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# Form **990**

Department of the Treasury

## **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

OMB No 1545-0047

Open to Public Inspection

nternal Re			ndar vea	r, or tax year beginning 06-01-2008	3 and ending 05-31-200	9		Inspection		
3 Chec				C Name of organization	and ending 03-31-200	<del>,</del>	D Employer id	entification number		
_	ess cha	ange	Please use IRS	Rollins College			59-062444	10		
_	e chan	, I	abel or orint or	Doing Business As			E Telephone n	umber		
_		t	ype. See				(407) 646-	2125		
_	l returr inatior	] ]	Specific Instruc- ions.	Number and street (or P O box if mail 1000 Holt Avenue - CB 2715	is not delivered to street addre	ss) Room/suite		ts \$ 368,466,965		
_	nded re	eturn pending		City or town, state or country, and ZIP Winter Park, FL 32789	+ 4	<b>.</b>	1			
		, <u>L</u>	E Nan	Lne and address of Principal Officer		l				
				1 Duncan		H(a) Is the	s a group returr tes?	nfor □Yes ▼No		
Tax-	exemr	nt status	<b>▼</b> 501(c)	) ( 3 ) ◀ (insert no )		` '	l affiliates includ	•		
		: F www			, 52.	1	p Exemption Nu	: See instructions ) imber <b>F</b>		
Type	of orga	anization	Corporat	ion		<b>L</b> Year of Fo	rmation 1885 M	State of legal domicile FL		
Part			•							
	1	Briefly de	scribe th	e organization's mission or most si	gnificant activities					
3				one of the nations most prestigious	5	•	•	, ,		
				south by U.S. News and World Rep	ort Its Crummer Gradua	te School of B	usiness is the t	op-ranked MBA		
ao remande		program i		.6.4.		£	F0/ -5.5-	_		
5			•	if the organization discontinued its						
	3	Number o	of voting r	nembers of the governing body (Pa	rt VI, line 1a)		3 _	29		
2000	4	Number c	findepen	ident voting members of the goverr	ning body (Part VI, line 11	)	. 4	28		
<b> </b>	5	Total nun	nberofen	nployees (Part V , line 2a)			5 _	2,038		
	6	Total nun	nberofvo	lunteers (estimate if necessary)			6 _	547		
-	7a -	Total gro	ss unrela	ted business revenue from Part VI	II, line 12, column (C)		7a	0		
		_		ness taxable income from Form 99			7b			
					,	Drie	or Year	Current Year		
	8	Contribi	itions and	d grants (Part VIII, line 1h)		12,329,362	10,136,154			
<u>o</u>				, , , , , , , , , , , , , , , , , , , ,		· · · · · · · · · · · · · · · · · · ·				
盲	9	_		revenue (Part VIII, line 2g)		96,073,916	101,180,40			
2	10			ne (Part VIII, column (A), lines 3,		33,211,061	-6,440,829			
<b>-</b>  :	11		-	art VIII, column (A), lines 5, 6d, 8		1,395,801	1,228,109			
	12	Total re	venue—a	dd lines 8 through 11 (must equal l	Part VIII, column (A), lın		143,010,140	106,103,839		
	13		and simila	ar amounts paid (Part IX, column (A	A), lines 1-3)		23,057,715	25,163,42!		
	14			or for members (Part IX, column (A			, ,	, , ,		
	15		•	ompensation, employee benefits (P	•	5-				
\$ .	13	10)	, other co	impensation, employee belients (i	art IX, column (A), mes .	<b>1</b>	52,216,545	55,172,869		
£  :	16a	Professi	onal fund	raising fees (Part IX, column (A), l	ıne 11e)			27,71		
Expenses	b	(Total fun	draising ex	penses, Part IX, column (D), line 25 <sup>3,853</sup> ,	,218					
	17	•		Part IX, column (A), lines 11a-11			41,606,818	43,140,899		
	18		•	add lines 13–17 (must equal Part	•		116,881,078	123,504,910		
	 19			penses Subtract line 18 from line 1			26,129,062	-17,401,07		
		Snac				Ragina	ing of Year	End of Year		
ا ۾ ڇَ	20	T - + - !	/r	rt V. line 163		_	-			
*****   }	20		•	t X, line 16)			600,831,945	483,870,18		
ĭĕ l	21	Total lia	bilities (F	Part X, line 26)			107,479,063	115,701,71		
	22	Net ass	ets or fun	d balances Subtract line 21 from l	ine 20		493,352,882	368,168,470		
Part	ш	Signa	ture Bl	ock						
Pleas Sign	e e	and belief	, it is true,	ergury, I declare that I have examined this correct, and complete Declaration of preparets		d on all informat				
lere		,				2410				
			G Eisenba or print nam	rth Vice President e and title						
		Preparer's	k .			Check If	Preparer's PTIN	(See Gen Inst )		
Paid		signature	•		1	self- empolyed 🕨 🦵				
repar	er's	Firm's nam	ne (or yours	5 <b>k</b>			1			
Jse Or		ıf self-emp	loyed),	` <b>)</b>			EIN ▶			
<del>-</del> 1	·,	address, a	na ZIP + 4	-			Dhone no b			
							PHONE NO F			
M	- 100			rn with the preparer shown above?	(0)		Phone no 🕨	Tyes Ti		

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

1	Briefly describe the orga	anization's mission			
See A	ddıtıonal Data Table				
2	the prior Form 990 or	990-EZ?		e year which were not listed on	∏ Yes ▼ No
	If "Yes," describe the	se new services on Sched	ule O		
3	services?	cease conducting or make		vit conducts any program	┌ Yes ┌ No
	If "Yes," describe the	se changes on Schedule O	ı		
4	Section 501(c)(3) an		947(a)(1) trusts are requir	three largest program services ed to report the amount of grants reported	
4a	(Code Rollins College provided undergraduate and 300 g year ended May 31, 200	liberal arts and graduate educat graduate degrees were awarded	86,078,363 including grants o ional courses to 3,259 students of , and a variety of other education	f \$ 25,163,425 ) (Revenue \$ who took a combined 90,298 credit hou onal and cultural programs were offered	rs of classes, a total of 569
4b	(Code Rollins College operated services	, , , , ,	18,990,875 including grants o the convenience and well-being	f \$ ) (Revenue \$ of its students, faculty and staff, includ	
<b>4c</b>	(Code	) (Expenses \$	ıncludıng grants of	\$ ) (Revenue \$	)
4d	· -	ices (Describe in Schedul	·		
	(Expenses \$	includin	g grants of \$	) (Revenue \$	)
4e	Total program servi	ce expenses \$ 10	5,069,238 Must equal F	Part IX. Line 25. column (B).	

Part IV	Chec	klist of	f 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	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		N o
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
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		Νο
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		Νο
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		Νο
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, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a	Yes	
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		Νo
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		Νο
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	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
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		Νο
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
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
Ь	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		Νο
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 VI . . .

