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 $_{\text{Form}}990$

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2008

Open to Public Inspection

A Fo	r the 2	2008 ca	lendar yea	r, or tax year beginning 00	5-01-2008 and ending 05-31-200	09					
		plicable		C Name of organization	-		D Employer i	dentification number			
_	dress cha		Please use IRS	Florida Southern College			59-06244	101			
_	me chan	-	label or print or	Doing Business As			E Telephone number				
_		-	type. See			(863) 680-4148					
_	tial retur		Specific Instruc-	Number and street (or P O 111 Lake Hollingsworth Dr	box if mail is not delivered to street addr	ess) Room/su	ute	ipts \$ 62,563,032			
Te	mınatıoı	n	tions.	_							
- Am	ended r	eturn		City or town, state or countr Lakeland, FL 33801	y, and ZIP + 4	•					
— Ap	plication	pending		Lakelaliu, FL 33001							
		i	F Nan	ne and address of Principa	al Officer	H(a) Is	this a group retu	rn for			
			Dr Ann	e Kerr			iliates?	⊤Yes ▽ No			
				ke Hollingsworth nd, FL 33801							
r Ta	x-exem	pt status) (3) ◀ (insert no)	(a)(1) or	1 ` `	e all affiliates inclu	, ,			
		·			(4)(1) 51 521		"No," attach a li roup Exemption N	st See instructions)			
J W	eb site	e: F - ww\	w flsouther	n edu		H(c)	Toup Exemption is	diliber F			
/ T	- of ove		₩ Commonat	ion trust association o	All ou Mr.	l Vans et	Formation 100F	M State of legal domicile FL			
к тур	e or org	anization	J♥ Corporat	ioni itusti associationi t	other F	L real of	ronnation 1885	M State of legal doffliche FL			
Pa	rt I										
	1	Briefly o	describe th	e organization's mission o	r most significant activities						
ဗ	1			•	Methodist affiliated college that i	s committe	d to educational	excellence It provides			
₫		outstan	ding learnii	ng opportunities & except	onal student programs						
Governance	2	Chack t	his box C	if the organization discont	inued its operations or disposed	of more tha	n 25% of its ass	ate			
Š			,								
			_		body (Part VI, line 1a)						
8				_	ne governing body (Part VI, line 1	D)	4				
ACTIVITIES &				nployees (Part V , line 2a)			5	1,361			
Ş				lunteers (estimate if nece			6	162			
4,					n Part VIII, line 12, column (C)			0			
	Ь	Net unr	elated busi	ness taxable income from	Form 990-T, line 34		7b				
							Prior Year	Current Year			
a)	8			d grants (Part VIII, line 1		•	19,044,199				
enne	9	_		revenue (Part VIII, line 2		•	34,972,383				
Revent	10				lines 3, 4, and 7d)		6,055,168	, ,			
_	11				s 5, 6d, 8c, 9c, 10c, and 11e)		1,836,352	646,987			
	12	Total r 12)	revenue—a	dd lines 8 through 11 (mu	st equal Part VIII, column (A), lır	ne	61,908,102	60,921,602			
	13		and simila	ar amounts paid (Part IX, o	column (A.) lines 1 – 3)		3,136,026	14,847,707			
	14			or for members (Part IX, co			0,130,020	11,017,707			
	15				nefits (Part IX, column (A), lines	5_					
\$	15	10)	es, other co	ompensation, employee be	ments (Fart IX, Coldinii (A), imes	J-	21,147,328	24,136,615			
Expenses	16a	Profes	sional fund	raising fees (Part IX, colu	mn (A), line 11e)		0	70,535			
훘	ь	(Total f	undraisina exi	penses, Part IX, column (D), lin	_{e 25} 817,374						
ш	17			(Part IX, column (A), lines			23,124,563	24,949,682			
	18				jual Part IX, line 25, column (A))		47,407,917	64,004,539			
	19			enses Subtract line 18 fi			14,500,185	-3,082,937			
ኤ ማ ው						Begi	nning of Year	End of Year			
Net Assets or Fund Balances	20	Total	accate (De-	t X, line 16)		5-59	168,854,288				
35.4E			-				· · ·	, ,			
4 E	21		,	Part X, line 26)			41,668,467	37,836,348			
	22			d balances Subtract line	21 from line 20		127,185,821	110,814,891			
Pa	rt II		ature Blo								
					mined this return, including accompanyin on of preparer (other than officer) is bas						
Plea	ise	****		correct, and complete becarde	on or preparer (other than officer) is bus	ı		arei nas any knowledge			
Sigr		I B	ature of office	er)10-04-13 ate				
Her		L VTO	rn, Donnie VI	D. of Einanco and Administration							
			or print nam	P of Finance and Administration e and title	ı						
		De	vo k		Date	Check If	Prenarer's PTI	N (See Gen Inst)			
Paid		Preparer signature				self- empolyed •	_	(555 55 1150)			
	arer's		<u> </u>				ı				
	arer's Only		ame (or yours nployed),	Crowe Horwath LLP			EIN Þ				
J SC 1	City		and ZIP + 4	101 E Kennedy Boulevard	Suite 1250						
				Tampa, FL 336025197			Phone no	(813) 223-1316			
May	the IRS	S discus	s this retii	rn with the preparer shows	ahove? (See instructions)			Tyes TNo			

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

1 See Ad	Briefly describe the org	anization's mission			
2	the prior Form 990 o	undertake any significant pr ir 990-EZ?		ch were not listed on	es ✓ No
3	Did the organization services?		ignificant changes in how it conduc		'es ҆ Vo
4	Describe the exempt Section 501(c)(3) ai	t purpose achievements for e nd (4) organizations and 494	each of the organization's three larg 17 (a)(1) trusts are required to repo or each program service reported		
4a	accredited by the South history, and we had the with 70% of them resid nationally recognized fo are proud of the quality projects, and study-abr faculty that results in a expertise Florida South classroom personal growdevelopment Florida South classroom that is the state of the	e is a private, comprehensive colle- lern Association of Colleges and Sci- e second highest SAT score of an ei- ing in campus housing. More than in its engaged learning format whei- of our student-faculty collaborative oad opportunities, all of which sup- 13 1 student-faculty ratio. The fac- iern also emphasizes whole-studen with experiences. A well-trained sta- buthern is ranked in the Top 10 "Bi- eges and Universities, is included a as 110 acre campus includes acader g spaces, a performing arts center,	ge dedicated to teaching excellence in its 5 hools Commission on Colleges The College thering class The College's 1,850 fulltime u 96% receive some form of financial assistate students are challenged to apply knowled research, student musical performances, port the engaged learning pedagogy. Stude tulty have outstanding credentials, with 87 tid development and has a vibrant extra-curf of professionals lead these activities that test Baccalaureate Colleges in the south" by so a Best Value in the prestigious Fiske Guidnic buildings, residence halls, athletic facility other auditoria for both musical and all-Co	et's 2009 entering Fall enrollment was indergraduate students come from 4 ince, including 29% who receive Pel dige they acquire in their classes in a service learning, civic engagement, ents are taught by dynamic professo who have earned the terminal deficient agenda that supports both classification of the control of t	s the largest in our 125-year 1 states and 31 countries, I Grants Flonda Southern is a real-world situation We internships, practica rs, including 101 full-time gree in their field of issroom and out-of- physical, spiritual, and social luded in the Princeton's in's as a "Best Buy" innistrative offices, and
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program serv	rices (Describe in Schedule including	•) (Revenue \$)
4e	Total program serv		1,180,260 Must equal Part IX, Line	•	•

Part IV	Checkli	st of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule $A^{\bullet \bullet}$	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νo
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,		Yes	
12	Parts VI, VIII, VIII, IX, or X as applicable	11		<u> </u>
13	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII. Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12	Yes	
		13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	Yes	
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νo
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			163	110
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	20-	W = =	
	· · · · · · · · · · · · · · · · · · ·	28a	Yes	
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νo
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV .	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νο
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	37		Νο
	Part VI 😘			

