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Form **990**

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)

OMB No 1545-0047

Department of the Treasury

	nai Reven		, the organization	Tilley have to use t	copy of this return to s	actory during report	ing requirements.						
	For the	2008 calendar year, o	or tax year beginn	ing 8/01	, 20	008, and endir	ng 7/31		, 2009				
В	Check if a	applicable Please use					DE	mployer Identi	fication Number				
	Addı	ress change IRS label	liaimudic C		Florida, Ir	IC.		<u>59-1571</u>	122				
	Nam	or print or type.	4000 Alton				Ет	elephone numb	per				
	Initia	See al return specific	Miami Beac	n, FL 331	40			305-534-7050					
	Tern	nination tions.						-					
	HAme	ended return					ا ا	iross receipts \$	3,182,308.				
	\vdash		and address of principa	al officer			H(a) Is this a grou						
			As C Above				H(b) Are all affiliat		Yes No				
$\overline{}$	Tay.e	exempt status X 501		(insert no.)	4947(a)(1) or	527	if 'No,' attach	a list (see ins	tructions)				
÷		site: ► N/A	(C) (3) ·	(IIISEIT IIO.)	1 14347 (a)(1) 01	1 327	·						
-			. <u>П</u> . г	🗆		l	H(c) Group exemp	1					
K		of organization Corpora	ation Trust	Association	Other ►	L Year of Forma	tion	M State of I	egal domicile				
FC	IM	Summary				DEL LOLOU	C CEDVICE	C AND E	DUCATIONAL				
		Briefly describe the org	ganization's missi	on or most sigr	nificant activities	KELIGIOU	IZ ZEKATČE	2_ <u>VND_F</u>	DUCATIONAL				
9	-	J <u>NSTIIUTION.</u> _											
nar	-												
ě	1 2 -	Check this box ►	of the ergonization										
ဗိ		Number of voting mem				sposed of mo	re man 25% or	3	3				
		Number of independen				ine 1b)	•	4	<u>ŏ</u>				
		Total number of emplo						5	0				
₹		Total number of volunt					•	6	0				
28	7a ⊺	Total gross unrelated b	ousiness revenue	from Part VIII,	line 12, column (C) .		7a	217,034.				
Activities & Governance	Ь١	Net unrelated business	taxable income t	from Form 990-	T, line 34			7b	0.				
				-			Prior '	Year	Current Year				
Revenue	8 0	Contributions and gran	its (Part VIII, line	1h)				2,680.	2,943,696.				
ڇو		Program service reven						1,320.	217,034.				
∌ ₹		nvestment income (Pa	-	••	nd 7d)			9,700.					
4 œ		Other revenue (Part VI						5,577.	21,578.				
>		Total revenue – add li				, line 12)		9,277.	3,182,308.				
;—	13 (Grants and similar amo	ounts paid (Part I	X. cotumn (A).	lines 1-3)								
	14 E	Benefits paid to or for	members (Part IX	Column (A)) V	ine 4h oo la l	2							
_	15 S	Salaries, other comper	nsation, employee	e beinefits (Part	IX. column (A). lin) les 5-10)	1.74	6,205.	1,730,047.				
Expenses		Professional fundraisin				21	-	8,769.	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Pe				1 [112]	161117	J 144,887.		.0,700.					
页		Total fundraising expe				144,007.		5 700	4 000 054				
		Other expenses (Part I			*			5,736.	1,698,851.				
		Total expenses. Add III	=	-	olumn (A), line 25)	l		0,710.	3,428,898.				
_	19 F	Revenue less expense	s. Subtract line 1	8 from line 12			-34	1,433.	-246,590.				
Net Assets or Fund Belances							Beginning	of Year	End of Year				
Solat	1	Fotal assets (Part X, lı	ne 16)				16,83	6,061.	14,693,275.				
₹2	21 7	Total liabilities (Part X,	, lıne 26)				16,50	9,142.	14,612,946.				
žŽ	22 N	Net assets or fund bala	ances. Subtract lii	ne 21 from line	20		32	6,919.	80,329.				
\mathbf{P}	KIII	Signature Blo	ck										
		Under penalties of perjury, true, correct, and complete	, I declare that I have e	xamined this return	, including accompanying	schedules and st	latements, and to th	e best of my k	nowledge and belief, it is				
		true, correct, and complete	e Declaration of prepar	rer (other than office	er) is based on all inform	ation of which pre	parer has any know	ledge	-				
Sig	gn	- Jrho	m				11/4	32/10					
He	re	Signature of officer					Date	7					
	► Yitzchok Zweig							nt					
		Type or print name an	nd title				·.						
			$\frac{1}{2}$	1 1 .		Date	Check if	Pr /s	eparer's identifying number see instructions)				
Pa		Preparer's	1 1/1 /	~ // J.			self- employe	. 🖂	oo waaaaaaaaa				
Pr		Preparer's signature	W March	ير 1.1					/A				
	rer's	Firm's name (or JAN	INE SANTILI										
yours if self-							EIN	N/A					
Ur	Only employed), NW 122ND ER							(00)	5) 555-1212				
Mar	v the ID	RS discuss this return					Phone r	<u> </u>					
IVID	י_נוויב ודכ	vo aiscuss iilis reiulii '	with the preparer	PHOMIT SHOWS	(See moductions).				X Yes No				

Form 990 (2008) Talmudic College of Florida, Inc. 59-1571122									
Par	Statement of Program Service Accomplishments (see instructions)								
1	Briefly describe the organization's mission:								
•	RELIGIOUS SERVICES AND EDUCATIONAL INSTITUTION.								
2	Did the organization undertake any significant program services during the year which were not listed on the	prior							
	Form 990 or 990-EZ?	•		Yes	X	No			
	If 'Yes,' describe these new services on Schedule O				_				
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	:S ⁷		Yes	X	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 by and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and all	expenses. locations to	Section	n 501(d s. the t	c)(3) otal				
	expenses, and revenue, if any, for each program service reported								
									
4 a	a (Code) (Expenses \$ 2,759,758. including grants of \$) (Revenue	\$)			
	RELIGIOUS SERVICES AND EDUCATIONAL INSTITUTION.								
									
