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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047 2008

Open to Public

Λ Fo	r the	2008 calendar ve	ear, or tax year beginning 0	7-01-2008 and ending 06-30-200	Δ		Inspection
			C Name of organization	7-01-2006 and ending 00-30-200	.	D Employer ider	ntification number
_	ress ch	pplicable Please use IRS	ECKERD COLLEGE INC			59-0859121	ı
_		label or	Doing Business As			E Telephone nui	
_	ne chai	type. See	e			(727) 867-1	166
Initi	ıal retui	rn Specific Instruc-		box if mail is not delivered to street addre	ss) Room/suite	G Gross receipts	
Ten	mınatıo		4200 54TH AVENUE SOUTH				+,,
— Ame	ended i	return	City or town, state or count				
— _{App}	lication	pending	ST PETERSBURG, FL 33711				
		F N	ame and address of Princip	al Officer	H(a) Is the	s a group return 1	for
		DON	ALD R EASTMAN III		affilia		⊤Yes ▼No
			54TH AVENUE S ETERSBURG,FL 33711				
r Tax	k-exem		(c) (3) ◄ (insert no)	7(a)(1) or		affiliates included	
		<u> </u>		, (1) (1)	1	o," attach a list p Exemption Nun	See instructions)
ı w	eb site	e: 🕨 WWW ECKEI	RD EDU		H(c) Grou	p Exemption Num	iliber F
✓ Tund	of ora	Corner	ration trust association	other be	Voor of For	mation 1062 M s	State of legal domicile FL
ктуре	e or org	janization je Corpor	ation instrassociation	other -	L fear or For	mation 1962 M S	state of legal doffficile. FL
		_					
Ра	1		the organization's mississ	or most significant activities			
a1		•	_	ERAL ARTS EDUCATION AND LI	ELONG LEAL	PNING PROGRA	MS WITHIN THE
<u>ĕ</u>			•	WITH THE PRESBYTERIAN CHU		KNING FROGRA	MS WITHIN THE
<u>=</u>							
Governance	2	Check this box Γ	if the organization discon	tinued its operations or disposed o	f more than 2	5% of its assets	
3	3	Number of voting	members of the governing	body (Part VI, line 1a)		3 _	28
ő ۵	4	Number of indep	endent voting members of t	he governing body (Part VI, line 11)	. 4 _	27
Acumues	5	Total number of	employees (Part V , line 2a)			5	1,575
5	6	Total number of	volunteers (estimate if nece	essary)		6 _	359
4	7a	Total gross unre	lated business revenue fror	n Part VIII, line 12, column (C)		7a	570,540
	ь	Net unrelated bu	siness taxable income from	Form 990-T, line 34		7b	0
					Prio	or Year	Current Year
	8	Contributions a	nd grants (Part VIII, line 1	h)		12,699,244	10,440,952
Revenue	9	Program servic	ogram service revenue (Part VIII, line 2g)			77,560,617	78,850,221
эле	10	Investment inc				569,131	1,134,112
ď	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				-949,168	108,030	
	12		-add lines 8 through 11 (mu	st equal Part VIII, column (A), lın	е	00 070 034	00 522 215
	42	12)	.l			89,879,824	90,533,315
	13		llar amounts paid (Part IX,	, ,,		20,765,368	21,742,825
	14	·	or for members (Part IX, c	, ,,	_		U
8	15	Salaries, other 10)	compensation, employee be	enefits (Part IX, column (A), lines !	>-	28,798,610	30,399,318
SUR S	16a	•	ndraising fees (Part IX, colu	ımn (A), lıne 11e)			C
Expenses	ь		expenses, Part IX, column (D), lin				
Ξ	17	`	. , , , , , , , , , , , , , , , , , , ,	(Part IX, column (A), lines 11a-11d, 11f-24f)			
	18	•		qual Part IX, line 25, column (A))		35,711,807 85,275,785	33,223,003 85,365,146
	19		xpenses Subtract line 18 f			4,604,039	5,168,169
8 4			,	==	Beginni	ng of Year	End of Year
ည်း ကို	20	Total assets (P	art X line 16\			140,374,535	139,431,826
1557 1839 1839		·				, ,	
Net Assets or Fund Balances	21		(Part X, line 26)	04.6		52,772,343	46,349,881
	22		und balances Subtract line	21 from line 20		87,602,192	93,081,945
Par	t II	Signature E					
				mined this return, including accompanying ion of preparer (other than officer) is base			
Plea	se	lk i	·	•	1	05-12	
Sign		Signature of off	icer		Date		
lere	•	CHRISTOPHER	P BRENNAN CFO & TREASURER				
		Type or print na					
		Preparer's			Check If	Preparer's PTIN (S	See Gen Inst)
Paid		signature			self- empolyed 🕨 🦵		
	arer's	Firm's name (or yo	urs L ERNST & YOUNG US LLP		·		
Use C		if self-employed), address, and ZIP +	•	200		EIN Þ	
	-	audicss, and ZIP +		סטט		Phone no ▶ (86	64) 242-5740
			GREENVILLE, SC 29601			1 . , , , ,	<u>, </u>
1ay t	he IR	S discuss this ref	turn with the preparer show	n above? (See instructions)			┌Yes ┌No

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

1	Briefly describe the organization's mission	
See A	Gee Additional Data Table	
2	the prior Form 990 or 990-EZ?	Γ Yes Γ No
	If "Yes," describe these new services on Schedule O	
3	services?	┌ Yes ┌ No
	If "Yes," describe these changes on Schedule O	
4	Describe the exempt purpose achievements for each of the organization's three largest program services Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants others, the total expenses, and revenue, if any, for each program service reported	•
4a	(Code) (Expenses \$ 48,211,623 including grants of \$ 21,742,825) (Revenue \$ INSTRUCTION AND SCHOLARSHIPS TO/FOR STUDENTS THIS INCLUDES INSTRUCTION AND SCHOLARSHIP FOR TRADITIONAL ST ADULT STUDENTS OVER THE AGE OF 25 RESIDENTIAL STUDENTS FROM 45 STATES AND 35 COUNTRIES, ALONG WITH OUR PROLEARNERS CAN CHOOSE AMONG 40 MAJORS LEADING TO A BACHELOR OF ARTS OR BACHELOR OF SCIENCE DEGREE OR DESIGN CONCENTRATIONS ATTENDING ECKERD COLLEGE DURING THE 2008/2009 ACADEMIC YEAR WERE 2,092 (FTE) FULL-TIME AND STUDENTS	UDENTS AS WELL AS RETURNING IGRAM FOR EXPERIENCED I THEIR OWN INTERDISCIPLINARY
4b	(Code) (Expenses \$ 12,335,206 including grants of \$) (Revenue \$ STUDENT SERVICES - PROVIDE SERVICES TO STUDENTS APART FROM INSTRUCTION SUCH AS ADMISSIONS, FINANCIAL AID, S AND MORE APPROXIMATELY 96% OF ECKERD COLLEGE STUDENTS RECEIVE FINANCIAL ASSISTANCE AS A RESULT OF THE EFFORM OFFICE THE COLLEGE'S STUDENTS HAVE ACCESS TO MANY SERVICES INCLUDING THE FITNESS CENTER, THE OUTDOOR POOL, STUDENT GOVERNMENT, STUDENT MEDIA (RADIO, T V AND NEWSPAPER) AND REGISTERED STUDENT CLUBS AND ORGANIZATION.	ORTS OF THE FINANCIAL AID MEN'S AND WOMEN'S SPORTS,
4c	4c (Code) (Expenses \$ 10,528,050 including grants of \$) (Revenue \$ AUXILIARY SERVICES - HOUSING, FOOD SERVICE, AND OTHERS WITH OVER 1,400 STUDENTS LIVING IN THE RESIDENCE HALLS RESIDENCE HALLS THAT RANGE FROM TRADITIONAL ROOMS WITH A SHARED COMMON AREA TO APARTMENT STYLE SUITES FOR THIRD PARTY MANAGEMENT COMPANY THAT OPERATES SEVERAL LOCATIONS ACROSS ECKERD'S MAIN CAMPUS	
4d	4d Other program services (Describe in Schedule O)	
	(Expenses \$ 4,444,935 including grants of \$) (Revenue \$)
4e	4e Total program service expenses \$ 75,519,814 <i>Must equal Part IX, Line 25, column (B).</i>	

art IV	Checklist of	Required	Schedules
	CHCCKHSCOL	ive quii e u	ociic aaics

			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		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
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		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νo
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a	Yes	
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			res	NO
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			
	1V	28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νo
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		Νo
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		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	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	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
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	rt 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	3,695		
Ь	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 a	nd reportable		
	gaming (gambling) winnings to prize winners?	<u>1c</u>	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	1,575		
b	If at least one is reported in 2a, did the organization file all required federal employment tax reti Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	urns? 2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year or return?	covered by this	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or over, a financial account in a foreign country (such as a bank account, securities account, or ot account)?		Yes	
b	If "Yes," enter the name of the foreign country UK , CJ			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Forei Financial Accounts.	gn Bank and		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax y	ear? 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 Reg. Tax Shelter Transaction?	arding Prohibited . 5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6а		No
b	If "Yes," did the organization include with every solicitation an express statement that such corwere not tax deductible?	ntributions or gifts		
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 more?	\$75 or 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	7-	Yes	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums benefit contract?	on a personal 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 req	quired? 7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1			
_	required?		Yes	
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds and section 5 supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring excess business holdings at any time during the year?			
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.		1	
а	Did the organization make any taxable distributions under section 4966?	9a		
Ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	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	m 1041? 12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