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliano	e				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	93			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments t	o ven	dors and reportable			
	gaming (gambling) winnings to prize winners?			1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements filed for the calendar year ending with or within the year covered by this return	2a	1,361			
h	If at least one is reported in 2a, did the organization file all required federal employr		,			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this			2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during	g the	year covered by this	2-		N -
	return?			3a		N o
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch		ľ	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a sover, a financial account in a foreign country (such as a bank account, securities acaccount)?			4a		No
b	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , <i>Re Financial Accounts</i> .	eport o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time duri	ng the	tax year?	5a		Νο
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sł	nelter transaction?	5b		Νο
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp	t Entit	ty Regarding Prohibited			
	Tax Shelter Transaction?	•	• • •	5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?	nat su	ch contributions or gifts	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo con more?	trıbut	ion of \$75 or	7a	Yes	
ь	If "Yes," did the organization notify the donor of the value of the goods or services p	rovide	d?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prope	rty for	which it was required to			
	file Form 8282?			7c		Νο
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
_	Did the organization, during the year, receive any funds, directly or indirectly, to pay	, nram	uums on a nersonal			
Č	benefit contract?	, prem		7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form 8	8899	as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization f	ile a F	orm 1098-C as			
	required?			7h		
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a supporting organizations. Did the supporting organization, or a fund maintained by a sexcess business holdings at any time during the			8		
	year?		l I			
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?		ľ	9a		
Ь	Did the organization make a distribution to a donor, donor advisor, or related person	۰,		9b		
10	Section 501(c)(7) organizations. Enter	ı				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations Enter					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	ı lıeu d	of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
			ı		ı	

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A	Δ.	Governing	Body	and	Management
	٦.	GOV CI IIIII G	Doug	ana	rianagement

			Yes	No					
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, $pr\infty$ esses, or changes in Schedule O. See instructions.								
1a	Enter the number of voting members of the governing body 1a 40								
ь	Enter the number of voting members that are independent 1b 37								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?								
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?								
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο					
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo					
6	Does the organization have members or stockholders?	6	Yes						
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?								
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following								
а	the governing body?	8a	Yes						
ь	each committee with authority to act on behalf of the governing body?	8b	Yes						
9a	Does the organization have local chapters, branches, or affiliates?	9a	Yes						
b	b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?								
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes						
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		Νο					

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13		Νo
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νo
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed FL
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply

own website another's website upon request

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

V TERRY DENNIS

111 LAKE HOLLINGSWORTH DRIVE

Lakeland, FL 33801

(863) 680-4148

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- * List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- * List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

The check this box in the organization and i	(B) Average hours per week	Posit	(C) chec	:k al				(E)	(F)
(A) Name and Title		Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation	Estimated amount of other compensation from the organization and related organizations
							-			

Part VII Continued

			tion that a			all		(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			Estimated amount of other compensation from the organization and related organizations
			-							
							<u> </u>			
		-	+				\vdash			
			-				\vdash			
			+							
1b Total							 -	680,269)	101,498

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization►3

			Yes	No	
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		Νο	
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes		,
		-	162		
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		Νο	

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
Robert A M Stern 460 W 34th St NEW YORK, NY 10001	Architect	607,457
Rodda Construction Inc 250 East Highland Dr LAKELAND, FL 33813	Contractor	6,032,298
Henkelman Construction Inc 1830 N Crystal Lake Dr LAKELAND, FL 33801	Contractor	1,212,498
Guest Services Inc PO Box 931841 ATLANTA, GA 31193	Cafeteria Management	3,533,706
Folsom Construction PO Box 24988 LAKELAND, FL 33802	Contractor	1,889,692
Total number of independent contractors (including those in 1) who rec from the organization		. 17

Page **9**

Part VIII

Statement of Revenue

				(A) Total Revenue	(B) Related or	(C) Unrelated	(D) Revenue
					Exempt Function	Business Revenue	Excluded from Tax under IRC
	1a	Federated campaigns	1a		Revenue		512, 513, or 514
왕	ь	Membership dues					
Contributions, gifts, grants and other similar amounts	c	Fundraising events	1b 161,158				
its.			1c				
<u>_</u> <u>≅</u> ′ <u>e</u>	d	Related organizations Government grants (contributions)	. 1d 549,182				
ens sin	e f	All other contributions, gifts, grants, a					
bet Fer	'	similar amounts not included above	1f				
⊒ g g d o	g	Noncash contributions include	d ın				
လွန်	h	Ines 1a-1f \$		7,796,968			
			Business Code				
Ele	2a	TUITION AND FEES	Business code	41,426,874	41,426,874		
ever	ь	DORMITORY & FOOD SERVICE		8,803,098	8,803,098		
Program Service Revenue	с	RENTAL TO STUDENTS & FACULTY		235,254	235,254		
7. M	d	INTEREST ON STUDENT LOANS		329,807	329,807		
S.	e	STUDY ABROAD FEES		544,399	544,399		
Ž Z	f	All other program service reve	nue				
š	g	Total. Add lines 2a-2f					
	3	► \$ 51,339,432 Investment income (including	dıvıdends, ınterest				
		other similar amounts)		2,627,159			2,627,159
	4	Income from investment of tax-exem	pt bond proceeds	0			
	5	Royalties		105,831			105,831
		(ı) Real	(II) Personal				
	6a	Gross Rents					
	ь	Less rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss) .					
		(i) Securities	(II) O ther				
	7a	Gross amount from sales of assets other	0				
		than inventory Less cost or	1,488,944				
	Ь	other basis and sales expenses	1,400,544				
	с	Gain or (loss)	-1,488,944				
	d	Net gain or (loss)	▶	-1,488,944			-1,488,944
	8a	Gross income from fundraising					
		events (not including \$56,806					
ше		of contributions reported on lin 1c) See Part IV, line 18	е				
₽ 2		Attach Schedule G if total exceed					
œ.	ь	\$15,000	101,150				
Other Revenue	c	Net income or (loss) from fund		-52,866			-52,866
Ò	9a	Gross income from gaming	>				
		activities See part IV, line 19 Complete Schedule G if total					
		exceeds \$15,000					
	ь	Less direct expenses	a				
	c	Net income or (loss) from gam	ing activities	0			
	10a	Gross sales of inventory, less	<u> </u>				
	100	returns and allowances .					
	L		23,853				
	b c	Less cost of goods sold . Net income or (loss) from sale:		-18,961			-18,961
		Miscellaneous Revenue	Business Code				
	11a	STUDENT INSURANCE		266,505	266,505		
	ь	PREMIUMS EARLY CHILDHOOD LAB		136,388	136,388		
	С	FESTIVAL OF FINE ARTS		85,870	85,870		
	d	All other revenue	_	124,220	124,220		
	e	Total. Add lines 11a-11d					
	12	Total Revenue. Add lines 1h, 2	\$ 612,983 g, 3, 4, 5, 6d, 7d,	60,921,602	51,952,415	0	1,172,219
		8c, 9c, 10c, and 11e					

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orga Il other organizations must complete column (A) but are not re).
Do r	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	14,847,707	14,847,707		
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	680,269	251,028	283,502	145,739
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	105,788		105,788	
7	Other salaries and wages	17,513,198	14,624,683	105,788	270,255
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,193,057	975,491	189,310	28,256
9	Other employee benefits	3,328,940	2,737,091	531,341	60,508
10	Payroll taxes	1,315,363	1,075,440	208,772	31,151
11	Fees for services (non-employees)				
а	Management	0			_
b	Legal	49,091		49,091	
c	Accounting	139,036		139,036	
d	Lobbying	0			
е	Professional fundraising See Part IV, line 17	70,535			70,535
f	Investment management fees	0			
g	Other	1,415,060	792,119	586,804	36,137
12	Advertising and promotion	693,298	660,913		32,385
13	Office expenses	1,470,391	702,614	735,861	31,916
14	Information technology	389,108	157,796	231,312	
15	Royalties	0			
16	Occupancy	4,819,128	3,934,536	884,592	
17	Travel	253,622	185,363	38,023	30,236
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	0			
20	Interest	849,682	849,682		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	3,318,084	2,712,865	605,219	
23 24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of	1,371,774	1,085,888	285,886	
-	total expenses shown on line 25 below) ADMINISTRATION	1 200 514	1 200 E14		
a b	Program Costs	1,289,514 3,333,108	1,289,514 2,646,234	686,874	
C	Food Costs	3,280,161	3,280,161	000,074	
d	Bad Debt Expense	393,497	3,200,101	393,497	
e	Athletic Programs	981,868	981,868	333,737	
f	All other expenses	903,260	389,267	433,737	80,256
25	Total functional expenses. Add lines 1 through 24f	64,004,539	54,180,260	9,006,905	817,374
26	Joint Costs. Check If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	07,007,007	37,100,200		rm 990 (2008)

