What is the organization's primary exempt purpose?

Educational -- The improvement of computer instruction in undergraduate education; the improvement of the use of computer technology in undergraduate education; and the effective use of computer technology in the administrative tacks of small colleges.

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

**Open to Public Inspection**

Name of the organization <b>Consortium for Computing Sciences in Colleges</b>	Employer identification number <b>35 ; 1651794</b>
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: .....
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III—Functionally integrated      d  Type III—Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....
  - (ii) A family member of a person described in (i) above? .....
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above? .....

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	%
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14	<b>15</b>	%
<b>16a 33 1/3 % support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 33 1/3 % support test—2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1103	1295	1855	4877	6593	15723
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	117785	116896	117783	113279	129156	594899
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						0
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						0
<b>6 Total.</b> Add lines 1 through 5	118888	118191	119638	118156	135749	610622
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons	2070	2440	2250	2089	1850	10699
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	0	0	0	0	0	0
<b>c</b> Add lines 7a and 7b	2070	2440	2250	2089	1850	10699
<b>8 Public support.</b> (Subtract line 7c from line 6.)						599923

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6	118888	118191	119638	118156	135749	610622
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2937	3663	4084	3435	1075	15194
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
<b>c</b> Add lines 10a and 10b	2937	3663	4084	3435	1075	15194
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	121825	121854	123722	121591	136824	625816

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	95.86 %
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	16	95.52 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	2.42 %
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	18	3 %

**19a 33 1/3 % support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3 % support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions





**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

**2009**

Department of the Treasury  
Internal Revenue Service

For calendar year 2009 or other tax year beginning August 1, 2009, and ending July 31, 20 10 ▶ See separate instructions.

Open to Public Inspection for 501(c)(3) Organizations Only

<b>A</b> <input checked="" type="checkbox"/> Check box if address changed  <b>B</b> Exempt under section <input checked="" type="checkbox"/> 501( <u>3</u> ) ( <u>c</u> ) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	<b>Print or Type</b> Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>Consortium for Computing Sciences in Colleges</b>  Number, street, and room or suite no. If a P.O. box, see page 8 of instructions. <b>100 Belmont Mt- Holly Road, Belmont Abbey College</b>  City or town, state, and ZIP code <b>Belmont, NC 28012-1802</b>	<b>D</b> Employer identification number <small>(Employees' trust, see instructions for Block D on page 9.)</small> <b>35 : 1651794</b>
		<b>E</b> Unrelated business activity codes <small>(See instructions for Block E on page 9.)</small>
<b>C</b> Book value of all assets at end of year	<b>F</b> Group exemption number (See instructions for Block F on page 9.) ▶	
<b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust		

**H** Describe the organization's primary unrelated business activity. ▶ **None**

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidary controlled group? . ▶  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation. ▶

**J** The books are in care of ▶ **William H Myers** Telephone number ▶ ( 704 ) 461-6823

<b>Part I Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			<b>1c</b>
2	Cost of goods sold (Schedule A, line 7)			<b>2</b>
3	Gross profit. Subtract line 2 from line 1c			<b>3</b>
4a	Capital gain net income (attach Schedule D)			<b>4a</b>
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			<b>4b</b>
c	Capital loss deduction for trusts			<b>4c</b>
5	Income (loss) from partnerships and S corporations (attach statement)			<b>5</b>
6	Rent income (Schedule C)			<b>6</b>
7	Unrelated debt-financed income (Schedule E)			<b>7</b>
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)			<b>8</b>
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			<b>9</b>
10	Exploited exempt activity income (Schedule I)			<b>10</b>
11	Advertising income (Schedule J)			<b>11</b>
12	Other income (See page 10 of the instructions; attach schedule.)			<b>12</b>
13	<b>Total.</b> Combine lines 3 through 12	<b>0</b>	<b>00</b>	<b>13</b>