Section A. Governing Body and Management

No

Νo

Νo

Νo

Νo

Νo

Νo

Νo

Yes

2

3

4

5

6

7a

7Ь

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

	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	ı, desc	ribe the circumstances,
1	Enter the number of voting members of the governing body	1a	28
ь	Enter the number of voting members that are independent	1b	27

Did any officer director trustee, or key employee have a family relationship or a husiness relationship with any

-	other officer, director, trustee, or key employee?
3	Did the organization delegate control over management duties customarily performed by or under the direct
	augustus of officers, directors or twictors, or leave ampleyees to a management company or other nevena

supervision of officers, directors of trustees, or key employees to a management company of other person?
Did the organization make any significant changes to its organizational documents since the prior Form 990 was
filed?

Did the organization become aware during the year of a material diversion of the organization's assets?		
Does the organization have members or stockholders?		ĺ

Does the organization have members, stockholders, or other pe	ersons who may elect one or more members of the
governing body?	

D	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	•
	Did the organization contemporaneously document the meetings held or written actions undertaken during th	1e
	year by the following	

Did the organization contemporaneously document the meetings held of written detions undertaken during the	
year by the following	
the governing hody?	

Ь	each committee with authority to act on behalf of the governing body?						
	Does the organization have local chapters, branches, or affiliates?						

ь	If "Yes," does the organization have written policies and procedures governing the activities of such	c h	apte	ers,	,
	affiliates, and branches to ensure their operations are consistent with those of the organization? .				,

10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations
	must describe in Schedule O the process, if any, the organization uses to review the Form 990

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	•

8a	Yes	
8b	Yes	
9a		Νo
9b		
10	Yes	
11		No

Section B. Policies

9a

			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		No
	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		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed AZ, AR, CO, DC, FL, ME, MD, MA, NH, SC, WA
- 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. I another's website.
- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

CHRISTOPHER P BRENNAN 4200 54TH AVE SOUTH ST PETERSBURG,FL 33711 (727) 864-8122

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) Reportable compensation from related organizations (W- 2/1099- MISC)	(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)		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>							
				\vdash			1			
1b Total							>	2,022,639) (229,754

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►25

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual	3		Νo
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	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
UNICCO SERVICE COMPANY 4002 SOLUTIONS CENTER CHICAGO, IL 60693	FACILITIES MGT	893,127
TOM KEESLING TRAVEL 5500 BOATWORKS DR LITTLETON, CO 80126	TRAVEL AGENCY	461,276
THE MV GROUP INC PO BOX 46785 ST PETERSBURG, FL 33741	PLAN & CONST SUPV	223,200
ERNST AND YOUNG LLP PO BOX 406725 ATLANTA, GA 30384	ACCOUNTANTS	219,597
MWW GROUP INC 700 13TH STREET NW - 10TH FLOOR WASHINGTON, DC 20005	LOBBYING CONSULTANTS	117,620
2 Total number of independent contractors (including those in 1) who rec	. ,	7

Statement of Revenue

				(A) 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		Revende		312, 313, 61 314
#¥	ь	Membership dues					
Contributions, gifts, grants and other similar amounts	с	Fundraising events	. b 88,125				
gॉॉts ara	d	Related organizations1	lc				
ξ. E	e	Government grants (contributions)	le 1,954,777				
ution her s	f	All other contributions, gifts, grants, and similar amounts not included above		İ			
a of of	g	Noncash contributions included					
ŏ≅	h	Innes 1a-1f \$ 397,56 Total (Add lines 1a-1f)	-	10,440,952			
			Business Code				
E E	2a	TUITION & FEES	611,600	60,709,229	60,709,229		
92 24	b	AUXILIARY SERVICES	611,710	11,696,791	11,696,791		
ъ. П	c	CONTINUING EDUCATION	611,600	6,444,201	5,915,909	528,292	
ž	d		_				
ૐ ⊆	e						
Program Serwoe Revenue	f	All other program service revenu	ıe				
<u>Ā</u>	g	Total. Add lines 2a-2f ► \$ 78,850,221					
	3	Investment income (including di	·	1,129,701			1,129,701
		other similar amounts)	▶				
	4	Income from investment of tax-exempt	bond proceeds	15,213			15,213
	5	Royalties		0			
		(ı) Real	(II) Personal				
	6a	Gross Rents					
	Ь	Less rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss) .					
		(ı) Securities	(II) O ther				
	7a	Gross amount 180,17 from sales of assets other	8 85,900				
		than inventory	06 600				
	b	Less cost or other basis and	96,600				
	c	sales expenses Gain or (loss) -10	2 -10,700				
	d	Net gain or (loss)	. •	-10,802			-10,802
Other Revenue	8a	Gross income from fundraising events (not including \$ 64,719 of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds					
levé		\$15,000	a 88,125				
<u></u>	ь	Less direct expenses	b 40,685				
ţ	С	Net income or (loss) from fundra	ısıng events ▶-	24,034			24,034
0	9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000	a 1,580				
	ь	·	ь				. <u></u> .
	С	Net income or (loss) from gamin	g activities	1,580			1,580
	10a	Gross sales of inventory, less returns and allowances .					
			a L				
	b c	Less cost of goods sold Net income or (loss) from sales		0			
		Miscellaneous Revenue	Business Code				
	11a	CONFERENCE AND MEETING REVENUE	532,000	42,248		42,248	
	ь	MISCELLANEOUS FEE	611,710	9,921			9,921
	С	REVENUE MISCELLANEOUS	900,099	30,247			30,247
			<u> </u>	·			·
	d e	All other revenue Total. Add lines 11a-11d	- [
			\$ 82,416				
	12	Total Revenue. Add lines 1h, 2g 8c,	, 3, 4, 5, 6d, 7d,	90,533,315	78,321,929	570,540	1,199,894
		9c, 10c, and 11e	▶				

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re).
Do r	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0	·		<u> </u>
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	21,742,825	21,742,825		
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	796,015	410,636	347,879	37,500
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	22,338,566	18,644,850		951,732
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,944,552	1,615,686	242,275	86,591
9	Other employee benefits	3,660,781	2,375,579	1,174,171	111,031
10	Payroll taxes	1,659,404	1,349,629	242,564	67,211
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	119,417		106,927	12,490
c	Accounting	260,181		260,181	
d	Lobbying	132,561	132,561		
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	29,702		29,702	
g	Other	1,256,764	791,494	288,931	176,339
12	Advertising and promotion	655,023	473,614	66,654	114,755
13	Office expenses	2,853,643	1,570,437	1,029,693	253,513
14	Information technology	655,850	442,313	209,473	4,064
15	Royalties	416,853	416,853		
16	Occupancy	7,595,120	7,138,702	455,359	1,059
17	Travel	2,124,527	2,015,285	58,601	50,641
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	369,474	258,852	67,045	43,577
20	Interest	2,026,792	2,013,717	13,075	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	4,691,406	4,455,489	235,917	
23	Insurance	909,884	864,821	45,063	
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	INSTRUCTIONAL SUPPLIES&EXP	4,792,848	4,678,766	62,090	51,992
ь	FOOD SERVICES	3,955,583	3,862,331	73,435	19,817
С	DONOR RELATIONS	211,756	118,308	3,640	89,808
d	MAINTENANCE&SERVICE CONTRACTS	146,685	128,132	18,123	430
e	MISCELLANEOUS	18,934	18,934		
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	85,365,146	75,519,814	7,772,782	2,072,550
26	Joint Costs. Check fiffollowing SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				000 (200e)