4 t	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)			
40	c (Code) (Expenses \$ including grants of \$) (Revenue	\$)			
			·						
						. – – –			
					 -				
						·			
40	d Other program services (Describe in Schedule O)								
	(Expenses \$ including grants of \$) (Revenue \$	<u> </u>			_)				
46	e Total program service expenses > \$ 2,759,758. (Must equal Part IX, Line 25, column (B))							

•			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	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		Х
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		<u></u>
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		<u>x</u>
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		_ x_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	_ 8		X
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		×
10	Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	X	
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	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E .	13	X	
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a	Ь_	X
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		х
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		x
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		<u>x</u>
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I	17	<u> </u>	X
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	X	<u> </u>
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19	Ь—	X
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20	Ь—	X
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	ـــــ	X
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	₩	X
23	Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J	23		X
24 a	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, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No, 'go to question 25	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	-	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	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		х
t	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		Х
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		X
27	contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		X
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Form 990 (2008) Talmudic College of Florida, Inc.

Part W Checklist of Required Schedules (continued)

`			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
á	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee),			
	or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If 'Yes,' complete Schedule L, Part IV	28a		Χ
ł	Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV	28ь		Х
(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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
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		Х
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		Х
36	Section 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		Х
37	Did the organization conduct more than 5% 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, Part VI	37		Х
ЗДД		Form	9 90 ((2008)

otatements regarding other me i mag and rax 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	0		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable ga (gambling) winnings to prize winners?	ming	1 c	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a	o		
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2Ь	
Note. If the sum of lines 1a and 2a is greater than 250, you be required to e-file this return (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	L	3a	Х
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	<u> </u>	3 b	ļ
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority of financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	Х
b If 'Yes,' enter the name of the foreign country: ▶			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	L	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	L	5 b	X
c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		5c	
6a Did the organization solicit any contributions that were not tax deductible?		6a	X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts deductible?	were not	6b	
7 Organizations that may receive deductible contributions under section 170(c).			7[
a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		7a	X
b if 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7 b	<u> </u>
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Form 8282?	to file	7c	X
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7 e	Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	Х
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g	Х
h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as req		7h	Х
8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, be excess business holdings at any time during the year?	nave	8	
9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		سخ	
a Did the organization make any taxable distributions under section 4966?	_	9a	-\
b Did the organization make any distribution to a donor, donor advisor, or related person?	<u> </u>	9b	\top
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	0.		
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	0.		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from other members or shareholders	0.		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	0.		!
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		2a	
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
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Form 990 (2008) Talmudic College of Florida, Inc. 59-1571122 Page 6

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

Sec	tion A.	Governing Body and Management				
	For each	'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, does, or changes in Schedule O. See instructions	escribe the circumstances,		Yes	No
1 a	•	e number of voting members of the governing body	1a 3			
b	Enter the	e number of voting members that are independent	1 b			
2		officer, director, trustee, or key employee have a family relationship or a business relationship or a business relatives frustee or key employee?	ationship with any other	2		X
3	Did the o	organization delegate control over management duties customarily performed by or ur s, directors or trustees, or key employees to a management company or other persoi	nder the direct supervision	3		Х
4		organization make any significant changes to its organizational documents a prior Form 990 was filed?		4		Х
5		rganization become aware during the year of a material diversion of the organization	's assets?	5		Х
6		organization have members or stockholders?	c doots.	6		$\frac{\hat{x}}{x}$
7 a		organization have members, stockholders, or other persons who may elect one or m	nore members of the	7a		х
b	Are any	decisions of the governing body subject to approval by members, stockholders, or oth	ner persons?	7b		X
8	Did the o	organization contemporaneously document the meetings held or written actions under ving:	taken during the year by			
а	The gove	erning body?		8a		X
ь	Each cor	nmittee with authority to act on behalf of the governing body?		_8b		Х
9a	Does the	organization have local chapters, branches, or affiliates?		9a		Х
b	If 'Yes,' o and brar	does the organization have written policies and procedures governing the activities of iches to ensure their operations are consistent with those of the organization?	such chapters, affiliates,	9ь		
10	Was a co describe	opy of the Form 990 provided to the organization's governing body before it was filed? in Schedule O the process, if any, the organization uses to review the Form 990 $$ S	' All organizations must ee Schedule 0	10		x
	organiza	any officer, director or trustee, or key employee listed in Part VII, Section A, who can tion's mailing address? If 'Yes,' provide the names and addresses in Schedule O	not be reached at the	11		Х
Sec	tion B.	Policies				
10.	D 4b -	annear than been a southern conflict of returned color 2 (6 Me) to a to 1 a 12			Yes	No
		organization have a written conflict of interest policy? If 'No,' go to line 13		12a	X	
	to conflic		Ū	12b	<u> </u>	<u>x</u>
		organization regularly and consistently monitor and enforce compliance with the police O how this is done	cy? If 'Yes,' describe in	12c		X
		e organization have a written whistleblower policy?		13		X
		e organization have a written document retention and destruction policy?		14		
	persons,	process for determining compensation of the following persons include a review and a comparability data, and contemporaneous substantiation of the deliberation and decipation and decipation and decipation are the supplied to the deliberation and decipation and decipation are the supplied to the deliberation and decipation are the supplied to the deliberation and decipation and the supplied to the deliberation and decipation are the supplied to th	pproval by independent ision:	15		V
	=	inization's CEO, Executive Director, or top management official?		15a		X
E		ficers of key employees of the organization? the process in Schedule O. (see instructions)		15b		X
16 a	Did the o	organization invest in, contribute assets to, or participate in a joint venture or similar a ring the year?	arrangement with a taxable	16a		Х
ŧ	If 'Yes,'	has the organization adopted a written policy or procedure requiring the organization enture arrangements under applicable federal tax law, and taken steps to safeguard to	to evaluate its participation	102		Â
	status w	th respect to such arrangements?	the organization's exempt	16b		
Sec		Disclosures				
17	List the	states with which a copy of this Form 990 is required to be filed None				
18	inspection	6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and on, Indicate how you make these available. Check all that apply.	d 990-T (501(c)(3)s only) ava	nlable	for pul	blic
	∐ Own	website				
19	stateme	in Schedule O whether (and if so, how) the organization makes its governing documents available to the public.	·	•		cıal
20	State the	e name, physical address, and telephone number of the person who possesses the bo	ooks and records of the orga	inizatio	:n:	
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Form 990 (2008)