**Part II Deductions Not Taken Elsewhere** (See page 11 of the instructions for limitations on deductions.)  
(Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)			<b>14</b>
15	Salaries and wages			<b>15</b>
16	Repairs and maintenance			<b>16</b>
17	Bad debts			<b>17</b>
18	Interest (attach schedule)			<b>18</b>
19	Taxes and licenses			<b>19</b>
20	Charitable contributions (See page 13 of the instructions for limitation rules.)			<b>20</b>
21	Depreciation (attach Form 4562)			<b>21</b>
22	Less depreciation claimed on Schedule A and elsewhere on return			<b>22a</b>
23	Depletion			<b>22b</b>
24	Contributions to deferred compensation plans			<b>23</b>
25	Employee benefit programs			<b>24</b>
26	Excess exempt expenses (Schedule I)			<b>25</b>
27	Excess readership costs (Schedule J)			<b>26</b>
28	Other deductions (attach schedule)			<b>27</b>
29	<b>Total deductions.</b> Add lines 14 through 28			<b>28</b>
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			<b>29</b>
31	Net operating loss deduction (limited to the amount on line 30)			<b>30</b>
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30			<b>31</b>
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)			<b>32</b>
34	<b>Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32			<b>33</b>
				<b>34</b>
				<b>0 00</b>

**Part III Tax Computation**

<b>35 Organizations Taxable as Corporations.</b> See instructions for tax computation on page 15. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> <b>See instructions</b> and: a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____ b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____ c Income tax on the amount on line 34 <b>35c</b>			
<b>36 Trusts Taxable at Trust Rates.</b> See instructions for tax computation on page 16. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) <b>36</b>			
<b>37 Proxy tax.</b> See page 16 of the instructions <b>37</b>			
<b>38 Alternative minimum tax</b> <b>38</b>			
<b>39 Total.</b> Add lines 37 and 38 to line 35c or 36, whichever applies <b>39</b>			

**Part IV Tax and Payments**

<b>40a Foreign tax credit</b> (corporations attach Form 1118; trusts attach Form 1116) <b>40a</b>			
<b>b Other credits</b> (see page 16 of the instructions) <b>40b</b>			
<b>c General business credit.</b> Attach Form 3800 <b>40c</b>			
<b>d Credit for prior year minimum tax</b> (attach Form 8801 or 8827) <b>40d</b>			
<b>e Total credits.</b> Add lines 40a through 40d <b>40e</b>			
<b>41 Subtract line 40e from line 39</b> <b>41</b>			
<b>42 Other taxes.</b> Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) <b>42</b>			
<b>43 Total tax.</b> Add lines 41 and 42 <b>43</b>		0	00
<b>44a Payments:</b> A 2008 overpayment credited to 2009 <b>44a</b>			
<b>b 2009 estimated tax payments</b> <b>44b</b>			
<b>c Tax deposited with Form 8868</b> <b>44c</b>			
<b>d Foreign organizations: Tax paid or withheld at source</b> (see instructions) <b>44d</b>			
<b>e Backup withholding</b> (see instructions) <b>44e</b>	17	39	
<b>f Other credits and payments:</b> <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other <b>Total</b> <b>44f</b>			
<b>45 Total payments.</b> Add lines 44a through 44f <b>45</b>		17	39
<b>46 Estimated tax penalty</b> (see page 4 of the instructions). Check if Form 2220 is attached <input type="checkbox"/> <b>46</b>			
<b>47 Tax due.</b> If line 45 is less than the total of lines 43 and 46, enter amount owed <b>47</b>			
<b>48 Overpayment.</b> If line 45 is larger than the total of lines 43 and 46, enter amount overpaid <b>48</b>		17	39
<b>49 Enter the amount of line 48 you want:</b> Credited to 2010 estimated tax <b>Refunded</b> <b>49</b>		17	39

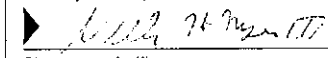
**Part V Statements Regarding Certain Activities and Other Information** (see instructions on page 17)

<b>1</b> At any time during the 2009 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here _____	Yes	No
<b>2</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file.		✓
<b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year <b>\$</b>		

**Schedule A—Cost of Goods Sold.** Enter method of inventory valuation **▶**

<b>1</b> Inventory at beginning of year <b>1</b>		<b>6</b> Inventory at end of year <b>6</b>	
<b>2</b> Purchases <b>2</b>		<b>7 Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2 <b>7</b>	
<b>3</b> Cost of labor <b>3</b>		<b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <b>Yes</b> <b>No</b>	
<b>4a</b> Additional section 263A costs (attach schedule) <b>4a</b>			
<b>b</b> Other costs (attach schedule) <b>4b</b>			
<b>5 Total.</b> Add lines 1 through 4b <b>5</b>			

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**Sign Here**  **3/15/11** **Treasurer**  
 Signature of officer Date Title

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

**Paid Preparer's Use Only**  
 Preparer's signature Date Check if self-employed  Preparer's SSN or PTIN  
 Firm's name (or yours if self-employed), address, and ZIP code EIN Phone no. ( )