## Part IV Checklist of Required Schedules (Continued)

		1		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	28a		Νο
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b	Yes	
С	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		Νο
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		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
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		Νο
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	Yes	
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		Νο
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 **			

Pa	Tt V Statements Regarding Other IRS Filings and Tax Compliance			
			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 328			
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 to vendors 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			
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
h	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	103	No
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	- 55		110
74	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country AS			
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited  Tax Shelter Transaction?	5c		No
6a	Did the organization solicit any contributions that were not tax deductible?	6a	Yes	
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	Yes	
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 contribution of \$75 or more?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			N
الم	file Form 8282?	7c		No
u	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	Yes	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h	Yes	
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds and section $509(a)(3)$ supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the	8		No
	year?	0		L 1810
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter			
	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			
11	Section 501(c)(12) organizations Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	/ <del></del>			I

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

Section	A. G	overning	g Body	and	Mana	gem	ent	:						
_	, 111.4	,,					11	,,		_	٠.	,		

			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, $processes$ , or changes in Schedule O. See instructions.								
1a	Enter the number of voting members of the governing body 1a 29								
Ь	Enter the number of voting members that are independent 1b 28								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No					
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No					
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		Νo					
7a	Ta Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?								
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo					
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		Νo					
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?	9b		Νο					
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		No					

#### 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	Yes	
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		Νο
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		No
		LOD		INO

#### 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  $\overline{\mbox{\em \colored}}$  another's website  $\overline{\mbox{\em \colored}}$  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
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Robert L Cook 1000 Holt Avenue - CB 2715

Winter Park, FL 327894499 (407) 646-2125

## 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		Posit	(C	) chec	:k al				(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(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
							_			

## Part VII Continued

		Posi t				all			(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	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
+										
			<u> </u>							
							1			
1b Total				Ш.			<b>&gt;</b>	2,746,924	·	539,620

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶60

			Yes	No			
3	Did the organization list any <b>former</b> 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? <i>If "Yes," complete Schedule J for such</i>						
	ındıvıdual	4	Yes				
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
Fry Hammond Barr Inc 600 E Washington St Orlando, FL 328012997	Brand/Mktg/Ads/Web	447,431
State Street Global Advisors One International Place Boston, MA 02110	Investment mgmt fees	295,991
Royall & Company 1920 East Parham Rd Richmond, VA 232282206	New student search	270,740
Hanbury Evans Wright Vlattas & Co 120 Atlantic St Norfolk, VA 23510	Architect, planning	436,566
Hammond Associates 101 S Hanley Suite 300 St Louis, MO 631053406	Investment consult'g	313,788
2 Total number of independent contractors (including those in from the organization		18

## Statement of Revenue

				<b>(A)</b> Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated campaigns 1a					
nts nts	ь	— Membership dues	143,179				
Tai Duri		1ь —					
Contributions, gifts, grants and other similar amounts	С	Fundraising events	176,212				
a gijt	d	Related organizations 1d					
ıs,	e	Government grants (contributions) <b>1e</b>	1,213,628				
lior I si	f	All other contributions, gifts, grants, and	8,603,135				i i
e de de		similar amounts not included above — <b>1f</b>					
a∓	g	Noncash contributions included in					
သူ	١.	lines 1a-1f \$ 45,173		10 126 154			
	h	Total (Add lines 1a-1f)	· · · · ·	10,136,154			
an a		1	Business Code				
) TILI	2a	Student tuition		84,394,109	84,394,109		
жа	Ь	Philanthropy/oth programs		482,815	482,815		
j es	С	Museum/other admissions		90,529	90,529		
3F VI (	d	Auxiliary income		15,575,546	15,575,546		
38.	e	Athletic programs		607,326	607,326		
Iran	f	All other program service revenue		30,080	30,080		
Program Service Revenue	g	Total. Add lines 2a-2f					
	9	F \$ 101,180,405					
	3	Investment income (including divide	ends, interest				
		other similar amounts)		6,926,817			6,926,817
	4	Income from investment of tax-exempt bon	d proceeds	0			
	5	Royalties	•	181,652			181,652
		(i) Real	(II) Personal	,			1
	6a	Gross Rents 3,674,819	(II) I CISOIIGI				
	ь	Less rental 2,604,399					
	c	expenses Rental income 1,070,420					
		or (loss)		1,070,420			1,070,420
	d	Net rental income or (loss)		1,070,420			1,070,420
		(i) Securities	(II) O ther				
	7a	Gross amount 246,280,185 from sales of					
		assets other than inventory					
	b	Less cost or 259,647,831 other basis and					
		sales expenses					
	C .	Gain or (loss) -13,367,646		-13,367,646			-13,367,646
	d	Net gain or (loss)	▶	-13,307,040			-13,307,040
	8a	Gross income from fundraising					
		events (not including \$86,933					
an		of contributions reported on line					
듄		1c) See Part IV, line 18 Attach Schedule G if total exceeds					
æ Æ		\$15,000 a	176,212				
<u>.</u>	b	Less direct expensesb	110,896				
Other Revenue	с	Net income or (loss) from fundraising		-23,963			-23,963
•	9a	Gross income from gaming	-				
		activities See part IV, line 19					
		Complete Schedule G If total exceeds \$15,000					
		а					
	b	Less direct expensesb					
	С	Net income or (loss) from gaming ac	tivities <b>F</b>	0			
	10a	Gross sales of inventory, less	-				-
		returns and allowances .					
	.	a					
	b	Less cost of goods sold <b>b</b> Net income or (loss) from sales of in	ventory <b>b</b>	0			
	С		Business Code				+
	11a	ssananssas Revenue					
	ь						+
	c						+
							+
	d	All other revenue	т.				<del>                                     </del>
	е	Total. Add lines 11a-11d	\$				
	12	Total Revenue. Add lines 1h, 2g, 3,	4,5,6d,7d,	106,103,839	101,180,405		-5,212,720
		8c, 9c, 10c, and 11e	. ▶				
	J		-				Form <b>990</b> (2008)

## Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgalised by the section 501(c)(3) and 501(c)(4) orgalised by the section 501(c)(4) orgalised by the section 501(c)(3) and 501(c)(4) orgalised by the section 501(c)(6) orgalised by the section 5				
Do r	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> 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	25,163,425	25,163,425		
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	2,491,608		2,115,453	376,155
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	39,607,562	34,283,835		1,669,540
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,046,323	2,551,082	353,419	141,822
9	Other employee benefits	7,159,175	5,749,549	1,047,451	362,175
10	Payroll taxes	2,868,201	2,262,885	455,367	149,949
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	192,356	7,105	185,251	
c	Accounting	83,850		83,850	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	27,717			27,717
f	Investment management fees	1,370,596		1,370,596	
g	Other	3,886,890	3,650,531	127,922	108,437
12	Advertising and promotion	940,341	506,802	128,909	304,630
13	Office expenses	4,516,034	3,753,550	614,620	147,864
14	Information technology	1,117,147	122,202	949,763	45,182
15	Royalties	10,274	9,352	922	
16	Occupancy	8,033,181	6,083,940	1,815,858	133,383
17	Travel	4,330,734	3,606,037	425,208	299,489
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	353,994	276,603	60,876	16,515
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	8,825,347	8,448,999	293,152	83,196
23	Insurance	495,716	359,886	119,245	16,585
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	Off campus tuition, room, boar	771,146	771,146		
ь	Miscellaneous	3,008,776	2,340,779	591,138	76,859
c	Fundraising exp to Pt VIII,8b	-110,896			-110,896
d	Food purchases	4,015,642	4,015,642		
e	Facility maint , repairs , supp	1,299,771	1,105,888	189,267	4,616
f	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24f	123,504,910	105,069,238	14,582,454	3,853,218
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				