Part VIII 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
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), 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) or more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and 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 \$100,000 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

Check this box if the organization did no	t compens	ate ar	ny o	ffice	r, dı	rector	, tru	stee, or key employee	<u>. </u>	
(A)	(B)			(0	•			(D)	(E)	(F)
Name and Title	Average hours	Posit	tion (_	all t	hat app		Reportable	Reportable compensation from	Estimated amount of other
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Yitzchok Zweig										
President	40			Х				75,050.	0.	0.
Rabbi Jerome Zweig		1 1				1				
Vice President	40			X				91,346.	0.	0.
Milton Simon										
<u>Treasurer</u>	10			Χ			_	0.	0.	0.
Andrew Restler	1									
Plant Manager	40					X		73,091.	0.	0.
Jacob Wincelberg	1									
President	_ 40					X		72,250.	0.	0.
Eric Albert	1									
Outreach Coordinat	40					X		50,469.	0.	0.
Saj Freiberg	1									
Professor	40					X		47,000.	0.	0.
Ira Hill	4									
Administrator	40					<u>X</u>		44,588.	0.	0.
	1									
				-						
									_	
	-]							

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(A)	(B)			-	c)			(D)	(E)	(F)
Name and Title	Average hours per week					employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
		_								
			_							
				_	L			·		
			_		L	_				
		_	_							
	<u> </u>	L								
		_		_	L					
		_		L	L	<u> </u>				
		_			L					
	<u></u>	_						150 701		ļ
1b Total							<u> </u>	453,794.	0	
2 Total number of individuals (including those in 1a) w organization ► 0	no rece	ivea	mo	re tr	nan			u in reportable co	mpensation from ti	Yes N
 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in For any individual listed on line 1a, is the sum of repthe organization and related organizations greater trindividual 	ıdıvıdual	i	-	•	-		_	·		3)
5 Did any person listed on line 1a receive or accrue correndered to the organization? If 'Yes,' complete Sch	ompensa nedule J	atior for	n fro sucl	m a h pe	ny ι rsor	ınrel	ated	l organization for	services	5
ection B. Independent Contractors										
Complete this table for your five highest compensate compensation from the organization.	ed indep	end	ent	con	trac	tors	that	received more th	an \$100,000 of	
(A) Name and business addres	s							Description	of Services	(C) Compensation
	-				_					
								 		

Par	Part VIII Statement of Revenue											
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514							
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above. g Noncash contribus included in lns 1a-1f	2,943,696.										
-	h Total. Add lines 1a-1f	2,943,090.										
E REVENUE	2a Tuition/transcripts b Adult Education	77,111. 135,567.		77,111. 135,567.								
乡	с Мар	450.		450.								
SE	d Media Library	1,323.		1,323.								
¥	e_MISC	2,583.		2,583.								
ĕ	f All other program service revenue											
푒	g Total. Add lines 2a-2f	217,034.										
	Investment income (including dividends, interest and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 21,578. b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7a Gross amount from sales of (i) Securities (ii) Other	21,578.	21,578.									
OTHER REVENUE	assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events (not including \$											
Ĕ	b Less: direct expenses b				ļ							
J	c Net income or (loss) from fundraising events	·			ļ <u></u>							
	9a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities											
	10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b											
	c Net income or (loss) from sales of inventory.				T							
	Miscellaneous Revenue Business Code											
	b c d All other revenue											
	e Total. Add lines 11a-11d											
	12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	3,182,308.	21,578.	217,034	0							