Dart V	Balance	Shoot
Part X	Balance	Sheet

					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			0	1	369,333
	2	Savings and temporary cash investments			12,974,615	2	9,621,532
	3	Pledges and grants receivable, net		15,103,154	3	4,632,322	
	4	Accounts receivable, net			1,599,693		1,985,583
	5	Receivables from current and former officers, directors, trustee other related parties Complete Part II of Schedule L		employees or		5	
	6	Receivables from other disqualified persons (as defined under spersons described in section 4958(c)(3)(B) Complete Part II of				6	
	7	Notes and loans receivable, net			2,866,695	7	2,978,020
	8	Inventories for sale or use			44,915	8	78,549
90	9	Prepaid expenses and deferred charges			270,592	9	314,736
šet	10a				`		<u> </u>
Assets		Land, buildings, and equipment cost basis	10a	121,725,787			
	Ь	Less accumulated depreciation <i>Complete Part VI of</i> Schedule D	10b	46,655,836	66,328,544	10c	75,069,951
	11	Investments—publicly traded securities			56,981,000		43,390,647
	12	Investments—other securities See Part IV, line 11 Complete P	Part VII	of	25,221,222	12	10,000,00
	13	Investments—program-related See Part IV, line 11 Complete of Schedule D .	I		13		
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule		12,685,080		10,210,566	
		D				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			168,854,288		148,651,239
	17	Accounts payable and accrued expenses .		4,535,284	17	4,521,792	
	18	Grants payable		0	18	0	
	19	Deferred revenue			1,057,088	19	1,044,678
φ.	20	Tax-exempt bond liabilities			26,775,000	20	22,535,000
ĕ	21	Escrow account liability Complete Part IV of Schedule D		•		21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified				,	
		persons Complete Part II of Schedule L		•		22	
	23	Secured mortgages and notes payable to unrelated third partie	s .	•	18,406	23	51,394
	24	Unsecured notes and loans payable			1,205,000	24	1,120,000
	25	Other liabilities Complete Part X of Schedule D	8,077,689	25	8,563,484		
	26	Total liabilities. Add lines 17 through 25			41,668,467	26	37,836,348
seo		Organizations that follow SFAS 117, check here ▶ 🔽 and com through 29, and lines 33 and 34.	plete li	nes 27			
Balance	27	Unrestricted net assets			51,955,746	27	52,285,539
Ba	28	Temporarily restricted net assets		41,309,764	28	26,057,732	
됟	29	Permanently restricted net assets		33,920,311	29	32,471,620	
or Fund		Organizations that do not follow SFAS 117, check here ► a lines 30 through 34.	plete				
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31			
Ą	32	Retained earnings, endowment, accumulated income, or other f			32		
Net	33	Total net assets or fund balances			127,185,821	33	110,814,891
	34	Total liabilities and net assets/fund balances			168,854,288	34	148,651,239
Pa	rt XI	Financial Statements and Reporting					
		in an area of the control of the con					

Dart VI	Einancial	Statements	and D	oporting
7. 1 4 2 . 1 2	FINANCIAL	Statements	ann R	emmetiliki.

			V	NI.	
			Yes	No	
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo	
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes		
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes		
b	If "Yes," did the organization undergo the required audit or audits?	3b	Yes		

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As Filed Data -

DLN: 93493104009000

Employer identification number

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

Florida	South	ern College							• •			
									-062440			
	rt I			harity Status (to be co	_	-			Instruct	ions)		
The c	rganı —			ation because it is (Please								
1	<u> </u>			nurches, or association of ch			Section :	170(b)(1)	(A)(i).			
2	✓	A school de	escribed in Sec l	t ion 170(b)(1)(A)(ii). (Atta	ch Schedı	ıle E)						
3	Г	A hospital	or a cooperativ	e hospital service organizati	ıon descrı	bed in Sec	tion 170(b)(1)(A)(i	i ii). (Attac	:h Schedu	le H)	
4	Γ	A medical research organization operated in conjunction with a hospital described in Section 170(b)(1)(A)(iii). Enter the										
		hospital's r	name, city, and	state								
5	\vdash	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	\vdash	A federal, s	tate, or local g	overnment or governmental	unıt desci	rıbed ın Se	ction 170	(b)(1)(A)	(v).			
7	\sqcap	An organiza	ation that norm	ally receives a substantial p	art of its	support fro	om a gove	rnmental u	ınıt or fror	n the gene	eral public	2
		described i	n Sect ion 170(l	o)(1)(A)(vi) (Complete Par	tII)							
8	Γ	A communi	ty trust describ	ed in Section 170(b)(1)(A)	(vi) (Com	nplete Par	tII)					
9	Γ	An organiza	ation that norma	ally receives (1) more than	3 3 1/3% 0	of its supp	ort from c	ontributior	ns, membe	ership fees	s, and gro	SS
		receipts fro	m activities re	ated to its exempt functions	s—s ubject	to certair	n exceptio	ns, and (2) no more	than 331/	/3% of	
		ıts support	from gross inve	estment income and unrelate	ed busines	ss taxable	income (less sectio	on 511 ta:	x) from bu	sınesses	
		acquired by	the organization	on after June 30, 1975 See	Section 5	i09(a)(2).	(Complet	e Part III)			
10	\sqcap	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See S e	ect ion 509	(a)(4). (S	ee instruc	tions)	
11	Г			and operated exclusively fo								
		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										
		_				- Functioi			'' d	□ Type	iII - Ot	her
e	Г	•		rtify that the organization is								
	·	•		agers and other than one or			•					
_		section 50										
f		If the organ		d a written determination fro	om the IRS	5 that it is	a Type I,	Type II o	r Type III	supportir	ng organiz	zation,
g				as the organization accepte	d anv gift	or contrib	ution from	anv of the	<u> </u>			ļ
9		following pe			, 5			,				
		(i) a perso	n who directly o	r indirectly controls, either a	alone or to	ogether wi	th persons	s describe	d ın (ıı)		Yes	No
		and (III) bel	ow, the governi	ng body of the the supported	d organıza	tion?				11g	(i)	
		(ii) a family	/ member of a p	erson described in (i) above	13					11g((ii)	
		(iii) a 35%	controlled enti	ty of a person described in ((ı) or (ıı) a	bove?				11g((iii)	
h		Provide the	following infori	mation about the organizatio	ns the org	ganızatıon	supports					
					ı				ı		1	
		ame of	(ii) EIN	(iii) Type of organization		s the	1	ou notify		is the	1 '	nount of
		oorted nization		described on lines 1 - 9 above or IRC section		ation in Iisted in		inization i) of your		zation in organized	supp	יטוני
o i gainization				(See Instructions))		verning		ort?		US?		
					docui	ment?					_	
Yes No				Yes	No	Yes	No					

Total

Part II	Support Schedule for Organizations Described in IRC 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.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
9	Net income from unrelated business							
	activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss							
10	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 160, 1/a or	1/D, Check this	oox an	u see	▶ □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. 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 **33 1/3% Tests - 2007.** 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

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

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Open to Public

OMB No 1545-0047

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities) ◆ Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C