Dart V	Balance	Shoot
Part X	l Balance	Sheet

					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			2,377,691	1	1,261,494
	2	Savings and temporary cash investments		35,065,632	2	37,364,081	
	3	Pledges and grants receivable, net			21,246,308	3	9,599,147
	4	Accounts receivable, net			3,870,977	4	3,824,923
	5	Receivables from current and former officers, directors, trustee other related parties Complete Part II of Schedule L				5	0
	6	Receivables from other disqualified persons (as defined under s persons described in section 4958(c)(3)(B) Complete Part II of	ection	4958(f)(1)) and		6	0
	7	Notes and loans receivable, net				7	0
	8	Inventories for sale or use			84,062	8	105,618
S	9	Prepaid expenses and deferred charges			2,308,558	9	2,327,762
ssets	10a						
Ass		Land, buildings, and equipment cost basis	10a	219,207,859			
	Ь	Less accumulated depreciation Complete Part VI of Schedule D	10ь	70,552,149	136,921,142	100	148.655.710
	11	Investments—publicly traded securities	LOD	70,002,140	378,445,221	11	265,259,123
	12	Investments—other securities See Part IV, line 11 Complete F Schedule D	art VII	of .	070,110,221	12	0
	13	Investments—program-related See Part IV, line 11 Complete	TI.	1,925,814	13	1,925,673	
	14	of Schedule D .  Intangible assets				14	0
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule			18,586,540	14	13,546,650
	15	D		10,300,340	15	15,540,050	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			600,831,945	16	483,870,181
	17	Accounts payable and accrued expenses .	10,044,187	17	8,377,404		
	18	Grants payable			18		
	19	Deferred revenue			3,211,275	19	2,657,190
	20	Tax-exempt bond liabilities			73,284,692	20	72,463,323
eS	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					
Ę		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties	s .		13,750,000	23	23,793,000
	24	Unsecured notes and loans payable				24	
	25	Other liabilities Complete Part X of Schedule D			7,188,909	25	8,410,794
	26	Total liabilities. Add lines 17 through 25			107,479,063	26	115,701,711
		Organizations that follow SFAS 117, check here 🕨 🔽 and com	plete l	ines 27			
9		through 29, and lines 33 and 34.					
Balance	27	Unrestricted net assets			163,540,087	27	122,304,299
<u>е</u>	28	Temporarily restricted net assets			125,376,256	28	61,855,384
Ξ	29	Permanently restricted net assets			204,436,539	29	184,008,787
or Fund		Organizations that do not follow SFAS 117, check here ► allines 30 through 34.	plete				
0 5	30	Capital stock or trust principal, or current funds				30	
šē	31	Paid-in or capital surplus, or land, building or equipment fund				31	
Assets	32	Retained earnings, endowment, accumulated income, or other fo				32	
Net	33	Total net assets or fund balances			493,352,882	33	368,168,470
z 	34	Total liabilities and net assets/fund balances			600,831,945	34	483,870,181
Da	rt VT	Financial Statements and Reporting					

Dowl VI	Financial	Ctatamanta	and Reporting
7.11.5	l Financiai	Statements	and Reporting

			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	
ь	If "Yes," did the organization undergo the required audit or audits?	3b	Yes	

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As Filed Data -

DLN: 93493106007020

Employer identification number

OMB No 1545-0047

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

Name of the organization

Department of the Treasury Internal Revenue Service

## **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

Rollins	Colleg	e							062444	2		
Da	rt I	Reason for Public Charity Status (to be completed by all organizations) (See Instructions)										
				ation because it is (Please					1113ti uct	.10113)		
1				nurches, or association of ch					(A)(i).			
2	,   	A school described in <b>Section 170(b)(1)(A)(ii).</b> (Attach Schedule E)										
3	Ė	A hospital or a cooperative hospital service organization described in <b>Section 170(b)(1)(A)(iii).</b> (Attach Schedule H)										
4	, T	•	·	zation operated in conjuncti			-		• •		•	
-	•		name, city, and	•					(-/(-/	(,(,-		
5	$\vdash$	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
_	•			(Complete Part II )		,		- , - g- · ·				
6	$\vdash$			overnment or governmental	unit descr	ıbed ın <b>Se</b>	ction 170	(b)(1)(A)	(v).			
7	Ţ.	•	· -	ally receives a substantial p						n the aene	eral public	:
-	'			o)(1)(A)(vi) (Complete Par		. ч.р	u go.o.			9	p a b	•
8	$\Gamma$		-	ped in <b>Section 170(b)(1)(A)</b>	•	nplete Par	tII)					
9			•	ally receives (1) more than		•	•	ontribution	ns, membe	rship fees	s, and gro	ss
	·	receipts fro	m activities rel	ated to its exempt functions	s—subject	to certair	n exceptio	ns, and (2	) no more	than 331/	/3% of	
		ıts support	from gross inve	estment income and unrelate	ed busines	s taxable	ıncome (l	ess section	on 511 tax	x) from bu	sınesses	
		acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III	)			
10	$\sqcap$	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See <b>Se</b>	ct ion 509(	( <b>a)(4).</b> (Se	ee instruc	tions )	
11	$\sqcap$	An organiza	atıon organızed	and operated exclusively fo	r the bene	fit of, to p	erform the	functions	of, or to o	arry out t	he purpos	ses of
				orted organizations describe						Section 5	09(a)(3).	. Check
		the box tha		type of supporting organiza		omplete li - Function			h <b>d</b>	Гтира	III - Otl	hor
e	$\vdash$	•		rtify that the organization is			-					
•	'	•		agers and other than one or			•			•		
		section 50	9(a)(2)									
f				d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportir	ng organiz	ation,
g		check this		as the organization accepte	d any gift	or contribi	ution from	any of the	1			1
9		following pe		as the organization accepts	a a, g	01 00111111	4	u., o	•			
		(i) a perso	n who directly o	r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes	No
		and (III) be	ow, the governi	ng body of the the supported	d organiza	tion?				11g	(i)	
		(ii) a family	/ member of a p	erson described in (i) above	?					11g(	(ii)	
		(iii) a 35%	controlled enti	ty of a person described in (	(ı) or (ıı) al	bove?				11g(	iii)	
h		Provide the	following inform	nation about the organizatio	ns the org	janızatıon	supports					
							I				T	
		ame of orted	(ii) EIN	(iii) Type of organization (described on lines 1-9	l	s the	l `	ou notify	l	s the	(vii) Am	
		nization		above or IRC section	_	ation in Iisted in		nization ) of your		rganized	supp	OIL.
	(See Instructions)) your governing su document?			l .			•	ort?		US?		
				,								
					Yes	No	Yes	No	Yes	No		
						1		1		1		

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>(b)</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					<del> </del>		
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>(b)</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 <b>stop here</b>		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	<b>▶</b> □
								•
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 <b>stop here.</b> The organization qualifies a				,			<b>▶</b> □
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				<b>▶</b> □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							<b>►</b> □
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	<b>Private Foundation.</b> If the organization did	not check the b	oux on line 13, 1	oa, 100, 1/a or	1/D, check this	oox an	u see	<b>▶</b> □
	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>(b)</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						
c	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>(b)</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 <b>stop here</b>						<b>▶</b> □
	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	
			•	.orumm (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	<b>Supplemental Information.</b> 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