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must com		(B)	(C)	(D)
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21			gorial	1000
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22			Wine Comments	The Control of the Co
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16			The second of th	The state of the s
4	Benefits paid to or for members			いない。また、	2、1000年第二日
5	Compensation of current officers, directors, trustees, and key employees	166,396.	149,756.	16,640.	0.
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.	0.	0.	0.
7	Other salaries and wages.	1,122,240.	897,792.	168,336.	56,112.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	16,655.	13,324.	2,498.	833.
9	Other employee benefits	329,425.	263,540.	49,414.	16,471.
	Payroll taxes .	95,331.	76,265.	14,300.	4,766.
	Fees for services (non-employees).	·		· · · · · · · · · · · · · · · · · · ·	
	Management				
b	Legal	29,444.	23,555.	4,417.	1,472.
c	Accounting	11,355.	9,084.	1,703.	568.
d	Lobbying				
e	Prof fundraising svcs. See Part IV, In 17				
f	Investment management fees				
_	Other	30,392.	24,314.	22,794.	-16,716.
_	Advertising and promotion	50.000	45 544	0.504	0.044
13	Office expenses	56,892.	45,514.	8,534.	2,844.
14	Information technology				
15	Royalties			<u> </u>	
16 17	Occupancy Travel	26,336.	21,069.	3,950.	1,317.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	20,330.	21,009.	3,930.	1,317.
	Conferences, conventions, and meetings				
20	Interest	317,174.	253,739.	47,576.	15,859.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	473,278.	378,622.	70,992.	23,664.
23 24	Insurance Other expenses Itemize expenses not	101,088.	80,870.	15,164.	5,054.
24	covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
	<u>Utilities</u>	138,666.	110,933.	20,800.	6,933.
	Sponsored Education Program	82,296.	<u>65,837.</u>	12,344.	4,115.
	: <u>Charity</u>	81,821	65,457.	12,273.	4,091
	Bank Fees	65,678.	52,542.	9,852.	3,284.
	Annual Dinner	55,126.	44,101.	8,269.	2,756.
	All other expenses	229,305.	183,444.	34,397.	11,464.
	Total functional expenses. Add lines 1 through 24f	3,428,898	2,759,758.	524,253.	144,887
26	Joint Costs. Check here ► if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				:
BAA					Form 990 (2008)

Pa	rt X	Balance Sheet		_				
,			(A) Beginning of year		(B) End of year			
	1	Cash - non-interest-bearing	-31,230.	1	-49,956.			
	2	Savings and temporary cash investments	5,000,000.	2	5,000,000.			
	3	Pledges and grants receivable, net	2,474,426.	3	1,538,235.			
i	4	Accounts receivable, net	86,835.	4	154,040.			
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5				
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1))						
		and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6				
A S E T S	7	Notes and loans receivable, net		7				
Ē	8	Inventories for sale or use		8				
s	9	Prepaid expenses and deferred charges		9				
	10 a	Land, buildings, and equipment cost basis 9,870,129.						
	b	Less: accumulated depreciation Complete Part VI of						
		Schedule D 10b 1,867,391.	9,245,985.	10c	8,002,738			
	11	Investments — publicly-traded securities		11				
	12	Investments — other securities. See Part IV, line 11		12				
	13	Investments - program-related. See Part IV, line 11		13				
	14	Intangible assets	00.045	14	40.010			
	15	Other assets. See Part IV, line 11	60,045.	15	48,218.			
_	16	Total assets Add lines 1 through 15 (must equal line 34)	16,836,061.	16	14,693,275.			
	17	Accounts payable and accrued expenses	510,446.	17	624,825.			
	18	Grants payable		18 19				
L	19	Deferred revenue		20				
Ā	20	Tax-exempt bond liabilities		21				
B	21 22	Escrow account liability. Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees,	Control of the Contro					
L-AB-L-T		highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22 22				
Ė	23	Secured mortgages and notes payable to unrelated third parties	7,687,910.	23	8,846,664.			
3	24	Unsecured notes and loans payable	7,007,010.	24	0,010,001.			
	25	Other liabilities. Complete Part X of Schedule D	8,310,786.	25	5,141,457.			
	26	Total liabilities, Add lines 17 through 25	16,509,142.	26	14,612,946.			
<u>N</u>		Organizations that follow SFAS 117, check here ► X and complete lines						
Ĕ		27 through 29 and lines 33 and 34.		3.				
Ş	27	Unrestricted net assets	326,919.	27	80,329.			
S E S	28	Temporarily restricted net assets		28				
	29	Permanently restricted net assets.		29				
R		Organizations that do not follow SFAS 117, check here ► and complete	THE PERSON NAMED IN	機構	THE TOTAL STATE OF			
FUND		lines 30 through 34.		7-20-				
В	30	Capital stock or trust principal, or current funds		30				
B	31	Paid-in or capital surplus, or land, building, and equipment fund		31				
Ä	32	Retained earnings, endowment, accumulated income, or other funds		32				
日本 しな まいしゅい	33	Total net assets or fund balances.	326,919.	33	80,329.			
	34	Total liabilities and net assets/fund balances.	16,836,061.	34	14,693,275.			
Pa	ırt X	Financial Statements and Reporting						
_			Lou		Yes No			
	1 Accounting method used to prepare the Form 990: Cash X Accrual Other							
2		re the organization's financial statements compiled or reviewed by an independent a	iccountant?		2a X 2b X			
b Were the organization's financial statements audited by an independent accountant?								
	c it "	Yes' to 2a or 2b, does the organization have a committee that assumes responsibility new, or compilation of its financial statements and selection of an independent accou	y for oversight of the au Intant?	uit,	2c			
3		a result of a federal award, was the organization required to undergo an audit or au		ıngle	3a X			
	Audit Act and OMB Circular A-133?							
_		Yes,' did the organization undergo the required audit or audits?			3b			
BA	Α				Form 990 (2008)			

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Department of the Treasury
Internal Revenue Service