- ◆ Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Part II-A Do not complete Part II-B

If th	, ,, ,	it nave NOT filed Form 5768 (election es," to Form 990, Part IV, Line 5 (I exations, complete Part III		(II)) Complete Part IFB Do II	ot complete Part II-A
N a	ame of the organization anda Southern College	zations complete rait iii			tification number
Par		oy all organizations exempte the instructions for Schedule		59-0624401 n 501(c) and section	527
1	Provide a description of the or	ganızatıon's dırect and ındırect polı	tıcal campaıgn act	tivities in Part IV	
2	Political expenditures				\$
3	V olunteer hours				
Pai	rt I-B To be completed to for Schedule C for d	oy all organizations exemptetails.)	t under sectio	n 501(c)(3). (See the	instructions
1	Enter the amount of any excis	e tax incurred by the organization u	nder section 4955	5	\$
2	Enter the amount of any excise tax incurred by organization managers under section 4955				\$
3	If the organization incurred in	a section 4955 tax, did it file Form	4720 for this year	r?	┌ Yes
4a	Was a correction made?				┌ Yes
b	If "Yes," describe in Part IV				
Pai		by all organizations exempts for Schedule C for details.)	t under section	n 501(c), except sect	ion 501(c)(3).
1	Enter the amount directly expe	ended by the filing organization for s	section 527 exemp	pt function activities	\$
2	Enter the amount of the filing of 527 exempt funtion activities	organization's internal funds contrib	outed to other orga	nizations for section	\$
3	Total of direct and indirect exe 1120-POL, line 17b	empt function expenditures Add lin	es 1 and 2 and ent	ter here and on Form	\$
4	Did the filing organization file l	Form 1120-POL for this year?			┌ Yes
5	were made Enter the amount political contributions receive	nd Employer Identification Number paid and indicate if the amount was d and promptly and directly delivere action committee (PAC) If addition	paid from the filing ed to a separate po	g organization's own interna olitical organization, such a	l funds or were s a separate
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

	(election under sec	organizations exempt under section 501(tion 501(h)). (See the instructions for Schedul belongs to an affiliated group		768
	<u> </u>	checked box A and "limited control" provisions apply		
	Limits on Lo	bbying Expenditures— s" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) A ffiliated Group Totals
1a	Total lobbying expenditures to influe	nce public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influe	nce a legislative body (direct lobbying)		
c	Total lobbying expenditures (add line	es 1a and 1b)		
d	Other exempt purpose expenditures			
е	Total exempt purpose expenditures	(add lines 1c and 1d)		
f	Lobbying nontaxable amount Enter to columns— If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000	The lobbying nontaxable amount is: 20% of the amount on line 1e \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (ente	r 25% of line 1f)		
h	Subtract line 1g from line 1a Enter -	0 - If line g is more than line a		
i	Subtract line 1f from line 1c Enter -	0- ıf lıne f ıs more than lıne c		
j 	If there is an amount other than zero section 4911 tax for this year?	on either line 1h or line 1i, did the organization file Form	m 4720 reporting	┌ Yes ┌ No

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period						
	Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total	
2a	Lobbying non-taxable amount						
b	Lobbying ceiling amount (150% of line 2a, column(e))						
С	Total lobbying expenditures						
d	Grassroots non-taxable amount						
e	Grassroots ceiling amount (150% of line d, column (e))						
f	Grassroots lobbying expenditures						

Part II-B	To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form
	5768 (election under section 501(h)). (See the instructions for Schedule C for details.)

		(a	1)	(b)
		Yes	No	A mount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines c through i)?	Yes		
c	Media advertisements?		Νo	
d	Mailings to members, legislators, or the public?	Yes		
e	Publications, or published or broadcast statements?		Νo	
f	Grants to other organizations for lobbying purposes?		Νo	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		3,980
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		Νo	
i	Other activities If "Yes," describe in Part IV	Yes		1,043
j	Total lines 1c through			5,023
	11			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo	
b	If "Yes" enter the amount of any tax incurred under section 4912			
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	
ar	t III-A. To be completed by all organizations exempt under section $501(c)(4)$	section	501(c)(5), or

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). (See the instructions for Schedule C for details.)

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." (See the instructions for Schedule C for details.)

2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
а	Current Year	2a \$
b	Carryover from last year	2b \$
c	Total	2c \$
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3 \$
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4 \$

Part IV Supplemental Information

Dues, assessments and similar amounts from members

5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Ident if ier	Return Reference	Explanation
Description of Lobbying Activities		FLORIDA SOUTHERN COLLEGE ONLY ENGAGES IN LOBBYING ACTIVITIES WHICH DIRECTLY AFFECT THE OPERATION OF THE COLLEGE, ARE FOR THE BENEFIT OF ITS STUDENTS, AND WHICH FOSTER ITS EDUCATIONAL MISSION

1 \$

5 \$

Part IV Supplemental Information						
Ident if ier	Return Reference	Explanation				

Schedule C (Form 990 or 990EZ) 2008

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

	me of the organization rida Southern College		Employer identification	n number
1 10	nad Southern College		59-0624401	
Pa	organizations Maintaining Donor Acorganization answered "Yes" to Form 99			Complete if the
		(a) Donor advised funds	(b) Funds and other	eraccounts
1	Total number at end of year			
2	Aggregate Contributions to (during year)			
3	Aggregate Grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advi- funds are the organization's property, subject to the	_		☐ Yes
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben		·	⊤Yes
Da	rt II Conservation Easements. Complete	if the organization answered "Ves" to		•
1	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a quali	rganization (check all that apply) on or pleasure) Preservation of an Preservation of ce	historically importantly rtified historic structure	land area
	on the last day of the tax year		Hald at the	- F., d - £ + b - V
-	-			e End of the Year
a	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
с	Number of conservation easements on a certified hi	• •	2c	
d	Number of conservation easements included in (c) a	•	2d	
3	Number of conservation easements modified, transfe	rred, released, extinguished, or terminate	d by the organization dui	ring
	the taxable year ►			
4	Number of states where property subject to conserva	ation easement is located ►		
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	· · · · · · · · · · · · · · · · · · ·		└ Yes
6	Staff or volunteer hours devoted to monitoring, inspe	cting and enforcing easements during the	year 🕨	
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing easements during the ye	ear ► \$	
В	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec		☐ Yes ☐ No
9	In Part XIV, describe how the organization reports contained balance sheet, and include, if applicable, the text of the organization's accounting for conservation easem	he footnote to the organization's financial		
aı	Complete if the organization answered "		or Other Similar As	sets.
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	h in furtherance of public	
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	oublic exhibition, education, or research ii		•
	(i) Revenues included in Form 990, Part VIII, line 1		► \$	75,145
	(ii) Assets included in Form 990, Part X		► \$	208,673
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFA	· · · · · · · · · · · · · · · · · · ·	,	the
а	Revenues included in Form 990, Part VIII, line 1		> \$	
ь	Assats included in Form 990 Part Y		b. ¢	