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury Inte

## **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

temai	Revenue Service		Inspect					
	ne of the organization ns College		Employer identification number					
			59-0624440					
Pa	rt I Organizations Maintaining Donor Acordanization answered "Yes" to Form 99		inds or Accounts. Complet	te if the				
		(a) Donor advised funds	(b) Funds and other accour	nts				
L	Total number at end of year							
2	Aggregate Contributions to (during year)							
3	Aggregate Grants from (during year)							
ŀ	Aggregate value at end of year							
•	Did the organization inform all donors and donor advi funds are the organization's property, subject to the	<del>-</del>	or advised <b>Yes</b>	┌ No				
5	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben impermissible private benefit?		may be	┌ No				
Pai	t III Conservation Easements. Complete	ıf the organizatıon answered "Yes" to	Form 990, Part IV, line 7.					
L	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat	on or pleasure) $\Gamma$ Preservation of an	historically importantly land areartified historic structure	a				
	Preservation of open space							
2	Complete lines 2a-2d if the organization held a quali	ified conservation contribution in the form	of a conservation easement					
	on the last day of the tax year		Held at the End of	the Vee				
а	Tabal and the same of a sa		2a	tne rea				
b	Total number of conservation easements							
	Total acreage restricted by conservation easement		2b					
C	Number of conservation easements on a certified hi	` ,	2c					
d	Number of conservation easements included in (c) a	·	2d					
	Number of conservation easements modified, transfe	rred, released, extinguished, or terminate	d by the organization during					
	the taxable year 🕨							
ļ	Number of states where property subject to conserve	ation easement is located ►						
i	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		tions, and Yes	┌ No				
•	Staff or volunteer hours devoted to monitoring, inspe	cting and enforcing easements during the	year 🕨					
•	A mount of expenses incurred in monitoring, inspecting	ng, and enforcing easements during the ye	ar <b>►</b> \$					
3	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	tion <b>Yes</b>	┌ No				
)	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easen	the footnote to the organization's financial	•					
ar	Organizations Maintaining Collection Complete if the organization answered '		or Other Similar Assets.					
la	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 service	<b>2</b> ,				
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	public exhibition, education, or research ir	•					
	(i) Revenues included in Form 990, Part VIII, line 1		<b>►</b> \$					
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$					
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFA:		* *					
а	Revenues included in Form 990, Part VIII, line 1		<b>▶</b> - \$					
ь	Assets included in Form 990, Part X		<b>▶</b> \$					
	maacta miciuueu mii oimi aau, rait A		<b>-</b> ⊅					

<u>ar'</u>	Organizations Maintaining Col	llections of Art,	Hist	toric	cal Treas	ures, or Othe	<u>r Similar Ass</u>	ets (co	<u> intinued)</u>
3	Using the organization's accession and other items (check all that apply)	records, check any	of the	e foll	owing that a	re a sıgnıfıcant ι	ise of its collectio	n	
а	✓ Public exhibition		d	~	Loan or exc	change programs	;		
b	Scholarly research		e	Γ	Other				
С	✓ Preservation for future generations								
4	Provide a description of the organization's co Part XIV	llections and explair	how	they	further the	organization's ex	xempt purpose in		
5	During the year, did the organization solicit o assets to be sold to raise funds rather than to							Yes	√ No
Pa	rt IV Trust, Escrow and Custodial A					anızatıon answ	ered "Yes" to F	orm 9	90,
	Part IV, line 9, or reported an am		•						
1a	Is the organization an agent, trustee, custodi included on Form 990, Part X?	an or other intermed	ıary	for c	ontributions	or other assets		Yes	Г No
b	If "Yes," explain why in Part XIV and comple	te the following table					T		
							A mo	unt	
с	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21?				Γ	Yes	┌ No
	If "Yes," explain the arrangement in Part XIV								
Pa	rt V Endowment Funds. Complete							\=	
La	Beginning of year balance	(a)Current Year 391,619,076	(b)	<b>)</b> Prior	Year   (c)	wo Years Back (d)	Three Years Back (	e)Four Ye	ears Back
	Contributions	2,520,986							
b c	Investment earnings or losses	-109,426,666							
d	Grants or scholarships	4,911,812							
e	Other expenditures for facilities	8,546,447							
_	and programs	· ·							
f	Administrative expenses	1,433,268							
g	End of year balance	269,821,869							
2	Provide the estimated percentage of the year	end balance held as							
а	Board designated or quasi-endowment 🕨	14 650 %							
b	Permanent endowment ► 85 350 %								
c	Term endowment ▶								
За	Are there endowment funds not in the posses	sion of the organizat	ıon t	hat a	re held and	admınıstered for	the		
	organization by						2-7:	Yes	No
	(i) unrelated organizations		• •	•			3a(i)		<del>                                     </del>
h	(ii) related organizations						3a(II)	1 165	l No
4	Describe in Part XIV the intended uses of the	•							
	rt VI Investments—Land, Buildings					Part X. line 10.			
	Description of investment	, and <u>aquipinon</u>		(a) (	Cost or other (investment)	(b)Cost or other basis (other)	(c) Depreciation	( <b>d</b> ) Boo	ok value
1a	Land				1,102,714	28,187,810		21	9,290,524
	Buildings				16,356,586	126,088,040	42,476,311		9,968,315
	Leasehold improvements				4,314,872		2,290,931		2,023,941
	Equipment				647,152	28,032,639	<del>                                     </del>		0,847,762
	Other				163,047				6,525,168
-					,	.,,	,,-,-		,

148,655,710

Part VIII Investments—Other Securities. See	<u>: Form 990, Part X, line 12</u>	<u>2.                                    </u>	
(a) Description of security or cateory	(b)Book value		d of valuation
(including name of security) Financial derivatives and other financial products		Cost or end-or-	-year market value
Closely-held equity interests			
Other			
o thei			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )			
Part VIII Investments—Program Related. Se	ee Form 990. Part X. line :	13.	
(a) Description of investment type	(b) Book value	(c) Metho	d of valuation
		Cost or end-of-	-year market value
Receivable from City of Winter Park	90,000		
Student loan interest receivable	21,956		(
Student loans receivable	1,813,717		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, I  (a) Descr			(b) Book value
(a) Descr	iption		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line	15.)		
Part X Other Liabilities. See Form 990, Part			•
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
SWAP value liability	3,623,029		
Government advances for student loans	1,398,645		
Annuity and life income payable	3,389,120		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	8,410,794		

Par	XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	106,103,839
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	123,504,910
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-17,401,071
4	Net unrealized gains (losses) on investments	4	-93,064,537
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-14,718,803
9	Total adjustments (net) Add lines 4 - 8	9	-107,783,340
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-125,184,411
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	-26,785,911
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	-13,291,192
3	Subtract line <b>2e</b> from line <b>1</b>	3	-13,494,719
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 1,370,596		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	119,598,558
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	106,103,839
	Reconciliation of Expenses per Audited Financial Statements With Expenses		
1	Total expenses and losses per audited financial statements	1	98,398,500
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
Ь	Prior year adjustments		
С	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	1,427,611
3	Subtract line <b>2e</b> from line <b>1</b>	3	96,970,889
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a 1,370,596		
Ь	Other (Describe in Part XIV)	_	<b>.</b>
с _	Add lines 4a and 4b	4c	26,534,021
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	123,504,910
Par	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 XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier Return Reference Explanation

**Employer identification number** 

## **Schools**

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

2008

Open to Public

Internal Revenue Service

Name of the organization

**SCHEDULE E** 

(Form 990 or 990-EZ)

Department of the Treasury

Rollins College

answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

59-0624440 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? Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain Yes Nondiscriminatory policies are stated in advertisements soliciting student enrollment, in class schedules and in student recruiting brochures 4 Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes 4d d Copies of all material used by the organization or on its behalf to solicit contributions? Yes If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement) Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? 5c Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? 5g Νo 5h h Other extracurricular activities? Νo If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Yes **h** Has the organization's right to such aid ever been revoked or suspended? 6b Νo If you answered "Yes" to either 6a or b, please explain using an attached statement 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 CB 587, covering racial nondiscrimination? If "No," attach an explanation

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DLN: 93493106007020

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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 Inspection

	ne of the organization					Employer ide	ntification number
Rolli	ins College					59-0624440	า
Pa		r <b>mation on Ac</b> 990, Part IV, lır		de the United States	s. Complete		
1		•		ecords to substantiate (	the amount	of the grant	s or
	_	_		assistance, and the se		_	
							✓ Yes
2	<b>For grant makers.</b> Descr United States	ibe in Part IV the	organization's pr	ocedures for monitoring th	ne use of gran	nt funds outsıd	e the
3	Activites per Region (U	se Schedule F-1	(Form 990) ıf add	ditional space is needed )			
			1	(d) Activities conducted in	(-) 76	l	T
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	region (by type) (i e , fundraising, program services, grants to recipients located in	ıs a progr describe sp	ty listed in (d) am service, pecific type of s) in region	(f) Total expenditures in
Se	e Add'l Data			the region)	service(s	s) ili region	

Totals .