Part X B	lance	Sheet
----------	-------	-------

						(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing				16,073,283	1	19,903,148
	2	Savings and temporary cash investments				5,686,153	2	8,536,813
	3	Pledges and grants receivable, net				18,014,513	3	14,184,408
	4	Accounts receivable, net				2,682,296	4	2,247,327
	5	Receivables from current and former officers, directors, trustee other related parties <i>Complete Part II of Schedule L</i>			ployees or		5	305,012
	6	Receivables from other disqualified persons (as defined under spersons described in section 4958(c)(3)(B) Complete Part II of					6	
	7	Notes and loans receivable, net				1,540,213	7	1,531,634
	8	Inventories for sale or use					8	
ş	9	Prepaid expenses and deferred charges				4,739,326	9	4,642,979
Assets	10a	Land, buildings, and equipment cost basis	10a	1	126,342,654			
*	ь	Less accumulated depreciation Complete Part VI of Schedule D	10b		60,590,724	1	10c	65,751,930
	11	Investments—publicly traded securities		٠.		19,089,558	11	15,866,898
	12	Investments—other securities See Part IV, line 11 Complete F Schedule D	Part VI.	I of		6,096,938	12	6,239,304
	13	Investments—program-related See Part IV, line 11 Complete of Schedule D .	116,800	13	92,300			
	14	Intangible assets		14				
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D		15	130,073			
	16	Total assets. Add lines 1 through 15 (must equal line 34)				140,374,535	16	139,431,826
	17	Accounts payable and accrued expenses .				5,467,812	17	5,089,023
	18	Grants payable		18				
	19	Deferred revenue				2,012,425	19	2,181,980
	20	Tax-exempt bond liabilities				31,659,666	20	30,909,788
<u>, o</u>	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						
ä		persons Complete Part II of Schedule L		22				
	23	Secured mortgages and notes payable to unrelated third parties	s .			4,514,427	23	3,638,257
	24	Unsecured notes and loans payable			24			
	25	Other liabilities Complete Part X of Schedule D				9,118,013	25	4,530,833
	26	Total liabilities. Add lines 17 through 25				52,772,343	26	46,349,881
S ⊕ S		Organizations that follow SFAS 117, check here ► ✓ and complete through 29, and lines 33 and 34.	plete l	lines	s 27			
Balance	27	Unrestricted net assets				38,909,844	27	46,951,301
<u>г</u>	28	Temporarily restricted net assets				19,925,483	28	15,900,438
됟	29	Permanently restricted net assets				28,766,865	29	30,230,206
or Fund		Organizations that do not follow SFAS 117, check here ► allines 30 through 34.						
	30	Capital stock or trust principal, or current funds					30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31				
	32	Retained earnings, endowment, accumulated income, or other for			32			
Met	33	Total net assets or fund balances				87,602,192	33	93,081,945
_	34	Total liabilities and net assets/fund balances				140,374,535	34	139,431,826
Pa	rt XI	Financial Statements and Reporting						

ParitXI	Financial	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		No
b	Were the organization's financial statements audited by an independent accountant?	2b		Νο
c	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		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes" did the organization undergo the required audit or audits?	3b	Yes	

DLN: 93493134004190

Employer identification number

SCHEDULE A

Name of the organization

(Form 990 or 990EZ)

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.

OMB No 1545-0047

Open to Public Inspection

ECKE		LEGE INC							pioyer ide		ii iidiiboi	
									-085912			
	rt I			harity Status (to be co					Instruct	ions)		
	organı:		•	ation because it is (Please		-		-				
1		A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i).										
2	고		A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)									
3		-	•	e hospital service organizati			-		- '		•	
4	ı		_	zation operated in conjuncti	on with a	hospital d	escribed i	n Section	170(b)(1)	(A)(III). E	nter the	
_	_	•	name, city, and								1 1	
5	ı			or the benefit of a college or	r universit	y owned o	roperated	by a gove	ernmentai	unit desc	ribed in	
_	_			(Complete Part II)				/L\/4\/A\	()			
6	<u> </u>	•	· -	overnment or governmental								
7	ı			ally receives a substantial p		support ire	om a gove	rnmentar t	init or iror	n the gene	erai public	
	_		-	o)(1)(A)(vi) (Complete Par	•	anlata Dar	+ TT \					
8 9	<u>'</u>		•	oed in Section 170(b)(1)(A) ally receives (1) more than		•	•	ontribution	ac mamba	rchin food	and aross	
,	'			lated to its exempt functions								
		·		estment income and unrelate	-		•		•			
			-	on after June 30, 1975 See						x	311103303	
10	Г			and operated exclusively to						ee instruc	tions)	
11	Ĺ.	=	=		-		•				· ·	
	,	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See Section 509(a)(3). Check										
		the box that describes the type of supporting organization and complete lines 11e through 11h										
	_	a T	• •		′ '		•	•	d		III - Other	
е	ı	•	- '	rtify that the organization is agers and other than one or						-	•	
		section 50		agers and other than one or	more pub	iiciy supp	orteu orga	iiiiZatioiis (uescribeu	III Section	1505(a)(1) 01	
f				d a written determination fro	om the IRS	S that it is	a Type I,	Type II o	r Type III	supporti	ng organizatio <u>n,</u>	
		check this			J & .			6			Г	
g		following pe		as the organization accepte	d any girt	or contrib	ution from	iany of the	:			
				r indirectly controls, either a	alone or to	ogether wi	th person:	s describe	d ın (ıı)		Yes No	
		and (III) bel	ow, the govern	ng body of the the supported	d organıza	ition?				11g	(i)	
		(ii) a famıly	/ member of a p	erson described in (i) above	?					11g((ii)	
		(iii) a 35%	controlled ent	ty of a person described in ((ı) or (ıı) a	bove?				11g((iii)	
h		Provide the	following infor	mation about the organizatio	ns the or	ganızatıon	supports					
									1		_	
		ame of	(ii) EIN	(iii) Type of organization		Is the	1	you notify		[s the	(vii) A mount of	
		oorted nization		(described on lines 1-9 above or IRC section		zation in Iisted in		anızatıon i) of your		zation in organized	support?	
Orga		nzacion		(See Instructions))	1	verning		port?		US?		
					docu	ment?		· 				
					Yes	No	Yes	No	Yes	No		
								<u> </u>				
								ļ				
								<u> </u>				
								<u> </u>				

Total

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

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

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

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2008

▶□

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

Schedule A (Form 990 or 990-EZ) 2008

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

Open to Public Inspection

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

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)

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

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

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

	ne organization answered "Ye ection 501(c)(4), (5), or (6) organi	s," to Form 990, Part IV, Line 5 zations complete Part III	(Proxy Tax)		
N a	ame of the organization KERD COLLEGE INC	·			tification number
Par		oy all organizations exem e the instructions for Schedu		59-0859121 1 501(c) and section	527
1	Provide a description of the or	ivities in Part IV			
2	Political expenditures				\$
3	V olunteer hours				
Par	rt I-B To be completed be for Schedule C for d	oy all organizations exem etails.)	pt under section	1 501(c)(3). (See the	instructions
1	Enter the amount of any excise	e tax incurred by the organization	under section 4955		\$
2	Enter the amount of any excise	e tax incurred by organization ma	nagers under section	n 4955	\$
3	If the organization incurred in	a section 4955 tax, did it file For	m 4720 for this year	?	┌ Yes ┌ No
4a	Was a correction made?				┌ Yes
ь	If "Yes," describe in Part IV				
Pai		by all organizations exem for Schedule C for details.)	pt under section	1 501(c), except sect	tion 501(c)(3).
1	Enter the amount directly expe	ended by the filing organization fo	r section 527 exemp	ot function activities	\$
2	Enter the amount of the filing of 527 exempt funtion activities	organization's internal funds conti	ubuted to other orga	nizations for section	\$
3	Total of direct and indirect exe 1120-POL, line 17b	empt function expenditures Add I	ines 1 and 2 and ent	er here and on Form	\$
4	Did the filing organization file $oldsymbol{I}$	Form 1120-POL for this year?			┌ Yes
5	were made Enter the amount p political contributions received	nd Employer Identification Number paid and indicate if the amount wa d and promptly and directly deliver action committee (PAC) If addition	s paid from the filing red to a separate po	i organization's own interna ditical organization, such a	l funds or were s a separate
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0 -	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
					

For Paperwork Reduction Act Notice, see the instructions for Form 990.