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

2008

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		organization							Employer	identificat	ion number	
			of Florida, In							571122		
Part	1	Reason for Pu	blic Charity Statu	ıs (All organizations	must	compl	ete this	s part.) (see	instruc	ctions)	
The o	rga	nization is not a priv	ate foundation becaus	se it is (Please check on	ly one o	rganızat	ion.)					
1	X	A church, convention	on of churches or asso	ciation of churches desc	ribed in	section	170(b)(1)(A)(i).				
2	X	A school described	in section 170(b)(1)(A	Xii). (Attach Schedule E	.)							
3	П	A hospital or coope	rative hospital service	organization described i	n sectio	n 170(b)	(1)(A)(iii	i). (Atta	ch Sche	dule H.)		
4	П	A medical research	organization operated	d in conjunction with a ho	spital de	escribed	ın secti	on 170(b)(1)(A)	(iii). Ente	er the hospital's	
		name, city, and sta	te:									
5		170(b)(1)(A)(iv). (C	omplete Part II)	of a college or university		•	-	_	mental (init desc	ribed in section	
6												
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(bx1)xAxvi). (Complete Part II.)											
8	닏	-		70(b)(1)(A)(vi). (Complete		•						
9		from activities relations	ed to its exempt functi	 more than 33-1/3 % of lons — subject to certain as taxable income (less somplete Part III.) 	exception	ns. and	(2) no r	nore tha	an 33-1/.	3 % of ıt	s support from gross	
10		An organization org	janized and operated	exclusively to test for pul	blic safe	y. See s	section !	509(a)(4). (see	instructio	ons)	
11		An organization organize publicly support	ganized and operated orted organizations de	exclusively for the beneficescribed in section 509(a ation and complete lines	it of, to p	erform ection 5	the func 09(a)(2)	tions of . See se	, or carr ection 50	y out the 09(a)(3).	purposes of one or Check the box that	
			b Type II		i ie tnro I – Func	_				dП	Type III – Other	
e				ganization is not controlle		•	-		r moro c		• •	
c	Ш	than foundation ma 509(a)(2)	nagers and other than	one or more publicly su	pported	organiza	ations de	escribed	l in secti	ion 509(a	a)(1) or section	
f		if the organization is check this box	received a written dete	ermination from the IRS t	that is a	Type I,	Type II o	or Type	III supp	orting or	ganization,	
9		Since August 17, 2	006, has the organizat	tion accepted any gift or	contribu	tion from	n any of	f the fol	lowing p	ersons?		
											Yes No	
		(i) a person who below, the go	directly or indirectly overning body of the su	ontrols, either alone or to ipported organization?	ogether v	with per	sons des	scribed	ın (II) ar	id (iii)	11g(i)	
		-	ber of a person desci	•							11 g (ii)	
		• • •	•	described in (i) or (ii) ab	ove?						11 g (iii)	
h		` '	•	ne organizations the orga		support	s.					
	() Name of Supported	(ii) EIN	(iii) Type of organization	T	s the	(v) Did v	ou notify	(vi)	s the	(vii) Amount of Support	
	•	Organization) '	(described on lines 1-9 above or IRC section	organizat			ization in	organizat		(,	
				(see instructions))	gove	rning nent?	your su	ipport?	" " U S	5 7		
					Yes	No	Yes	No	Yes	No		
								<u> </u>				
					<u> </u>							
			another Down a office	A S. C. SAN MARK . P. S.	-	(地域)は どっ	41.423	My E.S. Va	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. 32 ° .7≥n. :		
Total			many was and the			34			1			

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

	edule A (Form 990 or 990-EZ) 2008	<u>8 Talmudic</u>	<u>College of</u>	f Florida,	Inc.	59-1571122	
Par	t II Support Schedule for	Organization	s Described in	n Sections 170)(b)(1)(A)(iv) a	nd 170(b)(1)(A)	(vi)
	(Complete only if you checke	ed the box on line	5, 7, or 8 of Part	1)			
Sec	tion A. Public Support			T	T		
Cale begi	ndar year (or fiscal year nning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')						
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge						
4	Total. Add lines 1-3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
9	Net income form unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss form the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	ities, etc. (see ins	structions)			12	
	First five years. If the Form 990 organization, check this box and	stop here		d, third, fourth, o	r fifth tax year as	a section 501(c)(3)	▶ □
Sec	tion C. Computation of Pu						
14	Public support percentage for 20	• •	• • •	e 11, column (f).		14	<u> </u>
15	Public support percentage for 20	07 Schedule A, P	art IV-A, line 26t			15	%
16	a 33-1/3 support test — 2008. If the and stop here. The organization	e organization did qualifies as a put	not check the box olicly supported or	on line 13, and ganization	the line 14 is 33-1	/3 % or more, chec	ck this box
ŀ	33-1/3 support test – 2007. If the and stop here. The organization	organization did qualifies as a pub	not check a box o	on line 13, or 16a, ganization.	and line 15 is 33	-1/3% or more, che	ck this box
17 a	a 10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstances	s' test, check this	box and stop here	e. Explain in Part IV	/ how
!	o 10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances'	and-circumstances test The organia	s' test, check this zation qualifies as	box and stop here a publicly suppor	e. Explain in Part I\ ted organization	/ how the ►
18	Private foundation. If the organiz	zation did not che	ck a box on line,	1 <mark>3, 16</mark> a, 16b <u>,</u> 17a	, or 17b, check thi	s box and see insti	ructions -