1,879,351

a) Name of rganization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	<b>(f)</b> 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, othe
	_							
	_							
	_							
	_							
	_							
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	_							
	_							
	_							
	_							
	_							
	_							

	F-1 (Form 990) if a			ted States. Complete	ii ule organization a	iliswered tes 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)

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

**Software ID:** 08000091

**Software Version:** 2008v2.7

**EIN:** 59-0624440 Name: Rollins College

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

(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 (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
V arious	0	0	Program-Petters Awards	Int'l studies	132,233
South America	0	0	Program-S America	RCC field stu	34,200
South America	0	0	Program-Peru	Field study	32,500
South America	0	0	Program-Ecuador	Field study	40,000
Middle East	0	0	Program-Morocco	Study abroad	35,673
Europe	0	1	Program-Trier	Study abroad	24,475
Europe	0	1	Program-London	Study abroad	270,353
Europe	0	1	Program-Asturias	Study abroad	73,398
Europe	0	0	Program-Scotland	Field study	22,536
Europe	0	0	Program-Paris	Affiliate program	37,313
Europe	0	0	Program-Madrid	Study abroad	92,350
Europe	0	0	Program-Lancaster	A ffiliate program	57,427
Europe	0	0	Program-Greece	Field study	62,320
Europe	0	0	Program-Germany	RCC field study	28,870
Europe	0	0	Program-Athens	A ffiliate program	68,093
East Asia/Pacific	0	1	Program-Sydney	Study abroad	477,846
East Asia/Pacific	0	1	Program-Shanghaı	Study abroad	234,794
East Asia/Pacific	0	0	Program-Hong Kong	Study abroad	3,106
East Asia/Pacific	0	0	Program-China	Field study	33,800
Central America/Caribb	0	0	Program-Guatemala	Field study	14,400
Central America/Caribb	0	0	Program-Dominican Rep	Field study	13,950
Central America/Caribb	0	0	Program-Costa Rica	Field Study	89,714
			<u> </u>	I	<u> </u>

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	(i) Method of valuation (book, FMV, appraisal, other)	

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DLN: 93493106007020

Employer identification number

59-0624440

OMB No 1545-0047

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**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 Rollins College

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I

- Indicate whether the organization raised funds through any of the following activities. Check all that apply
- Mail solicitations
- Email solicitations
- Phone solicitations
- In-person solicitations

- e 🗸 Solicitation of non-government grants Solicitation of government grants
- 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?
- **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) A ctivity	(iii) Did fundraiser have custody or control of contributions?		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control 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															
Total			<b>&gt;</b>															

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

Par	t II	Fundraising Events. Commore than \$15,000 on Form					repor	ted	
			(a) Event #1  Starry, Starry Night (event type)	(b) Event #2  Boyd Coffie Golf  Tournament (event type)	(c) O ther Events  1 (total number)	(Add co	otal Eve I <b>(a)</b> th ol <b>(c)</b> )		
£.	1	Gross receipts	222,529		10,875		26	3,145	
Revenue	2	Less Charitable contributions	145,141	21,556	9,515		17	6,212	
4	3	Gross revenue (line 1 minus line 2)	77,388	8,18	1,360		8	6,933	
	4	Cash Prizes		200	600			800	
ses	5	Non-cash Prizes							
Direct Expenses	6	Rent/Facility costs							
ច	7	Other direct expenses	97,563	8,844	3,689			0,096	
Dire	8	Direct expense summary Add line	es 4 through 7 in column	(d)	•			0,896	
	9	Net income summary Combine lin						3,963	
Par	300	<b>Gaming.</b> Complete if the or \$15,000 on Form 990-EZ, lin		'Yes" to Form 990, Pa	art IV, line 19, or repo	rted mo	re thar	ו 	
Revenue			(a) Bingo	( <b>b)</b> Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tota col (a) t	ıl gamıng hrough co		
_	1	Gross revenue							
s es	2	Cash prizes							
tbeus	3	Non-cash prizes							
Direct Expenses	4	Rent/facility costs							
<u></u>	5	Other direct expenses							
	6	Volunteer labor	┌ Yes	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)					
9	Ent	er the state(s) in which the organiza	tion operator gaming act	witios			Yes	No	
a		the organization licensed to operate				. 9a			
b	If"	No," Explain							
10a	.0a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?								
b		Yes," Explain	reenses revoked, suspen	ded of terminated admir	, the tax year.	10a	'		
	_			_					
11 12		es the organization operate gaming a the organization a grantor, beneficiar				11		<u>                                       </u>	
	forr	ned to administer charitable gaming	?			12			

			 <del></del>
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 <b>&gt;</b> \$ and the amount of gaming revenue retained by the third party <b>&gt;</b> \$		
c	If "Yes," enter name and address		
	Name 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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DLN: 93493106007020 OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

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

**Grants and Other Assistance to Organizations,** 

Governments and Individuals in the U.S.

Open to Public Inspect ion

Name of the organization						Employer identi	fication number
Rollins College						59-0624440	
Part I General Inform	mation on Grai	nts and Assistance	2			•	
Does the organization ma the selection criteria use Describe in Part IV the o	d to award the grar rganızatıon's proce	nts or assistance? edures for monitoring th	e use of grant funds in t	he United States			
Form 990, Part I Part IV and Sch	IV, line 21 for ar edule I-1 if addii	y recipient that rece cional space is	eived more than \$5,0	00. Check this box	tes. Complete if the of the of the off no one recipient rec	ceived 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)	1 127	(h) Purpose of grant or assistance
2 Enter total number of seconganizations					<u> </u>		
3 Enter total number of other							r
For Paperwork Reduction Act Not	ice, see the Instruct	ions for Form 990.		Cat No 50055F		Sc	hedule I (Form 990) 2008

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

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	(c)A mount of cash grant	( <b>d)</b> A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
See Additional Data Table					

## 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
Grantmaker's Description of How Grants are Used		Procedures for monitoring the use of grant funds Potential grant recipients complete applications that are specific to a particular grant funding source. The Financial Aid office reviews applications to determine that eligibility requirements such as GPA, credit hours and residency and enrollment status are met. Student applicants receive an award letter identifying the funding programs and award amounts. Awards are applied as non-cash credit to student accounts receivable to further ensure that proceeds are utilized for the intended purposes. The Registrar's office provides information such as withdrawal notices to facilitate the Financial Aid office in periodically monitoring eligibility criteria and ensuring that funds not utilized for the intended purpose are returned to the original funding program.