Cat No 50084S

Schedule C (Form 990 or 990-EZ) 2008

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

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

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

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

		(a)		(b)
		Yes	No	A mount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines c through i)?		Νo	
c	Media advertisements?		Νo	
d	Mailings to members, legislators, or the public?		Νo	
е	Publications, or published or broadcast statements?		Νo	
f	Grants to other organizations for lobbying purposes?		Νo	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		132,56
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		Νo	
i	Other activities If "Yes," describe in Part IV		Νo	
j	Total lines 1c through			132,561
	1)			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes" enter the amount of any tax incurred under section 4912			
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Da.	+ TIL-A. To be completed by all organizations exempt under section E01/s)/43	coction	E01/6	\/E\ or

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

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

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

2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current Year	2a \$	
b	Carryover from last year	2b \$	
c	Total	2c \$	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3 \$	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political		
	expenditure next year?	4 \$	
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5 \$	

Part IV Supplemental Information

Dues, assessments and similar amounts from members

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

Ident if ier	Return Reference	Explanation
DIRECT CONTACT	,	ECKERD COLLEGE USES THE SERVICES OF AN OUTSIDE CONSULTANT TO CONDUCT LOBBYING ACTIVITIES FOR THE COLLEGE REGARDING HIGHER EDUCATION ISSUES

1 \$

Part IV Supplemental Information							
Ident if ier	Return Reference	Explanation					

Schedule C (Form 990 or 990EZ) 2008

OMB No 1545-0047

2008

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

► 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.

Supplemental Financial Statements

Employer identification number Name of the organization ECKERD COLLEGE INC 59-0859121 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a Total number of conservation easements h 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ►
- 4 Number of states where property subject to conservation easement is located **>**
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?

5 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨

- 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1

For Paperwork Reduction Act Notice, see the Intructions for Form 990

- \$

(ii) Assets included in Form 990, Part X

- \$

► \$

- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
- a Revenues included in Form 990, Part VIII, line 1

▶ \$

b Assets included in Form 990, Part X

Paru	Organizations Maintaining Co	llections of Art	<u>, His</u>	tori	<u>cal Trea</u>	sures, or Oth	<u>ier</u>	Similar	Asse	ts (co	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of th	ne foll	owing tha	t are a sıgnıfıcant	tus	e of its co	llection	ı	
а	Public exhibition		d	Γ	Loan or e	exchange progran	ns				
ь	Scholarly research		e	Γ	Other						
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	ın hov	w the	y further t	he organization's	exe	mpt purp	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t						ımıl	ar	Г	Yes	┌ No
Par	Trust, Escrow and Custodial A Part IV, line 9, or reported an an						swe	red "Yes	" to Fo	rm 9	90,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	dıary	for c	ontributio	ns or other asset	s no	ot	Г	Yes	┌ No
b	If "Yes," explain why in Part XIV and comple	te the following tabl	е								
							-		A mou	nt	
C	Beginning balance					10					
d	Additions during the year					10	_				
e	Distributions during the year					16	_				
f	Ending balance					1f					_
2a	Did the organization include an amount on Fo		21?						J	Yes	☐ No
	If "Yes," explain the arrangement in Part XIV				1 115 / 11	. =		***			
Pai	t V Endowment Funds. Complete	If the organization (a)Current Year)Prior		to Form 990, Po c)Two Years Back (NEOUR V	oars Back
1a	Beginning of year balance	30,753,520	(,	PHOL	rear (c) I wo Teals back [(ujii	nee rears i	back (e	ji Oui Ti	ears back
ь	Contributions	4,509,821									
c	Investment earnings or losses	-3,878,826									
d	Grants or scholarships										
e	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance	31,384,515									
2	Provide the estimated percentage of the yea	r end balance held a	ıs								
а	Board designated or quasi-endowment 🕨	30 94 %									
ь	Permanent endowment ► 69 06 %										
с	Term endowment ▶										
3a	Are there endowment funds not in the posses	ssion of the organiza	ation	that a	re held ar	nd administered fo	or th	ne			
	organization by									Yes	No
	(i) unrelated organizations						•		3a(i)		No
	(ii) related organizations						•		3a(ii)	 	No.
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the	•					•		3b		<u> </u>
	VI Investments—Land, Buildings					Dart V June 10	<u> </u>				
rai	ivi investments—Land, buildings	s, and Equipmen	III. 3						Т		
	Description of investment				Cost or othes (investme		er	(c) Deprec	ation	(d) Bo	ok value
1a l	and					1,498,57	71_		L		1,498,571
b E	Buildings		•			74,512,68	87	19,18	34,140	5	5,328,547
c l	easehold improvements		•			121,37	77	-	72,826		48,551
d E	quipment					41,888,47	75	37,6	55,458		4,233,017
	Other		•			8,321,54	14	3,67	78,300		4,643,244

(a) Description of security or cateory (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
(including name of security) inancial derivatives and other financial products	+	Cost of end-of-year market value
losely-held equity interests		
ther		
otal. (Column (b) should equal Form 990, Part X, col (B) line 12) *	
art VIII Investments—Program Related.	See Form 990. Part X. line 1	3.
(a) Description of investment type	(b) Book value	(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
	+	
		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) -	
Part IX Other Assets. See Form 990, Part 3		
(a) De	scription	(b) Book value
_		
otal. (Column (b) should equal Form 990, Part X, col.(B)	line 15)	
Part X Other Liabilities. See Form 990, Part X		
(a) Description of Liability	(b) A mount	
Federal Income Taxes		
OST RETIREMENT BENEFITS&DEFD COMP		
DBLIGATION	4,530,833	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) L 4 520 023	
(Solamin (D) Should equal Form 550, Fall A, Cor (D) IIIIC 25	<i>)</i> ▶ 4,530,833	

_	Total revenue (Form 990, Part VIII, column (A), line 12)	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8
9	Total adjustments (net) Add lines 4 - 8	9
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Return
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts 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
3	Subtract line 2e from line 1	3
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	
b	Other (Describe in Part XIV)	
c	Add lines 4a and 4b	4c
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5
	Reconciliation of Expenses per Audited Financial Statements With Expenses	I .
1	Total expenses and losses per audited financial statements	1
2	A mounts included on line 1 but not on Form 990, Part IX, line 25	
а	Donated services and use of facilities	_
b	Prior year adjustments	1
c	Losses reported on Form 990, Part IX, line 25	1
d	Other (Describe in Part XIV)	<u> </u>
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIV) 4b	
c	Add lines 4a and 4b	4c
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5
Pari	t XIV Supplemental Information	

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Ident if ier	Ret urn Reference	Explanation
ENDOWMENT FUNDS	PART V - LINE 4	THE INTENDED USES OF THE ENDOWMENT FUNDS ARE FOR SCHOLARSHIPS, FACULTY AND PROGRAM SUPPORT AND EQUIPMENT PURCHASES AND MAINTENANCE THE CALCULATED SPENDING DISTRIBUTION AS ESTABLISHED BY THE BOARD APPROVED SPENDING POLICY, WAS \$1,148,000 FOR THE FISCAL YEAR ENDED JUNE 30, 2009, HOWEVER, IN VIEW OF THE CURRENT MARKET CONDITIONS, THE BOARD OF TRUSTEES ELECTED TO NOT DRAW THE ANNUAL SPENDING DISTRIBUTION FOR THE YEAR AND INSTEAD SUPPORTED THOSE EXPENDITURES FROM OPERATIONS
FIN 48	PART X	THE COLLEGE AND ITS AFFILIATES ARE EXEMPT FROM INCOME TAXES UNDER SECTION 501(A) AS ORGANIZATIONS DESCRIBED IN SECTION 501(C)(3) OF THE UNITED STATES INTERNAL REVENUE CODE ACCORDINGLY, NO PROVISION FOR INCOME TAX HAS BEEN MADE EFFECTIVE JULY 1, 2007, THE ORGANIZATION ADOPTED FIN 48, WHICH RESULTED IN NO IMPACT ON THE FINANCIAL STATEMENTS

Employer identification number

OMB No 1545-0047

MB No 1545-004

2008

Open to Public Inspection

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-EZ. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

Schools

ECKERD COLLEGE INC 59-0859121 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? 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 3 Yes THE NONDISCRIMINATORY POLICY IS PUBLISHED IN LOCAL NEWSPAPERS 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 d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement) 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 h Other extracurricular activities? 5h 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 **b** 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

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493134004190

2008

OMB No 1545-0047

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

► 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

	e organization O LLEGE INC	Employer identification number
		59-0859121
Part I	General Information on Activities Outside the United States. Complete	e if the organization answered
	"Yes" to Form 990, Part IV, line 14b.	