ar	Organizations Maintaining Collections of Ai	rt, His	tori	<u>cal Treasu</u>	ires, or Othe	r Similar	<u>Asse</u>	ts (co	ntınued)
3	Using the organization's accession and other records, check a items (check all that apply)	ny of th	ie foll	owing that ar	e a sıgnıfıcant u	se of its coll	ection	า	
а	Public exhibition	d	~	Loan or exc	hange programs				
ь	Scholarly research	e	Γ	Other					
c	▼ Preservation for future generations								
1	Provide a description of the organization's collections and exp Part XIV	laın hov	v the y	further the o	organization's ex	empt purpo	se in		
5	During the year, did the organization solicit or receive donation assets to be sold to raise funds rather than to be maintained a					ılar	Γ	Yes	√ No
Pa	rt IV Trust, Escrow and Custodial Arrangements				ınızatıon answ	ered "Yes"	to Fo	rm 9	90,
	Part IV, line 9, or reported an amount on Form 9	•							
La	Is the organization an agent, trustee, custodian or other internincluded on Form 990, Part X?	nediary	for c	ontributions (or other assets r	not	Γ	Yes	┌ No
b	If "Yes," explain why in Part XIV and complete the following ta	ıble							
							A mou	ınt	
С	Beginning balance				1c				
d	Additions during the year				1d				
e	Distributions during the year				1e				
f	Ending balance				1f				
а	Did the organization include an amount on Form 990, Part X, Ii	ne 21?					Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV								
Ра	rt V Endowment Funds. Complete if the organization								
	(a)Current Year)Prior	Year (c)Tv	wo Years Back (d)	Three Years Ba	ick (e	Four Ye	ears Back
a	Beginning of year balance								
b	Contributions								
С	Investment earnings or losses10,393,77	<u> </u>							
d	Grants or scholarships	_							
е	Other expenditures for facilities 7,294,41 and programs	15							
f	Administrative expenses	_							
g	End of year balance	99							
9	Provide the estimated percentage of the year end balance held	— las							
	20 27 %	. 45							
а	board designated of quasi-endownient.								
b	10.306.0/								
C	Term endowment ► 10 386 %				d	.			
а	Are there endowment funds not in the possession of the organic organization by	ization	tnata	re neid and a	iaministerea for	tne		Yes	No
	(i) unrelated organizations						3a(i)		No
	(ii) related organizations					🗀	3a(ii)		Νο
Ь	If "Yes" to 3a(II), are the related organizations listed as requir	ed on S	ched	ule R?		[3b	Yes	
ļ.	Describe in Part XIV the intended uses of the organization's e								
a	rt VI Investments—Land, Buildings, and Equipm	ent. S	ee F	orm 990, P	art X, line 10.				
	Description of investment			Cost or other (investment)	(b)Cost or other basis (other)	(c) Deprecia	tion	(d) Boo	ok value
а	Land			152,583	1,652,183				1,804,766
b	Buildings				93,051,476	34,506	5,122	5	3,545,354
c	Leasehold improvements				1,887,510	195	5,211		1,692,299
d	Equipment				16,487,066	11,954	,503		4,532,563
e	Other				8,494,969		0		8,494,969

75,069,951

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2.	
(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method Cost or end-of-y	of valuation ear market value
Financial derivatives and other financial products			
Closely-held equity interests			
O ther			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. Se	e Form 990 Part X line	13	
(a) Description of investment type	(b) Book value	(c) Method	of valuation
(a) Description of investment type	(b) book value	Cost or end-of-y	ear market value
Table (California (b) about a soul Forms COO Book V and (B) form 12)			
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, III	<u> </u> ne 15		
(a) Descrip			(b) Book value
BENEFICIAL INTEREST IN TRUSTS			9,763,764
BOND ISSUE COST			195,473
CSV LIFE INSURANCE POLICY			190,683
OTHER ASSETS			60,646
Total. (Column (b) should equal Form 990, Part X, col.(B) line is			10,210,566
Part X Other Liabilities. See Form 990, Part >			
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
POSTRETIREMENT BENEFIT OBLIGATION FLORIDA UNITED METHODIST CONFERENCE	3,806,183		
ADVANCE	700,000		
FAIR VALUE ADJ FOR INT RATE SWAP	622,944		
Deposits	441,165		
A mounts Held for Others	144,277		
CHARITABLE GIFT ANNUITY	2,848,915		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	8,563,484		

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial State	ements	
1 Total revenue (Form 990, Part VIII, column (A), line 12)	1	60,921,602
Total expenses (Form 990, Part IX, column (A), line 25)	2	64,004,539
3 Excess or (deficit) for the year Subtract line 2 from line 1	3	-3,082,937
4 Net unrealized gains (losses) on investments	4	-13,990,493
5 Donated services and use of facilities	5	
6 Investment expenses	6	
7 Prior period adjustments	7	
8 Other (Describe in Part XIV)	8	702,500
9 Total adjustments (net) Add lines 4 - 8	9	-13,287,993
10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-16,370,930
Part XII Reconciliation of Revenue per Audited Financial Statements With Rever	nue per Retu	ırn
Total revenue, gains, and other support per audited financial statements	1	34,357,457
A mounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains on investments	,493	
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIV) 2d 152	2,486	
e Add lines 2a through 2d	. 2e	-13,838,007
3 Subtract line 2e from line 1	. 3	48,195,464
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b Other (Describe in Part XIV)	5,138	
c Add lines 4a and 4b	. 4c	12,726,138
Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)		60,921,602
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expe		
1 Total expenses and losses per audited financial statements	. 1	50,728,387
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities		
b Prior year adjustments		
c Losses reported on Form 990, Part IX, line 25	2014	
	0,014	FF0 014
 e Add lines 2a through 2d	. 2e	-550,014 51,278,401
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	. 3	51,278,401
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIV)	5 1 3 8	
c Add lines 4a and 4b	. 4c	12,726,138
5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	———	64,004,539
Part XIV Supplemental Information	-	, , ,

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier Return Reference Explanation

OMB No 1545-0047

2008

Open to Public Inspection

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

Schools

Name of the organization Florida Southern College

Employer identification number

	59-0624401			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain	3	Yes	
	The non-discriminatory policy has been published in the Tampa Tribune and the Lakeland Ledger. The College catalog also includes the policy			
4	Does the organization maintain the following?			
	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
Ь	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
5	Does the organization discriminate by race in any way with respect to			
а	Students' rights or privileges?	5a		Νo
b	Admissions policies?	5b		Νo
c	Employment of faculty or administrative staff?	5с		Νο
d	Scholarships or other financial assistance?	5d		Νo
e	Educational policies?	5e		Νo
f	Use of facilities?	5f		Νo
g	Athletic programs?	5g		Νo
h	Other extracurricular activities?	5h		Νο
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
	Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	6a	Yes	NI -
D	If you answered "Yes" to either 6a or b, please explain using an attached statement	6b		Νο
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05			
	of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	7	Yes	

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493104009000

2008

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

SCHEDULE F (Form 990)

> ▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

Statement of Activities Outside the United States

Open to Public

IIICOIII	ai i cvenae ocivioe									
	ne of the organization				Employer id	dentification number				
Flor	rda Southern College				59-06244	01				
Pa	General Infor "Yes" to Form 9			de the United State	s. Complete if the orga	anization answered				
1	For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance									
2	For grant makers. Descri United States	be in Part IV the	organization's pi	ocedures for monitoring t	he use of grant funds outs	ıde the				
3	Activites per Region (U	se Schedule F-1	(Form 990) If ad	ditional space is needed)						
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (or is a program service, describe specific type or service(s) in region	(f) Total expenditures in				
	ope (Including Iceland and enland)	0	0	Program Services	Study Abroad	471,907				
Eas	t Asıa and the Pacıfic	0	0	Program Services	Study Abroad	43,360				
	ntral America and the ibbean	0	0	Program Services	Study Abroad	21,305				

Totals.

536,572

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other
	_							
	_							
	_							
	_							-
	_							_
	_							
	_							
	_							
	_							
	_							
	_							
	_							
	_							

	F-1 (Form 990) if a			tea States. Complete	if the organization a	inswered "Yes" to Form	990, Part IV, line 16.
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
		+					
		1					
		+					
			•				

Schedule F (Form 990) 2008

Complete this part t	o provide the information required	ın Part I, line 2, and any other additional information.
Identifier	ReturnReference	Explanation

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493104009000

OMB No 1545-0047

2008

Open to Public Inspection

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Supplemental Information Regarding

Fundraising or Gaming Activities

Name of the organization Florida Southern College Employer identification number

59-0624401

Dart T	Fundraising Activities.	Complete if the	organization answered	d "Yes" to Form 990	Part IV line 17
	rullulaisilly Activities.	Complete ii the	OLUAIIIZALIOII AIISWELEL	, 1 0 5 (0 101111 770	, raitiv, iiie i/.