**Software ID:** 08000091

**Software Version:** 2008v2.7

**EIN:** 59-0624440

Name: Rollins College

Form 990, Schedule 1,	Part III, Grar	its and Other A	ssistance to Indivi	quais in the United S	tates

(a)Type of grant or assistance	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
Scholarships - Hamilton Holt School	9		10,762		Tuition & related expenses
Scholarships - Crummer Graduate School	126		1,544,096		Tuition & related expenses
Rollins grants	576		8,675,738		Tuition & related expenses
Other assistance	42		72,435		Tuition & related expenses
Merit Scholarships	598		5,200,846		Tuition & related expenses
Merit scholarships	560		318,903		Laptop computers
Government grants	304		391,674		Tuition & related expenses
Endowed Scholarships	397		4,368,350		Tuition & related expenses
Donated Scholarships	251		594,812		Tuition & related expenses
Cornell Scholars	35		1,417,680		Tuition & related expenses
Athletic grants	126		2,568,129		Tuition & related expenses
	·				

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DLN: 93493106007020

OMB No 1545-0047

Schedule J (Form 990)

**Compensation Information** 

200

**Employer identification number** 

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

ın Part III

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.

Rollins College 59-0624440 **Questions Regarding Compensation** Νo Yes Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items Housing allowance or residence for personal use First class or charter travel Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax idemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain **1**b Yes Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Yes Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Written employment contract Compensation committee Compensation survey or study Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a Receive a severance payment or change of control payment? Νo 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo 4c Νo Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III 501(c)(3) and 501(c)(4) organizations only must complete lines 5-8. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? 5a Νo 5b Νo Any related organization? If "Yes," to line 5a or 5b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6a Νo 6b Any related organization? Νo If "Yes," to line 6a or 6b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Νo Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe

Cat No 50053T

Νo

### 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	f W-2 and/or 1099-'	MISC compensation	(C) Deferred	( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base (ii) Bonus & (iii) Other compensation compensation			compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Roger N Casey	(ı) (ıı)				21,081	9,242	242,883	98,308
Mark Johnston	(ı) (ıı)				13,925	20,240	190,628	101,65
Lewis M Duncan See Sch O	(ı) (ıı)			41,061	23,000	78,089	461,712	151,650
Jeffrey G Eisenbarth	(ı) (ıı)				10,417	7,001	. 152,292	
Jane Reimers	(ı) (ıı)				12,879	8,354	185,054	
James Johnson	(ı) (ıı)				11,883	34,151	. 201,816	94,69
Greg Marshall	(ı) (ıı)				19,981	19,349	260,328	115,67
George Herbst	(ı) (ıı)				23,000	13,653	284,455	113,25
E T Veit	(ı) (ıı)				13,444	4,291	. 176,603	
David Erdmann	(ı) (ıı)				16,268	13,278	195,630	
Cynthia Wood	(ı) (ıı)				15,308	12,552	183,227	74,12
Craig McAllaster	(ı) (ıı)				20,027	14,118	231,713	93,70
	(i)	<u>'</u>				l		1
	(ii)	<u> </u>						1
	(i)		<b></b>		,	<u> </u>		4
	(ii)	/l '	1	I I	, J	1	1	1

#### 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	Explanation
	Part I, Line 1a Relevant information in regards to selections on 1a	
1		
·		
1		

(1)

(11)

Craig McAllaster

197,568

(F) Compensation

reported in prior Form

93,709

benefits

14,118

compensation

20,027

(B)(ı)-(D)

231,713

**Software ID:** 08000091 Software Version: 2008v2.7 **EIN:** 59-0624440

(ii) Bonus &

Name: Rollins College

Form 990, Schedule J, Part 1	II - Officers, Directors, Trustees, Key Employees, and	d Highest Compen	sated Employees	
(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation	(C) Deferred	( <b>D)</b> Nontaxable	(E) Total of columns

		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	Denents	(B)(I)-(D)	990 or Form 990-EZ
Roger N Casey	(I) (II)	212,560			21,081	9,242	242,883	98,308
Mark Johnston	(I) (II)				13,925	20,240	190,628	101,651
Lewis M Duncan See Sch O	(I) (II)			41,061	23,000	78,089	461,712	151,650
Jeffrey G Eisenbarth	(I) (II)				10,417	7,001	152,292	
Jane Reimers	(I) (II)				12,879	8,354	185,054	
James Johnson	(I) (II)				11,883	34,151	201,816	94,694
Greg Marshall	(I) (II)				19,981	19,349	260,328	115,678
George Herbst	(I) (II)				23,000	13,653	284,455	113,252
E T Veit	(I) (II)				13,444	4,291	176,603	
David Erdmann	(I) (II)				16,268	13,278	195,630	
Cynthia Wood	(ı) (ıı)				15,308	12,552	183,227	74,122

DLN: 93493106007020

OMB No 1545-0047

Employer identification number

# Schedule K (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O.

**Supplemental Information on Tax Exempt Bonds** 

Open to Public **Inspection** 

of Purpose ducational & land sue	(g) D	efeased  No  X  X  X	Beh	On half of suer No
ducational & land ue ue and fix	Yes	X X	Bel Is	half of suer
ducational & land ue ue and fix	Yes	X X	Bel Is	half of suer
& land ue ue and fix e educational	I	x x	Yes	No
& land ue ue and fix e educational		x		
eue and fix		X		
e educational				
		Х		
	_		•	
	D		E	
•				
Yes	No	Ye	es	No
			<del></del>	
Yes	No	Ye	es	No
		D	D	D E

Schedule K	(Form 990) 20	800	
Part III	Private Bu	siness Use	(Continued)

		4	A	E	3	(	С	I	D	I	E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government											
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										
Pai	rt IV Arbitrage (Optional for 2008)										
		ı	Α	E	3	(	<u>c</u>	ı	<u> </u>	ı	Ε
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
ь	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
ь	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5 Were any gross proceeds invested beyond an available temporary period?											
6 Did the bond issue qualify for an exception to rebate?											

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DLN: 93493106007020

OMB No 1545-0047

Schedule L **Transactions with Interested Persons** 

(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 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.

Open to Public Inspection

Name o	f the organization ollege				E	mploy	er ide	nt if ica	tion n	umber			
Part I	•						(4) organı		ns on	ıly).			
	To be completed by organization	ons that an	iswered "Yes T	s" on	Form 990, Part IV	, line	25a or 25l	o, or F	orm 9	90-EZ			
1	(a) Name of disqualifie	d person			<b>(b)</b> Des	cript	on of trans	action			1	c) Corr	
												Yes	No
	er the amount of tax imposed on							ear ui	nder				
	tion 4958									\$			
	er the amount of tax, if any, on lir		•		the organization .	•				\$			
Part I	Loans to and/or From				F 000 D+	T. / L	26 5		00 5	7 0	M 1	- 20-	
	To be completed by organiza	tions that	answered "Y	res c	on Form 990, Part	1V, I	ine 26, or F	orm 9	90-E	2, Part <b>(f</b>		e 38a	
(a) N	lame of interested person and purpose	( <b>b</b> ) Loan from t organiza	:he	(c)	Original principal amount	( <b>d</b> )B	alance due	(e) defa		Appr	oved ard or	agree	ritten ment?
	To From		Yes	No	Yes	No	Yes	No					
			•	•									
Total					<b>▶</b> \$								
Part II	Grants or Assistance B To be completed by organ					90,	Part IV, lır	ne 27					
(	a) Name of interested person	(b)			veen interested pe organization	rson	( <b>c)</b> A m	ount o	of grai	nt or ty	pe of	assista	nce
Part I	Business Transactions To be completed by organ					90,	Part IV, lır	ne 28	a, 28	b, or	28c.		
(a	) Name of interested person	betw	Relationship een interesto rson and the	ed	<b>(c)</b> A mount of transaction	f	( <b>d)</b> Desci	rıptıon	oftra	ansactı	- 1	<b>(e)</b> Sha organıza reven	ation's
		0	rganızatıon									Yes	No
Paula Ha	mmer	Family	member		38,	438	Employmen	nt serv	ıces				Νo