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. <u>Public Support</u>							
Caler	ndar year (or fiscal yr beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 200	8	(f) Total
	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')		\ <u>\</u>	\ -7,===				
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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							
7a	Total. Add lines 1-5 Amounts included on lines 1, 2, 3 received from disqualified persons.							
	Amounts included on lines 2 and 3 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	Add lines 7a and 7b							
8	Public support (Subtract line							
	7c from line 6.)	注・は代謝精	140 A	MALE REAL	·静州·安·神德	海外 13 多		
Sec	tion B. Total Support							
	ndar year (or fiscal yr beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 200	18	(f) Total
	Amounts from line 6	- (1) 2001	(3) 2333	(6) 2000	(4) 2007	(4) 2.50		(y) rotan
_	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources							
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
11	Add lines 10a and 10b Net income from unrelated business activities not included inline 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 Ins 9, 10c, 11, and 12)	. 13	a de E	* ************************************	- 333	** 3	<i>j</i> .	
14	First five years. If the Form 990	s for the organiza	tion's first, second	f, third, fourth, or	fifth tax year as	a section 50	1(c)(3)
	organization, check this box and		Dawa a saka si s					
	tion C. Computation of Pu							
	Public support percentage for 20						15	%
	Public support percentage from 2						16	%%
Sec	tion D. Computation of Inv	vestment Inco	me Percentag	е				
	Investment income percentage for	or 2008 (line 10c,	column (f) divided	by line 13, colum	ın (f))		17	%
18	Investment income percentage fi	rom 2007 Schedul	e A, Part IV-A, Im	e 27h			18	%
19a	33-1/3 support tests — 2008. If the more than 33-1/3%, check this b	ne organization did ox and stop here.	i not check the bo The organization	x on line 14, and qualifies as a put	line 15 is more the	nan 33-1/3% rganization	, and	line 17 is not ►
	33-1/3 support tests - 2007. If the is not more than 33-1/3%, check	ne organization did this box and stop	i not check a box on the horse here. The organization	on line 14 or 19a, zation qualifies as	and line 16 is mo a publicly suppo	ore than 33- rted organiz	atıon	and line 18 ► □
	Private foundation. If the organiz	sation did not che	ck a hoy on line 14	4 19a or 19h ch	ack this hav and	see instructi	ons	▶ □

Part IV	Supplemental Information. Complete this part to provide the explanation required by Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructional information).	e 10;
-	Tart II, line 17a of 17b, of Fart III, line 12.1 Tovide any other additional information. (See instruc	110113)
		.
 		-

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

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	or the organization				Employer Identification	ii number
	<u>lmudic College of Florida, Inc</u>				<u>59-1571122</u>	
Pai		or Advised Funds or Ot	her Similar Fui	nds or Acc	counts Comple	ete if
	the organization answered 'Yes'	to Form 990, Part IV, III	ne 6.		•	
	-	(a) Donor advised	l funds	(b) F	unds and other ac	counts
1	Total number at end of year					
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
4	Aggregate value at end of year					-
_						
5	Did the organization inform all donors and don funds are the organization's property, subject	to the organization's exclusive	e legal control?		Yes	No
6	Did the organization inform all grantees, donor used only for charitable purposes and not for timpermissible private benefit??	rs, and donor advisors in writi the benefit of the donor or do	ng that grant funds nor advisor or othei	may be	Yes	Пис
Dai	t II Conservation Easements Compl	oto if the organization	newored 'Ves'	to Form O		No 7
				to Form 9	90, Part IV, III	e /.
•	Purpose(s) of conservation easements held by					
	Preservation of land for public use (e.g., re	ecreation or pleasure)			Ily important land	area
	Protection of natural habitat		Preservation o	t certified his	toric structure	
_	Preservation of open space			_		
2	Complete lines 2a-2d if the organization held a of the tax year.	a qualified conservation contri	bution in the form of	of a conserva	ition easement on	the last day
	or the tax year.	·		A	Held at the End o	f the Vear
	a Total number of conservation easements .			2a	rield at the Life o	i the real
	Total acreage restricted by conservation easer	ments		2b		
	Number of conservation easements on a certif		ın (a)	2c	• • • • • • • • • • • • • • • • • • • •	
	Number of conservation easements included in		iii (a)	2d		
	Number of conservation easements modified,		uched or terminate		anization during th	o tavablo
	year ►	transferred, released, extingu	isiled, or terminate	d by the orga	arnzation during th	e taxable
4	Number of states where property subject to co	nservation easement is locate	ed ►	_		
5	Does the organization have a written policy recenforcement of the conservation easement it h	garding the periodic monitorin nolds?	g, inspection, viola	tions, and	Yes	∏ No
6	Staff or volunteer hours devoted to monitoring	, inspecting, and enforcing ea	sements during the	e year ►		
7	Amount of expenses incurred in monitoring, in	specting, and enforcing ease	ments during the ye	ear ► \$		
8	Does each conservation easement reported or	line 2(d) above satisfy the re	equirements of sect			-
۰	170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	•	,		Yes	☐ No
9	In Part XIV, describe how the organization rep include, if applicable, the text of the footnote to conservation easements.					ce sheet, and unting for
Pai	rt III Organizations Maintaining Colle	ections of Art, Historica	al Treasures, o	r Other Si	milar Assets	
	Complete if the organization ans	swered 'Yes' to Form 99	ou, Part IV, line	. გ.	· ·- ·	
1 a	a If the organization elected, as permitted under treasures, or other similar assets held for publ the text of the footnote to its financial stateme	lic exhibition, education, or re	search in furtheran	nt and baland ice of public s	ce sheet works of a service, provide, in	art, historical n Part XIV,
ŀ	o If the organization elected, as permitted under treasures, or other similar assets held for publi amounts relating to these items:	SFAS 116, not to report in it fic exhibition, education, or re	s revenue statemer search in furtheran	nt and baland ce of public s	ce sheet works of a service, provide the	art, historical e following
	(i) Revenues included in Form 990, Part VIII,	line 1			►\$	
	(ii) Assets included in Form 990, Part X				- \$	
2	If the organization received or held works of a amounts required to be reported under SFAS	rt, historical treasures, or othe	er sımılar assets foi	r financial ga	in, provide the follo	owing
ā	Revenues included in Form 990, Part VIII, line				►\$	
	Assets included in Form 990, Part X				- \$	
					~	