- 1 Indicate whether the organization raised funds through any of the following activities Check all that apply
- a 🔽 Mail solicitations
- ▼ Email solicitations
- 🛭 🔽 Phone solicitations
- **d** 🔽 In-person solicitations

- e ▼ Solicitation of non-government grants
- f 🔽 Solicitation of government grants
- g 🔽 Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?
- l' Yes I
- No
- **b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) fundrais custo contr contribu	erhave dy or ol of	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No			
Ruffalo Cody Associates Inc	FUNDRAISING		No	113,685	70,535	43,150
Total			•			

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

Par	t II	Fundraising Events. Com more than \$15,000 on Form					or rep	orte	ed
		· ·	(a) Event #1 Golf Outing (event type)	(b) Event #2 Golf Outing (event type)	(c) O ther Events 4 (total number)	(d)	Totall col (a) col (d) thr	
<u>4</u>	1	Construction	67,655		 ` 			217	,964
Revenue	2	Gross receipts	42,535	44,759	9 73,864			161	,158
	3	Gross revenue (line 1 minus line 2)	25,120	6,300	0 25,386			56	,806
	4	Cash Prizes	1,280)	1,330			2	,610
စ္	5	Non-cash Prizes	15,102	6,62	7,914			29	,638
Sens	6	Rent/Facility costs	7,368	6,46	1 26,856			40	,685
Direct Expenses	7	Other direct expenses	18,783	12,978	8 4,978			36	,739
ĕ	8	Direct expense summary Add line	es 4 through 7 in column	(d)				109	,672
	9	Net income summary Combine li	nes 3 and 8 in column (d))	•			-52	,866
Par	***	Gaming. Complete if the or \$15,000 on Form 990-EZ, lin		"Yes" to Form 990, Pa	art IV, line 19, or repo	rted m	ore t	han	
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming		otal gan) throug		
	1	Gross revenue							
Ses	2	Cash prizes							
:beus	3	Non-cash prizes							
Direct Expenses	4	Rent/facility costs							
D	5	Other direct expenses							
	6	Volunteer labor	┌ Yes	┌ Yes					
	7	Direct expense summary Add lines	s 2 through 5 in column (d)					
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)			T v	es	No
9 a b	Is t	er the state(s) in which the organiza the organization licensed to operate No," Explain			· · · · · · · · · · · · · · · · · · ·		9a	es	
10a	— Wer	re any of the organization's gaming l Yes," Explain	ıcenses revoked, suspen	ded or terminated during	g the tax year?	1	0a		
11		es the organization operate gaming a	activities with nonmembe	rs?		\dashv ,	11		
12	Is t	the organization a grantor, beneficial need to administer charitable gaming	ry or trustee of a trust or	a member of a partnersh	nip or other entity		L2		

			
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name •		
	Address •		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
Ь	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address		
	Name •		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲		

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2008

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

Open to Public Inspect ion Employer identification number

Name of the organization						Employer identi	fication number
Florida Southern College						59-0624401	
Part I General Infor	mation on Gra	nts and Assistance	e			•	
	d to award the gra	nts or assistance?			Jibility for the grants or as		▼Yes □
Form 990, Part Part IV and Sch	IV, line 21 for a edule I-1 if add	ny recipient that reco itional space is	eived more than \$5,0	00. Check this box	tes. Complete if the o if no one recipient rec	eived more than \$5,	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Enter total number of sec				_			
organizations 3 Enter total number of oth							

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d) A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
TUITION DISCOUNTS/CREDITS	1626	12,328,674	0	N/A	N/A
Scholarships	333	2,519,033	0	N/A	N/A

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Ident if ier	Return Reference	Explanation
Procedures for Monitoring the use of grant funds	, ,	Grants are applied directly to student accounts except in the case of work study where payroll checks are issued The College monitors student tuition accounts for any student who received a scholarship or tuition credit. The bursar's office and the admissions office ensure that students who receive scholarships or tuition credits maintain full-time or part-time student status, as required by their scholarship, so that the funds are used for their intended purpose

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DLN: 93493104009000

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Open to Public Inspection

Flor	ıda Southern College						
	,			59-0624401			
Pa	rt I Questions Regarding Compensatio	n					
						Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part II		, ,				
	First class or charter travel		Housing allowance or residence for				
	Travel for companions		Payments for business use of perso				
	Tax idemnification and gross-up payments	굣	Health or social club dues or initiat	ion fees			
	Discretionary spending account	⊽	Personal services (e g , maid, chau	ffeur, chef)			
b	If line 1a is checked, did the organization follow a w provision of all the expenses described above? If "I			ment or	1b	Yes	
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executive				2	Yes	
3	Indicate which, if any, of the following the organizationganization's CEO/Executive Director Check all t Compensation committee		У	9			
	Independent compensation consultant	<u>\</u>	Compensation survey or study				
	Form 990 of other organizations	<u>\</u>	Approval by the board or compensa	ition committee			
4	During the year, did any person listed in Form 990,	Part VI	I, Section A, line 1a				
а	Receive a severance payment or change of control	payment	t?		4a		Νo
b	Participate in, or receive payment from, a suppleme	ental non	nqualified retirement plan?		4b		Νo
С	Participate in, or receive payment from, an equity-b	pased co	ompensation arrangement?		4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and p	rovide th	he applicable amounts for each item	n Part III			
	501(c)(3) and 501(c)(4) organizations only must co	omplete	lines 5-8.				
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	, line 1a,	, did the organization pay or accrue a	ny			
а	The organization?				5a		Νo
b	Any related organization?				5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III						
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	, line 1a,	, did the organization pay or accrue a	ny			
а	The organization?				6a		Νo
b	Any related organization?				6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III						
7	For persons listed in form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"			ı-fıxed	7		No
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III						N

Cat No 50053T

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred		(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Anne B Kerr	(i) (ii)	192,606 0	0	21,000 0	21,960 0	6,531 0	242,097 0	0 0
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanat ion
		The College President, Anne B Kerr, and the Dean of Student Development, Matthew R Thompson, are provided residences on the campus of the College The value of the housing provided is excluded from the determination of their taxable compensation under Section 119 of the Internal Revenue Code because 1) The lodging is furnished on the business premises of the College 2) The lodging is furnished for the convenience of the employer. The responsibilities of these two individuals require their presence on campus. The President holds many faculty and student meetings at her residence. The Dean of Student Development is required to live on campus to be able to respond quickly day or night to the needs of the students. 3) The employees are required to accept such lodging as a condition of their employment. The Vice President of College Relations, Lee A. Mayhall, receives a housing allowance that is treated as taxable compensation.
	1	The College pays dues at A SOCIAL Club for the College President, Anne B Kerr, and the Vice President of Advancement, Robert H Tate This benefit is not treated as taxable compensation for the individuals because club use is limited to business purposes
	Schedule J,	Housekeeping services are provided for the President's house as it is used for college events. This benefit is not treated as taxable compensation to the
Services	Part I, Line 1a	Individual
i	<u> </u>	
<u> </u>	<u> </u>	
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DLN: 93493104009000