1	For grantmakers. Does the organization maintain records to substantiate the amount of the grants or			
	assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award			
	the grants or assistance	Yes	Γ	No

2 For grant makers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed)

Activites per Region (O	se schedule r-1	(Form 990) if aut	intional space is needed)		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in
Central America and the Caribbean		1	Program Services	INSTRUCTION	81,654
Europe (Including Iceland and Greenland)	1	3	Program Services	INSTRUCTION	779,937
East Asia and the Pacific		1	Program Services	INSTRUCTION	504,213
Middle East and North Africa		1	Program Services	INSTRUCTION	75,481
Sub-Saharan Africa		1	Program Services	INSTRUCTION	131,840
South America		1	Program Services	INSTRUCTION	154,875
North America		1	Program Services	INSTRUCTION	119,923
_					
Totals ▶	1	9			1,847,923
For Paparwork Poduction Act No.	tico coo the instru	ustions for Form O	Cat No. I	E0083W	shadula E (Farm 990) 2009

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

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

Schedule F (Form 990) 2008

Identifier	ReturnReference	in Part I, line 2, and any other additional information. Explanation
RESIDENTIAL UNIT	Keturnkererence	PART I - #3 ECKERD COLLEGE MAINTAINS A RESIDENTIAL UNIT IN LONDON TO HOUSE STUDENTS WHILE ATTENDING COLLEGE COURSES OFFERED BY THE COLLEGE DURING FY09 THE COLLEGE HOUSED 19 STUDENTS AT THIS LOCATION ADDITIONALLY, ECKERD COLLEGE PROVIDES MULTIPLE OPPORTUNITIES FOR ITS STUDENTS TO COMPLETE SOME INSTRUCTION IN AN INTERNATIONAL ENVIRONMENT THE NUMBER OF EMPLOYEES IS COMPUTED ON A FTE BASIS

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493134004190

2008

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

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

Open to Public Inspection

	ne of the organization KERD COLLEGE INC					Employer idei	ntification number
ECI	KERD COLLEGE INC					59-0859121	
Pa	art I Fundraising Act	tivities. Complete	e if the oi	rganızat	ion answered "Yes"	to Form 990, Part IV	, line 17.
a b c	Email solicitations Phone solicitations		through ar	ny of the	e Solicitation of r	non-government grants government grants	
	Did the organization have or key employees listed in If "Yes," list the ten highes to be compensated at leas	Form 990, Part VII) st paid individuals or	or entity entities (f	in connec	ction with professional f rs) pursuant to agreeme	fundraising activities? ents under which the fui	
	(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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			
Tot	al	•	•	>			

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. Components than \$15,000 on Form					report	ed
			(a) Event #1	(b) Event #2	(c) O ther Events	(d) ⊤o	tal Eve	
			AUCTION	GOLF TOURNAMENT	7	(Add col	(a) th I (c))	rough
			(event type)	(event type)	(total number)			
Rue	1	Gross receipts	27,230	73,957	51,657		15	2,844
Revenue	2	Less Charitable contributions	24,625	58,500	5,000		88	8,125
	3	Gross revenue (line 1 minus line 2)	2,605	15,457	46,657		64	4,719
	4	Cash Prizes						
ses	5	Non-cash Prizes		3,667	317		:	3,984
Expenses	6	Rent/Facility costs		7,510	16,033		2:	3,543
ă	7	Other direct expenses	2,661		10,497		1	3,158
Direct	8	Direct expense summary Add line	es 4 through 7 in column	(d)			4 (0,685
۵	9	Net income summary Combine lir	_				24	4,034
Par	H	Gaming. Complete if the or	ganızatıon answered '			rted mor		•
		\$15,000 on Form 990-EZ, lin	1			I		
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total col (a) th		
~	1	Gross revenue						
	2	Cash prizes						
ense	3	Non-cash prizes						
Direct Expenses	4	Rent/facility costs						
<u>D</u>	5	Other direct expenses						
	6	Volunteer labor	┌ Yes <u>%</u> ┌ No	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					Yes	No
а		the organization licensed to operate	gamıng actıvıtıes ın each	n of these states?		· 9a		
b	If"	No," Explain						
10a b		re any ofthe organization's gaming l Yes," Explain	icenses revoked, suspen	ded or terminated during	g the tax year?	10a		
	_							
11		es the organization operate gaming a				11	<u> </u>	
12		the organization a grantor, beneficiar		a member of a partnersh	nip or other entity			

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

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DLN: 93493134004190

Schedule I (Form 990)

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

OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspect ion

Employer identification number

ECKERD COLLEGE INC							
						59-0859121	
Part I General Infor	mation on Gra	nts and Assistance					
Does the organization methe selection criteria useDescribe in Part IV the	ed to award the grai	nts or assistance?			ıbılıty for the grants or as		√ Yes
Part IV and Sch	IV, line 21 for ar nedule I-1 if addi	ny recipient that rece tional space is	eived more than \$5,0	00. Check this box	tes. Complete if the o	served more than \$5,	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Enter total number of se			•				
organizations 3 Enter total number of oth					•		
For Paperwork Reduction Act No				Cat No 500551			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, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.			,	,

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
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
PROCEDURE FOR MONITORING GRANTS		THE COLLEGE HAS DESIGNED AND IMPLEMENTED AN INTERNAL CONTROL STRUCTURE THAT INCLUDES BOTH INTERNAL CONTROL OVER FINANCIAL REPORTING AS WELL AS INTERNAL CONTROL OVER COMPLIANCE WITH REGULATIONS AND GRANT AGREEMENTS INCLUDED IN THE INTERNAL CONTROL STRUCTURE IS A COMPREHENSIVE GRANTS & CONTRACTS POLICY THAT PROVIDES THE ECKERD COLLEGE COMMUNITY GUIDELINES FOR GRANTS RECORDKEEPING, REPORTING AND MANAGEMENT THE FINANCIAL AID AND BUSINESS OFFICES HAVE PRIMARY ROLES IN THE MONITORING OF GRANT FUNDS WHICH INCLUDES PROCEDURES FOR FINANCIAL REPORTING, FUNDS REQUESTS, INVOICING, REIMBURSEMENTS, PROGRAM ACTIVITY OVERSIGHT, PURCHASES, CLOSE-OUT AND POST AWARD COMPLIANCE THE BUSINESS OFFICE COMMUNICATES DIRECTLY AND FREQUENTLY WITH FACULTY MEMBERS TO ENSURE COMPLIANCE WITH ALL COLLEGE POLICIES THE COLLEGE IS ALSO SUBJECT TO EXTERNAL AUDITS WHICH ARE PERFORMED AT LEAST ANNUALLY

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DLN: 93493134004190

OMB No 1545-0047

Schedule J (Form 990)

Compensation Information

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization **Employer identification number** ECKERD COLLEGE INC 59-0859121 Part I Questions Regarding Compensation

	Questions Regulating compensation			$\overline{}$			
			Yes	No			
1a	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						
	First class or charter travel Housing allowance or residence for personal use						
	Travel for companions Payments for business use of personal residence						
	Tax idemnification and gross-up payments Health or social club dues or initiation fees						
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)						
b	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	1b	Yes				
2	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				
3	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						
	Compensation committee Written employment contract						
	✓ Independent compensation consultant ✓ Compensation survey or study						
	Form 990 of other organizations Approval by the board or compensation committee						
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a						
· a	Receive a severance payment or change of control payment?	4a		No			
ь	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes				
c		4c	100	N o			
	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.						
5	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						
а	The organization?	5a		Νo			
Ь	Any related organization?	5b		Νo			
	If "Yes," to line 5a or 5b, describe in Part III						
6	For persons listed in form 990 , Part VII, Section A, line $1a$, did the organization pay or accrue any compensation contingent on the net earnings of						
а	The organization?	6a		Νo			
b	Any related organization?	6b		Νo			
	If "Yes," to line 6a or 6b, describe in Part III						
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	Yes				
8	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 in Part III	8		No			