Schedule D (Form 990) 2008 Talmu	dic College o	of Florida,	, Inc.	59-157		Page 2
Part III Organizations Mainta	ining Collection	s of Art, Histo	<u>orical Treasures, c</u>	or Other Similar As	sets (cont	inued)
3 Using the organization's accessio that apply):	n and other records,	check any of the	following that are a sign	gnificant use of its collec	tion items (cl	heck all
a Public exhibition		d Loan o	or exchange programs			
b Scholarly research		e Other				
c Preservation for future genera	ations	_				_
4 Provide a description of the organ Part XIV.		and explain how	they further the organi	zation's exempt purpose	ın	
5 During the year, did the organizat assets to be sold to raise funds ra	ion solicit or receive ather than to be main	donations of art,	, historical treasures, or f the organization's coll	r other similar ection?	Yes	∏No
Part IV Trust, Escrow and Cu					Form 990.	Part
IV, line 9, or reported	an amount on Fo	orm 990, Par	t X, line 21.			
1a Is the organization an agent, trus included on Form 990, Part X?	tee, custodian, or oth	ner intermediary	for contributions or oth	er assets not	Yes	
b If 'Yes,' explain the arrangement	in Part XIV and comp	olete the followin	g table:			
					Amount	
c Beginning balance				1c		
d Additions during the year				1d		
e Distributions during the year				1e		
f Ending balance				1f		
2a Did the organization include an ai	mount on Form 990,	Part X, line 21?			Yes	No
b If 'Yes,' explain the arrangement						
Part V Endowment Funds Co	mplete if organiz	ation answer	ed 'Yes' to Form 9	990, Part IV, line 10).	
	(a) Current year	(b) Prior year	(c) Two years bac	k (d) Three years back	(e) Four ye	ars back
1 a Beginning of year balance .						
b Contributions]
c Investment earnings or losses.						
d Grants or scholarships						
 Other expenditures for facilities and programs 						
f Administrative expenses						
g End of year balance.						
2 Provide the estimated percentage	-	ance held as				
a Board designated or quasi-endow	ment •	%				
b Permanent endowment ►	%					
c Term endowment ►	%					
3a Are there endowment funds not in organization by:	n the possession of the	ne organization t	hat are held and admir	nistered for the	Yes	No
(i) unrelated organizations					3a(i)	
(ii) related organizations					3a(ii)	
b If 'Yes' to 3a(II), are the related o	rganizations listed as	required on Sch	nedule R?		3b	
4 Describe in Part XIV the intended						
Part VI Investments-Land, B	uildings, and Ed	uipment. Se	e Form 990, Part	X, line 10.		
Description of investment		t or other basis nvestment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book '	Value
1 a Land						
b Buildings.			7,136,664.	1,452,619.		<u>4,045.</u>
c Leasehold improvements			1,980,391.	325,800.	1,65	4,591.
d Equipment			467,880.	69,857.	39	8,023.
e Other			285,194.	19,115.	26	6,079.
Total. Add lines 1a-1e (Column (d) sho	uld equal Form 990,	Part X, column (B), line 10(c).)	•	8,00	2,738
BAA				Sched	dule D (Form	990) 2008

Schedule D (Form 990) 2008 Talmudic College	of Florida, Inc		<u>59-1571122</u>	Page 3
Part VII Investments—Other Securities See F	orm 990, Part X, III			
(a) Description of security or category (including name of security)	(b) Book value	(c) M Cost or en	ethod of valuation id-of-year market value	
Financial derivatives and other financial products.				
Closely-held equity interests				
Other				
		<u> </u>		
			···	
Total. (Column (b) should equal Form 990 Part X, col (B) line 12) ▶				
Part VIII Investments-Program Related (See	Form 990, Part X,	line 13) N/A	· · · · · · · · · · · · · · · · · · ·	
(a) Description of investment type	(b) Book value	(c) M	ethod of valuation	
		Cost or en	d-of-year market value	
			<u> </u>	
			· • • • · ·	
				
Total. Column (b)(should equal Form 990, Part X, Col (B) line 13.)				
Part IX Other Assets (See Form 990, Part X,	line 15) N/A	1		
(a) De	scription		(b) Book	k value
		,		
	_			
* * * * * * * * * * * * * * * * * * * *				
	· -			
Total. Column (b) Total (should equal Form 990, Part X, col	(B), line 15)			
Part X Other Liabilities (See Form 990, Part	X, line 25)			
(a) Description of Liability	(b) Amount			
Federal Income Taxes				
				
		\dashv		
				
		_		
Total. Column (b) Total (should equal Form 990, Part X, col (B) line 25)	► 5,141,45	57		
In Part XIV, provide the text of the footnote to the organizat			zation's liability for uncerta	ın tax
positions under FIN 48.				

Schedule D (Form 990) 2008 Talmudic College of Florida, Inc.	9-1571122	Page 4
Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1 Total revenue (Form 990, Part VIII,column (A), line 12)	3	182,308.
2 Total expenses (Form 990, Part IX, column (A), line 25)	3	428,898
3 Excess or (deficit) for the year. Subtract line 2 from line 1		246,590.
4 Net unrealized gains (losses) on investments		
5 Donated services and use of facilities		
6 Investment expenses		
7 Prior period adjustments		_
8 Other (Describe in Part XIV)		
9 Total adjustments (net). Add lines 4-8.		
10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9		-246,590.
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	
1 Total revenue, gains, and other support per audited financial statements	1 3	, 182 , 308
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12.		
a Net unrealized gains on investments		
b Donated services and use of facilities 2b		
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 3	, 182 , 308 .
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investments expenses not included on Form 990, Part VIII, line 7b	4	
b Other (Describe in Part XIV)	1 1 1 4	
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 3	, 182 , 308 .
Part XIII, Reconciliation of Expenses per Audited Financial Statements With Expenses per Ro	eturn	
Total expenses and losses per audited financial statements	1 3	,428,898.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities 2a		
b Prior year adjustments 2b		
c Losses reported on Form 990, Part IX, line 25	. •	
d Other (Describe in Part XIV)		
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3 3	,428,898.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	Towns of the second	
a Investments expenses not included on Form 990, Part VIII, line 7b	, * , <u>4</u>	
b Other (Describe in Part XIV)	(2° + 1	
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 3	,428,898.
Part XIV Supplemental Information		
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV line 4, Part X; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b.	/, lines 1b and 2b	; Part V,
		 -
		·