OMB No 1545-0047

Schedule L

Transactions with Interested Persons

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

► Attach to Form 990 or Form 990-EZ. ► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

	of the organization outhern College						Eı	mploy	er ide	ntifica	tion n	umber	
								9-062					
art I											_		
	To be completed by organization	ns that a	nswered "Yes	on.	Form 990, Part IV	, line	25a or 25l	o, or F	orm 9	90-EZ			
1	(a) Name of disqualified	d person			(b) Des	criptic	on of trans	action			F	(c) Correcte	
												Yes	No
2 En	ter the amount of tax imposed on t	the organ	nızatıon manaç	gers	or disqualified pers	ons d	luring the y	ear ur	nder				
se	ction 4958									\$			
3 En	ter the amount of tax, if any, on lin	ie 2, abo	ve, reimburse	d by	the organization .					\$			
art I	Loans to and/or From	Intere	sted Perso	ns									
	To be completed by organiza				on Form 990, Part	IV, lır	ne 26, or Fo	orm 9	90-E	Z, Part	V, lin	e 38a	
		(b) Loa								(1			
(a) N	Name of interested person and	from		(c)O riginal principal amount		(d)Balance due		(e) In default?		Approved by board or committee?		or agreeme	
(4)	purpose	organiz											
		-	T =	From				I	1		 	1	
		То	From					Yes	No	Yes	No	Yes	No
		1										+	-
		<u> </u>										+	₩
												+	├
		<u> </u>										+	┼
												+	_
otal			<u> </u>		► \$								
art II						00 0	and The line	27					
	To be completed by organ						art IV, iir	ie 27					
((a) Name of interested person	(1			ween interested pe organization	rson	(c) A m	ount o	fgra	nt or ty	pe of	assista	nce
			and	the c	organization .								
	M B	- 		_ •	l B								
art I	Business Transactions To be completed by organ					00 D	ort IV Jur	20	- 20	h or	200		
	To be completed by organ				Tes OH FOITH	90, P	aitiv, iii	IE 20	a, 20	ъ, от		7-1 Ch-	
		-) Relationship ween intereste		(c) A mount of	.						(e) Sha organiza	
(a	a) Name of interested person		erson and the		transaction		(d) Descr	rıptıon	of tra	ansacti	on (reven	
			organization									Yes	No
	See Additional Data Table					\neg					-+		
						-+					-+		
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DLN: 93493104009000

OMB No 1545-0047

Department of the Treasury

SCHEDULE M

(Form 990)

Non-Cash Contributions

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

Open to Public Inspection

Internal Revenue Service Name of the organization **Employer identification number** Florida Southern College 59-0624401 Part I Types of Property (d) (b) (c) (a) Check Number of Contributions Revenues reported on Method of determining ıf Form 990, Part VIII, line revenues applicable 1 Art—Works of art . . Χ 75,145 FMV or \$1 Art—Historical treasures 3 Art—Fractional interests 5 \$1 Each 4 Books and publications Χ Clothing and household Х 998 Cost or \$1 goods Cars and other vehicles Boats and planes . . Intellectual property . . . 235,343 FMV Securities—Publicly traded . Χ 10 Securities—Closely held stock 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . . 13 Qualified conservation contribution (historic structures) 14 Qualified conservation contribution (other) . . . Real estate—Residential . Real estate—Commercial . Real estate—Other . . . **18** Collectibles . . Food inventory . . . 19 20 Drugs and medical supplies . 21 Taxidermy Historical artifacts . . . 22 Scientific specimens . . Archeological artifacts . Construction Other (describe Materials 85,000 Cost Х Various Other (describe Items Χ 13,936 Cost 27 Other (describe _____ 28 Other (describe Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes No Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information. Identifier ReturnReference Explanation Using Third Parties to solicit, Schedule M, Description Line 32 The organization uses a third party broker to process and sell process, or sell noncash securities that have been contributed to the College contributions

SCHEDULE 0

Department of the Treasury
Internal Revenue Service

(Form 990)

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for

responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

Open to Public Inspection

Name of the organization Florida Southern College Employer identification number

59-0624401

ldentifier	Return Reference	Explanation
Organizations that may receive deductible contributions	Form 990, Part V, Line 7g and Line 7h	The organization did not receive any contributions of qualified intellectual property, cars, boats, airplanes or other vehicles. Therefore, these questions are not applicable for the current year and have been intentionally left blank. Family/Business Relationships amongst interested persons. Form 990, Part VI, Section A, Line 2.1 Nancy Cattarius and Arthur Row botham have a business relationship outside of Florida Southern College. 2 Clayton Hollis and Barney. Barnett have a business relationship outside of Florida Southern College. Members of the College Form 990, Part VI, Section A, Lines 6.8.7 a Florida Southern College has one member, which is the Florida Conference of the United Methodist Church. Thirty-seven trustees are elected to the board by the Florida Conference of the United Methodist Church for a term of three years each. Two positions on the board are held by individuals based on their positions with another organization. The Bishop and the Lay Leader of the Florida Conference of the United Methodist Church are members of the College's board. The President of the College's alumni association is a member of the board based on such position. Approval of board decisions Form 990, Part VI, Section A, Line 7b. Any change made to the college's charter must be approved by the Florida Conference of the United Methodist Church. Whistleblow er Policy Form 990, Part VI, Section B, Line 13. The Board adopted a written whistleblow er policy on February 10, 2010.

ldentifier	Return Reference	Explanation
Review of Form 990 by Governing Body	Form 990, Part VI, Section A, Line 10	The audit committee reviews the form 990 in detail. Following their review, a copy of form 990 is distributed to each member of the board before it is filed with the Internal Revenue Service. Enforcing conflict of interest policy Form 990, Part VI, Section B, Line 12c Prior to taking a position on the board, each member must submit in writing to the President and Chairman of the Board a list of all businesses or other organizations that may become conflicts of interest. Each written statement is resubmitted with any necessary changes each year, in conjunction with a signed conflict of interest questionnaire. The audit committee reviews the conflict of interest statements of all board members, and any potential conflicts are explored thoroughly. The audit committee also reviews the conflict of interest statements filed by the president and the 7 officers and key employees of the college. If any conflicts of interest exist, the affected board member shall make known the potential conflict and shall withdraw from the meeting for so long as the matter shall continue under discussion. Should the matter be brought to a vote, the affected board member shall abstain from voting.

ldentifier	Return Reference	Explanation
Process used to establish compensation for top management official	Form 990, Part VI, Section B, Line 15a	There is a compensation committee comprised on independent members of the board of trustees that reviews and recommends the compensation package for the College President. The recommendation is voted on by the full board. The compensation committee uses comparability data to ensure the compensation of the President is reasonable. The decision of the committee and board is documented in the minutes. This process is undertaken on an annual basis and was last completed in June 2008.

ldentifier	Return Reference	Explanation
Process used to establish compensation for other officers/key employees	Form 990, Part VI, Section B, Line 15b	The College President uses comparability data to review and recommend compensation of the key employees. The salaries are reviewed and approved by the chairman of the board. The decisions are documented by the president and board chair. This process is undertaken on an annual basis and was last completed in August 2008.

ldentifier	Return Reference	Explanation
Disclosure of governing documents, conflict of interest policy, etc	Form 990, Part VI, Section C, Line 19	Financial statements, governing documents, and conflict of interest policies are not required disclosures pursuant to Internal Revenue Code (IRC) Section 6104 These documents are not available to the public at this time

DLN: 93493104009000

OMB No 1545-0047

2008

Open to Public Inspection

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. See separate instructions.

Related Organizations and Unrelated Partnerships

Name of the organization Florida Southern College	Employer identif	Employer identification number				
				59-0624401		
Part I Identification of Disregarded Entities						
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity	
Part II Identification of Related Tax-Exempt Organizat	ions					
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3)	(F) Direct controlling entity	
FI Conference - United Methodist Church 1140 E McDonald Street Lakeland, FL33801 59-0904361	support	FL	501(c)(3)	1	NA	
Florida United Methodist Foundation Inc PO Box 3549 Lakeland, FL338023549 59-1148710	Invstmt Mgmt	FL	501(c)(3)	11c	NA	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat No 5013	5 Y		Schedule R (Form 990) 2008	

(A) Name, address, and EIN of related organization	Prin	(B) nary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(relate investment, unrelated)	d, Shai	(F) ire of total income	(G) Share of end-of- year assets	(H Disprop allocat	I) ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana parti	aging
									Yes	No		Yes	No
Part IV Identification of	Related	l Organizations	Taxable as	a Corporation	or Trust	<u>'</u>			•				
(A) Name, address, and EIN of related org		(B) Primary activity		(C) Legal domicile (state or foreign country)	Direct o	D) ontrolling ntity	(E) Type of entity (C corp, S corp or trust)	Share of total income	end	(G) Share of d-of-yea assets	(H) Percentage r ownership		

(6)

Part V	Transactions	with Related	Organizations
--------	--------------	--------------	---------------