Cat No 50053T

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
DONALD R EASTMAN III	(I) (II)	259,808 0	105,000 0	24,353 0	23,000 0	88,302 0	500,463 0	0
LLOYD W CHAPIN	(I) (II)	169,563 0	0 0	1,653 0	17,574 0	10,424 0	199,214 0	0 0
EDMUND L GALLIZZI	(I) (II)	60,292 0	0 0	248,758 0	10,500 0	2,410 0	321,960 0	0 0
JAMES MACDOUGALL	(I) (II)	57,983 0	0 0	195,648 0	9,888 0	3,902 0	267,421 0	0
MARGARITA M LEZCANO	(1) (11)	36,77 4 0	0 0	206,185 0	6,288 0	3,776 0	253,023 0	0
VICTORIA BAKER	(I) (II)	41 ,875 0	0 0	174,820 0	7,092 0	3,773 0	227,560 0	0
GERALD J JUNEVICUS	(I) (II)	37,037 0	0 0	175,440 0	6,729 0	5,605 0	224,811 0	0
	(ii)							
	(i)							
-	(ii) (i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Ident if ier	Ret urn Ref erence	Explanation
SCHEDULE J - LINE 1A		THE COLLEGE PRESIDENT IS ALLOWED SOME FIRST CLASS TRAVEL FOR BUSINESS, BASED ON THE DURATION AND DESTINATION OF TRAVEL, WHICH IS SPECIFIED AS A BENEFIT WITHIN HIS EMPLOYMENT CONTRACT TRAVEL FOR COMPANIONS IS ALSO SPECIFIED IN THE PRESIDENT'S EMPLOYMENT CONTRACT WHICH ALLOWS FOR ONLY SUBSTANTIATED COLLEGE BUSINESS TO BE PAID FOR BY THE COLLEGE HOUSING, INCLUDING UTILITIES, IS ALSO PROVIDED TO THE PRESIDENT AS A CONDITION OF HIS EMPLOYMENT, THE PRESIDENT IS REQUIRED TO LIVE WITHIN CLOSE PROXIMITY TO THE COLLEGE CAMPUS AND, AS SUCH, HOUSING IS CONSIDERED A WORKING CONDITION FRINGE PERSONAL SERVICES IN THE FORM OF HOUSEKEEPING ARE PROVIDED WHEN COLLEGE EVENTS ARE HELD AT THE RESIDENCE SOCIAL CLUB DUES WERE ALLOCATED BETWEEN PERSONAL AND BUSINESS USE FOR THE PRESIDENT, AS APPLICABLE
SCHEDULE J - LINE 3		THE PRESIDENTIAL ASSESSMENT AND COMPENSATION COMMITTEE (PACC) OF THE COLLEGE'S BOARD OF TRUSTEES ANNUALLY REVIEWS THE PRESIDENT'S PERFORMANCE AND COMPENSATION CHANGES TO THE PRESIDENT'S COMPENSATION ARE DETERMINED BY THE PACC AND RATIFIED BY THE BOARD OF TRUSTEES IN DETERMINING THE PRESIDENT'S COMPENSATION, THE COMMITTEE RETAINED THE SERVICES OF AN INDEPENDENT COMPENSATION CONSULTANT TO PREPARE A COMPENSATION STUDY OF COMPARABLE HIGHER EDUCATION INSTITUTIONS THERE IS A WRITTEN EMPLOYMENT CONTRACT BETWEEN THE COLLEGE AND PRESIDENT
SCHEDULE J - LINE 4B		ALL OF THE 5 HIGHEST PAID EMPLOYEES LISTED ARE RETIRED FACULTY MEMBERS WHO PARTICIPATED IN A 457(F) NON-QUALIFIED DEFERRED COMPENSATION PLAN IN SCHEDULE J, PART II B(III) ARE AMOUNTS WHICH ARE CONSIDERED OTHER REPORTABLE COMPENSATION THESE AMOUNTS ARE PRIMARILY THE PRESENT VALUE OF THE FUTURE DEFERRED COMPENSATION THESE AMOUNTS REPRESENT BENEFITS WHICH WERE EARNED OVER MULTIPLE YEARS OF SERVICE, AND VESTED UPON RETIREMENT
SCHEDULE J - LINE 7		THE PRESIDENT RECEIVED A PERFORMANCE BASED BONUS IN 2008 WHICH WAS RECOMMENDED AND APPROVED BY THE PRESIDENTIAL ASSESSMENT AND COMPENSATION COMMITTEE AND THE BOARD OF TRUSTEES
		-
	<u> </u>	
		<u></u>

DLN: 93493134004190

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

Open to Public **Inspection**

Department of the Treasury Internal Revenue Service Name of the organization

ECKERD COLLEGE INC

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.

Employer identification number 59-0859121

Р	art I Bond Issues (Required	d for 2008)								'				
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued		(e) Issue Price		(f) Description of Purpose		Purpose	(g) Defeased		(h) O n Behalf o Issuer	
											Yes	No	Yes	No
A	PINELLAS COUNTY EDUCATIONAL FACILITIES AUTHORITY	52-1411737	723161FK6	05-18-	2006	31,6	580,245	CAPITAL IN		EFEASE		x		x
Pa	art II Proceeds (Optional for	- 2008)	I					1			I			
					A	ı	3	(3)		E	
1	Total Proceeds of Issue													
2	Gross Proceeds in Reserve Funds	5												
3	Proceeds in Refunding or Defeasa	ance Escrows												
4	Other Unspent Proceeds													
5	Issuance Costs from Proceeds													
6	Working Capital Expenditures fro	m Proceeds												
7	Capital Expenditures from Proces	eds												
8	Year of Substantial Completion									_				
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No
9	Were the bonds issued as part of	a current refunding iss	sue?											
10	Were the bonds issued as part of	an advance refunding	ıs sue ?											
11	Has the final allocation of procee	ds been made?												
12	Does the organization maintain a final allocation of proceeds?	dequate books and rec	ords to support the											
Pa	rt IIII Private Business Use	(Optional for 2008))	,										
						_	3	_			1		E	
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	5	No
1 —	Was the organization a partner in which owned property financed by		mper of an LLC,											
2	Are there any lease arrangement which may result in private busin		nanced property											
For	Paperwork Reduction Act Notice, see th	ne Instructions for Form	990.			Cat No 501	193F			S	chedule K	(Form 99	0) 2008	

Schedule K (Form 990) 2008					
Part III	Private Bu	siness Use	(Continued)		

			Α		В		c		D		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?										
4	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?										

DLN: 93493134004190

OMB No 1545-0047

Open to Public Inspection

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

► 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.

Name of the organization **Employer identification number** ECKERD COLLEGE INC 59-0859121 Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only). To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) Corrected? (a) Name of disqualified person 1 (b) Description of transaction Yes Nο 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . Loans to and/or From Interested Persons To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (f) (b) Loan to or (e) In Approved (g)Written from the (c)O riginal principal (a) Name of interested person and purpose (d)Balance due default? by board or aareement? organization? amount committee? Τо From Yes No Yes Yes No VICTORIA BAKER DEF'D COMP ADV 457F Χ 53,207 51,802 Νo Yes Yes EDMUND GALLIZZI DEF'D COMP ADV 457F Χ 73,435 71,416 Νo Yes Yes GERALD JUNEVICUS DEF'D COMP ADV 457F Χ 54,668 53,331 Νo Yes Yes MARGARITA LEZCANO DEF'D COMP ADV 457F Х 63,906 62,752 Νo Yes Yes JAMES MACDOUGALL DEF'D COMP ADV 457F Χ 67,716 65,711 Νo Yes 305,012 Total Part III Grants or Assistance Benefitting Interested Persons To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27. (b) Relationship between interested person (a) Name of interested person (c)A mount of grant or type of assistance and the organization

Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
	organization			Yes	No

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DLN: 93493134004190

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury

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

Non-Cash Contributions

Internal Revenue Service Name of the organization

Employer identification number

	RD COLLEGE INC				zinpioyer identificat			
					59-0859121			
Pa	Types of Property	(a) Check ıf applıcable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d Method of d rever	etermı	nıng	
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
	Cars and other vehicles	X	2	· · · · · · · · · · · · · · · · · · ·	COMP VEHICLE FI			
	Boats and planes	X	19	60,506	COMP BOATS FMV			
	Intellectual property							
	Securities—Publicly traded .	X	23	180,280	STOCK EXCHANGI			
	Securities—Closely held stock							
11	Securities—Partnership, LLC, or trust interests							
	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							
	Historical artifacts							
	Scientific specimens							
24	Archeological artifacts							
25	Other (describe TRAILERS)	X	6	4,302	COMP FMV VALUE	S		
	COMPUTERS &							
26	Other (describe <u>SOFTWARE</u>)	Х	2	144,440	AT MARKET			
27	Other (describe $\underline{\sf MISC\ ITEMS}$)	Х	45	533	COMP VALUES			
28	Other (describe)							
29	Number of Forms 8283 received which the organization complete Acknowledgement	d Form 828	-	ar for contributions for	29			0
30a	During the year, did the organiza	ation receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it must		Yes	No
	least three years from the date of for the entire holding period? .			not required to be used for a	exempt purposes	30a		No
b	If "Yes", describe the arrangem	ent in Part 1	II					
31	Does the organization have a gif			eview of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us contributions?	e third part	ies or related organizations	to solicit, process, or sell	non-cash	32a		No
ь 33	If "Yes", describe in Part II If the organization did not report checked, describe in Part II	: revenues i	n Column (c) for a type of p	roperty for which Column (a	a)ıs			

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.							
Identifier	ReturnReference	Explanation					
240111111	Notal III Colored	Explanation					
	1	1					

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

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.

2008

Open to Public Inspection

Name of the organization ECKERD COLLEGE INC

Employer identification number

59-0859121

ldentifier	Return Reference	Explanation
OTHER PROGRAM SERVICES	FORM 990, PART III, LINE 4D	OTHER PROGRAM SERVICES EXPENSE INCLUDES ACADEMIC SUPPORT SERVICES, RESEARCH, LOBBYING EXPENSE FOR HIGHER EDUCATION, AND ALLOCATIONS FOR INSURANCE AND A PERCENTAGE OF THE PRESIDENT AND EXECUTIVE ASSISTANT TO THE PRESIDENT'S SALARY FOR INSTITUTIONAL SUPPORT

ldentifier	Return Reference	Explanation
FORM 990 TO THE BOARD	FORM 990, PART VI, LINE 10	THE AUDIT COMMITTEE OF THE ECKERD COLLEGE BOARD OF TRUSTEES IS CHARGED WITH REVIEWING AND APPROVING THE FORM 990 PRIOR TO ITS DISSEMINATION TO THE FULL BOARD AND PRIOR TO FILING THE FORM 990 IS PREPARED BY THE COLLEGE'S BUSINESS OFFICE WITH THE ASSISTANCE OF THE INDEPENDENT TAX SERVICES PROVIDER THE FORM, ALONG WITH SUPPORTING SCHEDULES AND STATEMENTS, IS REVIEWED AND APPROVED BY THE CFO THE INDEPENDENT TAX SERVICE PROVIDER THAT PREPARES THE FORM 990 ALSO PRESENTS THE FORM 990 TO THE AUDIT COMMITTEE AND PROVIDES AN OPPORTUNITY FOR COMMITTEE MEMBERS TO ASK QUESTIONS AND PROVIDE FEEDBACK ON THE CONTENTS OF THE FORM

Identifier	Return Reference	Explanation
CONFLICT OF INTEREST	FORM 990, PART VI, LINE 12C	ECKERD COLLEGE, INC HAS INCLUDED ITS CONFLICT OF INTEREST POLICY IN ITS BY-LAWS TO ENSURE ALL MEMBERS OF THE ECKERD COLLEGE COMMUNITY ARE AWARE OF THE POLICY THE AUDIT COMMITTEE IS CHARGED WITH MONITORING ADHERENCE TO THE COLLEGE'S CONFLICT OF INTEREST POLICY, AND REPORTS ITS DETERMINATION TO THE EXECUTIVE COMMITTEE THE MEMBERS OF THE BOARD OF TRUSTEES ANNUALLY PROVIDE A WRITTEN DISCLOSURE OF POTENTIAL CONFLICTS (IF ANY) IF AT ANY TIME A TRUSTEE BELIEVES THAT HE OR SHE MAY HAVE A CONFLICT OF INTEREST, THE TRUSTEE SHALL PROMPTLY AND FULLY DISCLOSE THE CONFLICT TO THE PRESIDENT OR THE CHAIR OF THE COMMITTEE ON TRUSTEESHIP THE MINUTES OF A MEETING OF THE BOARD WHERE A DISCLOSURE OF A CONFLICT OR POSSIBLE CONFLICT OF INTEREST IS MADE WILL REFLECT THE DISCLOSURE AND THE TRUSTEE OR OFFICER ABSTAINING FROM THE CONSIDERATION OR VOTE ON THE MATTER

ldentifier	Return Reference	Explanation
COMPENSATION DETERMINATION PROCESS	FORM 990, PART VI, LINE 15A & 15B	THE BOARD OF TRUSTEES OF ECKERD COLLEGE HOLDS THE AUTHORITY TO A PPOINT THE PRESIDENT OF THE COLLEGE. THE BOARD IS RESPONSIBLE FOR SETTING THE APPROPRIATE TERMS OF EMPLOYMENT, INCLUDING COMPENSATION FOR THE PRESIDENT. THE PRESIDENTIAL ASSESSMENT AND COMPENSATION COMMITTEE (PACC) OF THE COLLEGE'S BOARD OF TRUSTEES ANNUALLY REVIEWS THE PRESIDENT'S PERFORMANCE AND COMPENSATION CHANGES TO THE PRESIDENT'S COMPENSATION ARE DETERMINED BY THE PACC AND RATIFIED BY THE BOARD OF TRUSTEES IN DETERMINING THE PRESIDENT'S COMPENSATION, THE COMMITTEE RETAINED THE SERVICES OF AN INDEPENDENT COMPENSATION CONSULTANT TO PREPARE A COMPENSATION STUDY OF COMPARABLE HIGHER EDUCATION INSTITUTIONS THERE IS A WRITTEN EMPLOYMENT CONTRACT BETWEEN THE COLLEGE AND PRESIDENT THE BOARD ALSO APPROVES THE APPOINTMENT OF ALL VICE-PRESIDENTS, SECRETARY, TREASURER, DEANS, AND SUCH OTHER COLLEGE OFFICERS WHO, AFTER RECOMMENDATION OF THE PRESIDENT, ARE DEEMED NECESSARY FOR THE PROPER MANAGEMENT OF THE COLLEGE. THE PRESIDENT SETS APPROPRIATE SALARY LEVELS FOR ALL PERSONNEL AND SPECIFICALLY REPORTS SALARY INCREASES OF THE VICE-PRESIDENTS, SECRETARY, TREASURER, DEANS AND SUCH OTHER COLLEGE. OFFICERS TO THE EXECUTIVE COMMITTEE ALL MATTERS DISCUSSED WITHIN A MEETING OF THE BOARD OF TRUSTEES OR ITS COMMITTEES ARE DOCUMENTED WITHIN THE MINUTES.

Identifier	Return Reference	Explanation
DISCLOSURE	FORM 990, PART VI, LINE 19	ECKERD COLLEGE, INC MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST AND THROUGH ITS WEBSITE WWW ECKERD EDU THE COLLEGE'S FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC VIA ITS DISCLOSURE DISSEMINATION AGENT AT WWW DACBOND COM

ldentifier	Return Reference	Explanation
AUDITED FINANCIAL STATEMENTS	FORM 990, PART XI, Q 2B & 2C AND PART IV, Q 12	THE COLLEGE'S FINANCIAL STATEMENTS ARE INCLUDED WITHIN THE AUDITED COMBINED FINANCIAL STATEMENTS OF ECKERD COLLEGE, INC AND AFFILIATES ECKERD COLLEGE, INC REPRESENTS 99% OF TOTAL ASSETS, NET ASSETS AND REVENUES OF THE COMBINED ORGANIZATION THE COMBINED ORGANIZATION RECEIVED AN UNQUALIFIED OPINION IN ADDITION TO AN UNQUALIFIED OPINION ON THE COLLEGES' FINANCIAL STATEMENTS IN RELATION TO THE COMBINED FINANCIAL STATEMENTS TAKEN AS A WHOLE IT DOES HAVE AN AUDIT COMMITTEE THAT IS CHARGED WITH RESPONSIBILITY FOR THE OVERSIGHT OF THE FINANCIAL STATEMENT AUDIT AND THE SELECTION OF THE INDEPENDENT ACCOUNTING FIRM

Part I Identification of Disregarded Entities

DLN: 93493134004190

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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.