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DLN: 93493106007020

OMB No 1545-0047

Inspection

## **SCHEDULE M** (Form 990)

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

**Non-Cash Contributions** 

Department of the Treasury Attach to Form 990 Internal Revenue Service

Employer identification number Name of the organization Rollins College 59-0624440 Part I Types of Property

		(a)	(b)	(c)	(d)	•		
		Check If	Number of Contributions	Revenues reported on Form 990, Part VIII, line	Method of de		ning	
		applicable		1g	reven	ues		
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	X	5	45,173	FMV			
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)							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (describe)							
26	Other (describe)							
27	Other (describe)							
28	Other (describe)							
29	Number of Forms 8283 received which the organization complete Acknowledgement	d Form 828		ar for contributions for	29			
	-		•				Yes	No
30a	During the year, did the organiza hold for at							
	least three years from the date of			not required to be used for e	exempt purposes			
	for the entire holding period? .					30a		No
b	If "Yes", describe the arrangeme							
31	Does the organization have a gif					31	Yes	
32a	Does the organization hire or use contributions?	e third parti	es or related organizations	to solicit, process, or sell i	non-cash	32a		No
b	If "Yes", describe in Part II							
33	If the organization did not report	revenuesı	n Column (c) for a type of p	roperty for which Column (a	a) is			
	checked, describe in Part II							
For P	aperwork Reduction Act Notice, see	the Instruct	tions for Form 990.	Cat No 51227J	Schedule	M (For	m 990	2008

<b>Supplemental Information.</b> 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					
240111111	Notal III Colored	Explanation					
	1	I .					

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(Form 990)

Department of the Treasury Internal Revenue Service

**SCHEDULE 0** 

# **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

DLN: 93493106007020

Open to Public Inspection

Name of the organization Rollins College	Employer identification number
	59-0624440

Identifier	Return Reference	Explanation
	Sch J, Part II, Column E F explanation	The amount of compensation reported in Column F of the 2008 Form 990, Schedule J covers the period January 1 through May 31, 2008, which was previously reported on the College's 2007 Form 990, which required reporting compensation on a fiscal year basis (June 1, 2007 through May 31, 2008) The new 2008 Form 990 requires reporting in Column E of Schedule J based on the calendar year 2008, which can result in duplicated reporting for fiscal year filers. Column F represents that portion of calendar year 2008 compensation that was previously reported in 2007.

Identifier	Return Reference	Explanation
	Part VII, Section A, Line 1a, Column D	Explanation of Other Reportable Compensation for Lew is Duncan The President's base compensation in calendar year 2008 was \$319,562. The total of \$360,623 reported on Part VII is taken from the 2008 Form W-2, Box 5. This amount also includes \$41,061 paid to compensate for the disparity between pension benefits earned at the President's prior institutional employer, which was lost upon termination to accept the position of president with Rollins. See Schedule J, Part II, Column (A) for Lew is M. Duncan.

Identifier	Return Reference	Explanation
	Form 990, Part VI, Line 1a	Honorary Trustees (a)Honorary Trustees shall be entitled to attend all meetings of the Board of Trustees and all meetings of the Executive Committee, the Finance Committee, the Education Committee, and the Development and Alumni Relations Committee, but Honorary Trustees shall not be entitled to vote at meetings of the Board or at meetings of any committee of the Board except as provided below (b)Honorary Trustees shall be eligible for appointment or election to any standing or special committee of the Board, and if appointed or elected, they shall be entitled to vote Executive Committee (a)The Board of Trustees exercises its responsibility for the overall supervision of the College between meetings of the Board through its Executive Committee. The Chairman of the Board is a member of the Executive Committee and Chairman thereof. The President of the College and the Vice Chairman of the Board are members of the Executive Committee. The Secretary of the College is the Secretary of the Executive Committee and keeps a full record of all of its transactions and proceedings. The Executive Committee performs such further functions as shall be specifically delegated or authorized by the Board of Trustees at a regular or special meeting (b)The Executive Committee will (1)Review regularly the functions and operations of the College,(2) Review and approve recommendations by the President of the College with respect to the functions and operations of the College,(3)Carry out the functions of the Board of Trustees between meetings of the Board

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	Description of published documents Rollins College publishes its Conflict of Interest Policy on its wiebsite, which is available to the general public. The College also publishes its audited financial statements online, beginning with statements for the fiscal years ended 5/31/09 and 5/31/08. As to governing documents, essentially the College's bylaws, these are not published or made available to the general public.

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 15b	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	Description of process of determining compensation of Officers and Key Employees [other than President] Rollins College has a Compensation Committee chartered by the Board of Trustees. In addition to compensation areas related to the President, the Compensation Committee is also charged with reviewing a summary of the President's evaluation of the Vice Presidents, and reviewing and approving the President's recommendation for all elements of the compensation for the Vice Presidents. As to officers and key employees of the College below the level of Vice President, the compensation level is determined by the immediate supervisor and/or the head of the department, which is typically a Vice President or Dean of the College. In any case where the compensation approver is not a Dean or Vice President, at least two approvals are required—the immediate supervising manager and his or her manager at the next higher level.

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	Description of Conflict of Interest monitoring and enforcement During the spring of each year the College canvasses all Trustees, who are asked to complete a Conflict of Interest disclosure form noting any membership(s) in for-profit boards and any not-for-profit boards. Additionally, they are asked to indicate whether they hold a 5% or greater ownership interest in these organizations. All College officers, Directors, and Key Employees are also required to complete a Conflict of Interest disclosure form Each College staff person as identified above, also signs a statement confirming whether or not a conflict exists. A summary document (spreadsheet) is prepared by the President's Office that includes all Trustees and Officers of the College. This document is presented to and reviewed in detail by the Audit Committee, usually at the May meeting each year.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 10	Form 990, Part VI, Line 10 Form 990 Review Process	Description of Form 990 review process The 990 is prepared in-house by the Senior Tax Accountant of the Finance dept staff. The review process begins with the Controller, who also supervises the Senior Tax Accountant. The next step of the review process is a detailed walk-through of the entire return with the President and CFO/VP Treasurer, conducted by the Controller and Senior Tax Accountant. Any actionable questions or comments are addressed and resolved before the next step, which is a full draft of the Form 990 submitted to members of the Audit Committee for review. The Audit Committee meets to discuss the contents of the return, and address any questions or actionable comments to the College staff at the meeting. The College staff is represented by the President, CFO/Treasurer, Controller, and Senior Tax Accountant. Next step of the review encompasses sending a full copy of the return to each Trustee, including the Audit Committee. Again, comments or questions from Board Members (29) requiring action are addressed and resolved. A summary of any/all actionable items and the disposition of same are presented to the Audit Committee. The chairman of the Audit Committee gives the approval to file the Form 990.

ldentifier	Return Reference	Explanation
' '		Form 990-T will be completed and filed by its due date of April 30, 2010. However, it was not completed by the earlier filing date of this corresponding Form 990.