Pa	rt V Transactions with Related Organizations											
	Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No						
1 D	Ouring the tax year, did the orgranization engage in any of the following transaction	ns with one or more related organizations listed in Parts II-	IV?									
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled enti	nty	İ	1a		No						
b	Gift, grant, or capital contribution to other organization(s)											
с	Gift, grant, or capital contribution from other organization(s)	, or capital contribution from other organization(s)										
d	d Loans or loan guarantees to or for other organization(s)											
e	Loans or loan guarantees by other organization(s)			1e	Yes							
f	Sale of assets to other organization(s)			1f		No						
g	g Purchase of assets from other organization(s)											
h	h Exchange of assets											
i	Lease of facilities, equipment, or other assets to other organization(s)			1 i		No						
j	j Lease of facilities, equipment, or other assets from other organization(s) k Performance of services or membership or fundraising solicitations for other organization(s) l Performance of services or membership or fundraising solicitations by other organization(s) 1 Sharing of facilities, equipment, mailing lists, or other assets											
k	Performance of services or membership or fundraising solicitations for other org	ganızatıon(s)		1k		No						
I	Performance of services or membership or fundraising solicitations by other orga	anızatıon(s)		11		No						
m	Sharing of facilities, equipment, mailing lists, or other assets			1m		No						
n	Sharing of paid employees			1n		No						
0	Reimbursement paid to other organization for expenses			10		No						
P	Reimbursement paid by other organization for expenses			1 p		No						
q	O ther transfer of cash or property to other organization(s)			1q		No						
r	O ther transfer of cash or property from other organization(s)			1r		No						
2	If the answer to any of the above is "Yes," see the instructions for information or	n who must complete this line, including covered relations	nips and transaction thresholds									
	(A)	(B) Transaction	(C)									
	Name of other organization(s)	type(a-r)	Amount Involved									
(1)												
(2)												
(2)												
(3)												
(5)												
(4)												
. ,												
(5)												

Part VI Unrelated Organizations Taxable as a Partnership

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

									_							
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1		r J
			Yes	No		Yes	No		Yes	No						
			•			•	•	Sabadula	D / Form	000) 2000						

Software ID: Software Version:

EIN: 59-0624401

Name: Florida Southern College

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa										
		(C) Position (check all that apply)							(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Kej emplojee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Robert J Adams , Trustee	1 0	Х						0	0	0
Ralph C Allen , Trustee	1 0	Х						0	0	0
Rev William S Barnes , Trustee	1 0	X						0	0	0
Barney Barnett , Treasurer	1 0	Х		Χ				0	0	0
M Hunt Berryman , Secretary	1 0	Х		Х				0	0	0
J Stephen Buck , Trustee	1 0	Х						0	0	0
Nancy M Cattarius , Trustee	1 0	Х						0	0	0
Marcene H Christoverson , Assistant Secretary	1 0	Х		х				0	0	0
Bishop Robert E Fannin , Trustee	1 0	X						0	0	0
Robert L Fryer Jr , Chairman	10 0	X		Χ				0	0	0
Richard T Fulton , Trustee	1 0	X						0	0	0
Frank H Furman Jr , Trustee	1 0	Х						0	0	0
Ann H Hansen , Trustee	1 0	Х						0	0	0
Jeffrey K Hearn , Trustee	1 0	Х						0	0	0
Joshua Hıgh , Trustee	1 0	Х						0	0	0
M Clayton Hollis Jr , Trustee	1 0	Х						0	0	0
General Donald L Kerrick , Trustee	1 0	Х						0	0	0
Gail M Knappenberger , Trustee	1 0	Х						0	0	0
Sarah F Layton , Trustee	1 0	Х						0	0	0
Sharon K Luther , Trustee	1 0	Х						0	0	0
Selma P Marlowe , Trustee	1 0	Х						0	0	0
William T Mattice , Trustee	1 0	Х						0	0	0
Sarah D McKay , Trustee	1 0	Х						0	0	0
Maida B Pou , Trustee	10	Х						0	0	0
Marjorie H Roberts , Trustee	1 0	Х						0	0	0
John A Rodda , Trustee	1 0	Х						0	0	0
George W Rogers , Vice Chairman	1 0	Х		Х				0	0	0
Arthur J Rowbotham , Trustee	10	Х						0	0	0
Joe P Ruthven , Trustee	10	Х						0	0	0
Louis S Saco , Trustee	1 0	Х						0	0	0

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa										
		(C) Position (check all that apply)								(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Fornier	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
Ray L Sandhagen , Trustee	1 0	Х						0	0	0
T Terrell Sessums Esq , Trustee	1 0	Х						0	0	0
Robert R Sharp , Trustee	1 0	Х						0	0	0
Rev Riley P Short , Trustee	1 0	Х						0	0	0
Evett L Sımmons Esq , Trustee	1 0	Х						0	0	0
Harold M Smeltzly , Trustee	1 0	Х						0	0	0
John M Jack Varasse , Trustee	1 0	Х						0	0	0
John V Verner , Trustee	1 0	Х						0	0	0
Bishop Timothy W Whitaker , Trustee	1 0	Х						0	0	0
R Howard Wiggs , Trustee	1 0	Х						0	0	0
V Terry Dennis , VP of Finance & Administration	65 0			x				123,354	0	15,862
Anne B Kerr , PRESIDENT	75 0			Х				213,606	0	28,491
Lee A Mayhall , VP COLLEGE RELATIONS	40 0			x				105,191	0	19,859
Bradley N Parrish , VP OF ENROLLMENT MANAGEMENT	40 0			х				65,780	0	10,402
Robert H Tate , VP ADVANCEMENT	40 0			Х				93,893	0	11,951
Matthew R Thompson , VP & DEAN STUDENT DEVELOPMENT	45 0			х				78,445	0	14,933
Russell G Warren , PROVOST	40 0			Х				0	0	0

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a TUITION AND FEES		41,426,874	41,426,874		
b DORMITORY & FOOD SERVICE		8,803,098	8,803,098		
c RENTAL TO STUDENTS & FACULTY		235,254	235,254		
d INTEREST ON STUDENT LOANS		329,807	329,807		
e STUDY ABROAD FEES		544,399	544,399		

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

Florida Southern College is committed to educational excellence and is a selective, comprehensive, private, United Methodist affiliated college with a strong liberal arts core and signature programs. The College enrolls a talented student body and includes an accomplished faculty who are dedicated to teaching excellence. Outstanding opportunities for engaged learning, student-faculty collaborative research and performance, service learning, study abroad, and honors study are distinctive features of the academic program at Florida Southern. The college offers exceptional student life programs, including a championship athletic program.

Software ID:

Software Version:

EIN: 59-0624401

Name: Florida Southern College

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)
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Software ID: **Software Version:**

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

employee of SunTrust,

services to the college

which provides

financial

EIN: 59-0624401

Name: Florida Southern College

Account

Νo

Νo

Νo

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction \$	(d) Description of transaction	(e) Sharing of organization's revenues?	
	organization			Yes	No
John Rodda	John Rodda owns Rodda	6,032,298	Construction Services		Νο
continued	Construction, which				Νο
continued	provides construction				Νο
continued	services to the college				Νο
Ray Sandhagen	Ray Sandhagen is a key	341,945	Net Cash Flow Hedge Cost		Νο
continued	employee of SunTrust,				Νο
continued	which provides financial				Νο
continued	services to the college				Νο
Ray Sandhagen	Ray Sandhagen is a key	189,627	Letter of Credit and		Νο
continued	employee of SunTrust,		Remarketing Fees		Νο
continued	which provides financial				Νο
continued	services to the college				Νο
Ray Sandhagen	Ray Sandhagen is a key	59,210	Loan Interest Paid		Νο
continued	employee of SunTrust,				Νο
continued	which provides financial				Νο
continued	services to the college				Νο
Ray Sandhagen	Ray Sandhagen is a key	8,743	Interest Earned on Sweep		Νο