Name of the organization ECKERD COLLEGE INC

Employer identification number

59-0859121

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
ECKERD COLLEGE-REAL ESTATE LLC 4250 54TH AVENUE S ST PETERSBURG, FL 33711 27-2423823	RE HOLDING	FL	0	0 N	N/A
Part II Identification of Related Tax-Exempt Organizati	ions				
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
SENIOR LIVING CENTERS INC			<u> </u>		
ST PETERSBURG, FL33711 59-2961763	RETIREMENT FA	FL	501(C)(3)	9	
EC LG INC	. 			T	
ST PETERSBURG, FL33715 47-0903766	RE HOLDING	FL	501(c)(2)		
ECKERD COLLEGE PROPERTIES INC	1				
4200 54TH AVENUE S ST PETERSBURG, FL33711 59-2124132	RE HOLDING	FL	501(C)(3)	11C	
			T		
	1				

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activ	rity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of- year assets	(H Disprop allocat) ortionate ions?	(I) Code V—UB on Box 20 o		Gener mana partn	ralo agıng
								Yes	No	1		Yes	No
-												Ш	
Part IV Identification of Re	elated Orga	nizations	Taxable	as a Corporation	n or Trust								
(A) Name, address, and EIN of related or	ganization	(B) Primary act	ivity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total inco	ome	Sha end-	(G) are of of-year ssets	Perce	H) entage ership	
ECP2 INC 4200 54TH AVENUE S ST PETERSBURG, FL33711 59-1096272		RE HOLDING		FL		C CORP		0		0	100 %	6	
											<u> </u>		
											<u> </u>		
											<u> </u>		
								_					
											l		

(6)

Part V	Transactions	with Related	Organizations

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

Part VI Unrelated Organizations Taxable as a Partnership

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

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1		r J	
			Yes	No		Yes	No	10		No	
			•	•		•		Cabadul	D / Form		

Software ID:

Software Version:

EIN: 59-0859121

Name: ECKERD COLLEGE INC

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)	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
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Software ID: Software Version:

EIN: 59-0859121

Name: ECKERD COLLEGE INC

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(a)Type of grant or assistance

(b)Nyumber of control of part III, Grants and Other Assistance to Individuals in the United States

(b)Nyumber of control of part III, Grants and Other Assistance to Individuals in the United States

(a)Type of grant or assistance	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
SCHOLARSHIPS & GRANTS - FROM ECKERD COLLEGE	1964	12,468,732			
SCHOLARSHIPS & GRANTS - HONORS	285	2,172,325			
SCHOLARSHIPS - PROGRAM FOR EXPERIENCED LEARNERS	32	60,601			
SCHOLARSHIPS & GRANTS - TALENT BASED	73	1,017,216			
SCHOLARSHIPS & GRANTS - SEOG GRANTS	216	263,418			
SCHOLARSHIPS & GRANTS-FRESHMAN RESEARCH ASSOC	11	11,000			
SCHOLARSHIPS & GRANTS - CHURCH & CAMPUS	11	30,804			
SCHOLARSHIPS & GRANTS - INSTITUTIONAL	549	1,237,268			
SCHOLARSHIPS & GRANTS - PRESIDENTIAL	389	4,242,500			
SCHOLARSHIPS & GRANTS - OTHER	144	238,961			

Software ID: Software Version:

EIN: 59-0859121

Name: ECKERD COLLEGE INC

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa											
	(C) Position (check all that apply)								(=)	(F)	
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	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	
MILES C COLLIER , CHAIR	1 0	Х		Х				0	0	0	
GROVER C WRENN , VICE CHAIR	1 0	Х		Χ				0	0	0	
PAYTON FADAMS , TRUSTEE	1 0	Х						0	0	0	
ROBERT H ATWELL , TRUSTEE	10	Х						0	0	0	
KAREN BROWN DUNLAP , TRUSTEE	10	Х						0	0	0	
RONALD H FRANCIS , TRUSTEE	10	Х						0	0	0	
CHARLES E HART , TRUSTEE	10	Х						0	0	0	
IAN P JOHNSON , TRUSTEE	1 0	Х						0	0	0	
EVE A KONSTAN, TRUSTEE	1 0	Х						0	0	0	
DENNIS LEHANE , TRUSTEE	1 0	Х						0	0	0	
THEODORE MARCHESE , TRUSTEE	10	Х						0	0	0	
MICHAEL C MARKOVITZ , TRUSTEE	10	Х						0	0	0	
GABRIELE MAZZA , TRUSTEE	10	Х						0	0	0	
BILL MCBRIDE , TRUSTEE	10	Х						0	0	0	
MARY E MILLER , TRUSTEE	10	Х						0	0	0	
HELMAR E NIELSEN , TRUSTEE	10	Х						0	0	0	
GEORGE W OFF , TRUSTEE	10	X						0	0	0	
JOHN B PHELPS III , TRUSTEE	10	Х						0	0	0	
FRED S RAZOOK JR , TRUSTEE	10	Х						0	0	0	
WILLIAM R RIPBERGER , TRUSTEE	10	Х						0	0	0	
PN BUD RISSER III , TRUSTEE	10	Х						0	0	0	
JOHN R SAUNDERS , TRUSTEE	10	Х						0	0	0	
FREDERICK D TERRY , TRUSTEE	10	Х						0	0	0	
SUSAN RUSS WALKER , TRUSTEE	1 0	Х						0	0	0	
GEORGE A WARDMAN , TRUSTEE	1 0							0	0	0	
DAVID L WARREN , TRUSTEE	10	X						0	0	0	
JEAN GILLES WITTNER , TRUSTEE	10	X						0	0		
DONALD R EASTMAN III , PRESIDENT	38 0	X		Х				389,161	0	105,068	
LISA A METS , SECRETARY	38 0			Х				114,644	0	20,143	
CHRISTOPHER P BRENNAN , TREASURER	38 0			Х				112,806	0	19,228	

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	tion a Institutional Trustee	chec)	Highest compensatedemployee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
LLOYD W CHAPIN , VP & DEAN OF FACULTY	38 0			х			171,216	0	26,779
EDMUND L GALLIZZI , PROFESSOR - RETIRED 9/08	38 0				х		309,050	0	12,541
JAMES MACDOUGALL , PROFESSOR - RETIRED 9/08	38 0				х		253,631	0	13,440
MARGARITA M LEZCANO , PROFESSOR - RETIRED 9/08	38 0				х		242,959	0	9,827
VICTORIA BAKER , PROFESSOR - RETIRED 9/08	38 0				Х		216,695	0	10,644
GERALD J JUNEVICUS , PROFESSOR - RETIRED 9/08	38 0				х		212,477	0	12,084

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

THE MISSION OF ECKERD COLLEGE IS TO PROVIDE EXCELLENT, INNOVATIVE UNDERGRADUATE LIBERAL ARTS EDUCATION AND LIFELONG LEARNING PROGRAMS IN THE UNIQUE FLORIDA ENVIRONMENT, WITHIN THE CONTEXT OF A COVENANT RELATIONSHIP WITH THE PRESBYTERIAN CHURCH (U.S.A.). THE COLLEGE EXPECTS ITS STUDENTS TO ACQUIRE A BROAD KNOWLEDGE OF PAST AND PRESENT HUMAN CULTURES AND OF THE RICH AND VARIED PERSPECTIVES OF DIFFERENT ACADEMIC AREAS. THE COLLEGE EXPECTS ITS STUDENTS TO ENGAGE INTELLECTUALLY WITH THE ENDURING QUESTIONS OF PURPOSE, VALUE, AND MEANING AND TO REFLECT SERIOUSLY ON THE SPIRITUAL DIMENSION OF HUMAN EXISTENCE. THE COLLEGE EXPECTS ITS STUDENTS TO ACQUIRE THE INTELLECTUAL DEPTH APPROPRIATE TO A BACCALAUREATE EDUCATION IN A SINGLE DISCIPLINE OR SUBJECT, INCLUDING MASTERY OF A PARTICULAR BODY OF KNOWLEDGE AND AN UNDERSTANDING OF ITS PRINCIPAL MODES OF INQUIRY. THE COLLEGE EXPECTS ITS STUDENTS TO DEEPEN THEIR AWARENESS AND COMPREHENSION OF TWO CENTRAL ISSUES: SUSTAINING THE NATURAL ENVIRONMENT, AND