DLN: 93493106007020

2008

OMB No 1545-0047

Open to Public Inspection

**Employer identification number** 

# **SCHEDULE R** (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

Rollins College

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** 

59-0624440 **Identification of Disregarded Entities** (A)
Name, address, and EIN of disregarded entity (C) (E) Legal domicile (state Total income End-of-year assets Direct controlling Primary activity or foreign country) entity Holt Properties LLC 1000 Holt Avenue - CB 2715 Rollins College 2,482,208 Acquire real property FL Winter Park, FL 327894499 59-0624440 Part II Identification of Related Tax-Exempt Organizations (B) Name, address, and EIN of related organization Legal domicile (state Exempt Code section Public charity status Direct controlling Primary activity or foreign country) (if section 501(c)(3)) entity

<b>(A)</b> Name, address, and EIN of related organization	Prim	( <b>B)</b> nary activity	(C) Legal domicile (state or foreign country)	( <b>D</b> ) Direct controlling entity	incom	(E) lominant le(related, lestment, related)	Share	<b>(F)</b> e of total income	<b>(G)</b> Share of end-of- year assets	(H Disprop allocat	l) ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana part	agıng
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organ		(B) Primary activity		(C) Legal domicile (state or foreign country)		( <b>D</b> ) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	( <b>G)</b> hare of l-of-yea assets	<b>(H)</b> Percentage r ownership		

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

126	τV	Transactions with Related Organizations					
	Note.	Complete line 1 if any entity is listed in Parts II, III or IV			Ye	es No	
<b>1</b> Du	rıng th	ne tax year, dıd the orgranızatıon engage ın any of the following transactıon	s with one or more related organizations listed in Parts II-	·IV?			
а	Recei	pt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties <b>(iv)</b> rent from a controlled enti	ıty		1a	No	
b	Gıft, g	rant, or capital contribution to other organization(s)			1b	No	
c	Gıft, g	rant, or capital contribution from other organization(s)			1c	No	
d	Loans	or loan guarantees to or for other organization(s)			1d	No	
e	Loans	or loan guarantees by other organization(s)			1e	No	
f	Sale o	fassets to other organization(s)		<u></u>	1f	No	
g	Purch	ase of assets from other organization(s)		<u>[</u>	1g	No	
h	Excha	inge of assets		<u>.</u>	1h	No	
i I	Lease	of facilities, equipment, or other assets to other organization(s)			1i	No	
j	Lease	of facilities, equipment, or other assets from other organization(s)		<u> </u>	<b>1</b> j	No	
k	Perfor	mance of services or membership or fundraising solicitations for other org	anization(s)	L	1k	No	
1 1	Perfor	mance of services or membership or fundraising solicitations by other orga	anization(s)	[	11	No	
m	n Sharing of facilities, equipment, mailing lists, or other assets						
n	Sharır	ng of paid employees		<u>[</u>	1n	No	
o	Reımb	oursement paid to other organization for expenses		<u>[</u>	10	No	
р	Reımb	oursement paid by other organization for expenses		<u> </u>	1p	No	
q	Other	transfer of cash or property to other organization(s)		-	1q	No	
r	Other	transfer of cash or property from other organization(s)		[	1r	No	
2	Ifthe	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>(B)</b> Transaction	(C)			
		Name of other organization(s)	type(a-r)	Amount Involved			
(1)							
(2)							
(2)							
(3)							
(4)							
(+)							
(5)							
(6)							

### 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

									_	
<b>(A)</b> Name, address, and EIN of entity	<b>(B)</b> Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations	57	<b>(E)</b> Share of end-of-year assets	(F) Disproprtionate allocations?		( <b>G)</b> Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?	)
			Yes	No		Yes	No		Yes	No
			•			•	•	Sabadula	D / Form	000) 2000

Software ID: Software Version:

**EIN:** 59-0624440 **Name:** Rollins College

#### Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa	<b>1</b>									
		Posit t	(C tion ( hat a	chec		l			(E)	(F)
<b>(A)</b> 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
Winifred Martin Warden , Trustee	2 00	Χ						0	0	0
William H Short , Asst Treasurer	50 00			Х				88,855	0	32,446
William H Bieberbach , Trustee	2 00	Х						0	0	0
Warren C Hume , Trustee	2 00	Х						0	0	0
Vıctor A Zollo Jr , Trustee	2 00	Х						0	0	0
Toni Jennings , Trustee	2 00	Х						0	0	0
Thomas G Kuntz , Trustee	2 00	Х						0	0	0
Theodore B Alfond , Trustee	2 00	Х						0	0	0
Susan Whealler Johnston , Trustee	2 00	Х						0	0	0
Sandra J Smith , Trustee	2 00	Х						0	0	0
Ronald G Gelbman , Trustee	2 00	Х						0	0	0
Roger N Casey , Vice President	50 00			Х				212,560	0	30,323
Robert L Cook , Asst Treasurer	50 00			Х				96,162	0	25,396
Rick Goings , Trustee	2 00	Х						0	0	0
R Michael Strickland , Trustee	2 00	Х						0	0	0
Philip E Tiedtke , Trustee	2 00	Х						0	0	0
Mıchael Maher , Trustee	2 00	Х						0	0	0
Mıchael G Peterson , Trustee	2 00	Х						0	0	0
Meg G Crofton , Trustee	2 00	Х						0	0	0
Mark Johnston , Professor	50 00					Х		156,463	0	34,165
Lorraine M Kyle , Asst Secretary	60 00			Х				117,042	0	23,888
Lorı L Nıcholson , Trustee	2 00	Х						0	0	0
Lewis M Duncan See Sch O , President	80 00	Х		Х				360,623	0	101,089
Leslie A Rose , Asst Secretary	40 00			Х				45,731	0	14,939
Jon W Fuller , Trustee	2 00	Х						0	0	0
John C Myers III , Trustee	2 00	Х						0	0	0
Jeffrey G Eisenbarth , Vice President	50 00			Х				134,874	0	17,418
Jane Reimers , Professor	50 00					Х		163,821	0	21,233
James S Gerhardt , Vice President	50 00			Х				68,324	0	7,420
James Johnson , Professor	50 00					Х		155,782	0	46,034

Form 990, Part VII - Section Aaa

TOTHI 330, Tart VII Section Ad											
		Posit t	(C non ( hat a	chec		I			(5)	(F)	
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(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	
Harold A Ward III , Trustee, SECTY	2 00	Х		Х				0	0	0	
Greg Marshall , Professor	50 00					Х		220,998	0	39,330	
George Herbst , Vice President	50 00			Х				247,802	0	36,653	
Francıs H Barker , Trustee	2 00	Х						0	0	0	
F Duane Ackerman , Chairman, TTEE	2 00	Х		Х				0	0	0	
E T Veit , Professor	50 00					Х		158,868	0	17,735	
David H Lord , Trustee	2 00	Х						0	0	0	
Davıd Erdmann , Key Employee	50 00				Χ			166,084	0	29,546	
Cynthia Wood , Vice President	50 00			Х				155,367	0	27,860	
Craig McAllaster , Key Employee	50 00				Χ			197,568	0	34,145	
Bruce A Beal , Trustee	2 00	Х						0	0	0	
Barbara L Ray , Trustee	2 00	Х						0	0	0	
Andrew J Czekaj Sr , Trustee	2 00	Х						0	0	0	
Allan E Keen , Trustee	2 00	Х						0	0	0	
Alan H Gınsburg , Trustee	2 00	X						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 Student tuition		84,394,109	84,394,109		
<b>b</b> Philanthropy/oth programs		482,815	482,815		
<b>c</b> Museum/other admissions		90,529	90,529		
<b>d</b> Auxiliary income		15,575,546	15,575,546		
e Athletic programs		607,326	607,326		

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

Education and public service mission: Rollins College educates students for global citizenship and responsibile leadership, empowering graduates to pursue meaningful lives and productive careers. We are committed to liberal arts ethos and guided by its values and ideals. Our guiding principles are excellence, innovation and community. We provide opportunities for students and the community to explore diverse intellectual, spiritual and aesthetic traditions. We are dedicated to scholarship, academic achievement, creative accomplishment, cultural enrichment, social resonsibility and environmental stewardship.