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Schedule **D** (Form 990) 2008

Schedule D (Form 990) 2008 PartXIV Supplemental Information (continued)	Page 5
PartXIV Supplemental Information (continued)	
·	
	

SCHEDULE E (Form 990 or 990-EZ)

Schools

OMB No 1545-0047

Employer identification number

2008

allens or rego Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

59-1571122 Talmudic College of Florida, Inc YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other Х governing instrument, or in a resolution of its governing body? Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Χ 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 had 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 Х Does the organization maintain the following? Χ a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?. 4b c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? Х d Copies of all material used by the organization or on its behalf to solicit contributions? 4d 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 **b** Admissions policies? 5b c Employment of faculty or administrative staff? 5c d Scholarships or other financial assistance? 5d e Educational policies? 5e f Use of facilities? 5f Х Х g Athletic programs? 5g 5h h Other extracurricular activities? 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 b Has the organization's right to such aid ever been revoked or suspended? 6Ь If you answered 'Yes,' to either line 6a or line b, please explain using an atlached statement Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc. 75-50, 1975-2 C.B 587, covering racial nondiscrimination? If

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service

► 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.

Open to Public A

Name of the organization					Employer identifica	
Talmudic College of Flori					59-157112	
Part la Fundraising Activities.						/, line 17.
1 Indicate whether the organization r	aised funds thre	ough any o	of the follo	wing activities. Check a	II that apply	
Mail solicitations				Solicitation of non-	government grants	
Email solicitations				Solicitation of gover	rnment grants	
Phone solicitations				Special fundraising	events	
In-person solicitations				,,		
_ ,						
2a Did the organization have written o employees listed in Form 990, Part	r oral agreeme	nt with any	/ individua	il (including officers, dire	ectors, trustees or key	Yes X No
· ·			•	•		
b If 'Yes,' list the ten highest paid incompensated at least \$5,000 by the	ividuals or enti e organization	ties (tunai Form 990)	aisers) pu =7 filers a	rsuant to agreements u	nder which the fundrais lete this table	er is to be
	I	T	111013 0	Te not required to comp	(v) Amount paid to	
(i) Name of individual	(ii) Activity		fundraiser	(iv) Gross receipts	(or retained by)	(vi) Amount paid to
or entity (fundraiser)	''		ly or control butions?	from activity	fundraiser listed in	(or retained by)
					col.(i)	organization
		Yes	No No			
		<u> </u>				
				-		
		<u> </u>	-			
					<u>-</u> -	
		 				
	L			<u> </u>		
Total			•			0.
3 List all states in which the organiza	ation is register	ed or licen	sed to soli	icit funds or has been no	otified it is exempt from	registration
or licensing	ation is register	ou or neer	300 10 301	icit funds of files been file	ounce it is exempt from	registration
						
			- -			
						
						
			_ _			
						_

		G (Form 990 or 990-EZ) 2008 Talmud			59-15	
Pa	<u>гу Ш</u> ј	Fundraising Events. Complete if reported more than \$15,000 on F	f the organization a	answered 'Yes' to F	orm 990, Part IV,	line 18, or eater than \$5,000
<u>`</u>		reported more than \$10,000 on 1	(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through
R			(event type)	(event type)	(total number)	col. (c))
REVENUE	1	Gross receipts				
Ě	2	Less Charitable contributions				
	3	Gross revenue (line 1 minus line 2)				
	4	Cash prizes				····
DIRECT	5	Non-cash prizes				
	6	Rent/facility costs				
EXPENSES	7	Other direct expenses				
Š	8	Direct expense summary Add lines 4- th Net income summary. Combine lines 3 ai			•	
Pa	îШ	Gaming. Complete if the organiz \$15,000 on Form 990-EZ, line 6a	ation answered 'Ye	es' to Form 990, Pa	art IV, line 19, or r	eported more than
REVENUE			(a) Bıngo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
	1	Gross revenue .			<u> </u>	
-		Cash prizes				
DIRECT	3	Non-cash prizes			<u> </u>	
C S T E S	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes% No	Yes%	Yes% No	
	7	Direct expense summary. Add lines 2 thr	ough 5 in column (d)		•	
	8	Net gaming income summary. Combine I	ines 1 and 7 in column	(d)	•	
_						YES NO
		er the state(s) in which the organization op ne organization licensed to operate gaming				9a
		lo, Explain.				
		re any of the organization's gaming license 'es,' Explain	s revoked, suspended o	or terminated during the	tax year?	10a
11	Doe	s the organization operate gaming activities	es with nonmembers?			11
12	is th	ne organization a grantor, beneficiary or tri ninister charitable gaming?	ustee of a trust or a me	mber of a partnership or	other entity formed to	12
BAA		mister chartable garming:	TEF 437021	00115/00	Schadula G (Fr	orm 990 or 990-E7\ 2008

Schedule G (Form 990 or 990-EZ) 2008 Tatmudic College of Florida, Inc.	59-15/1122	F	age 3
			NO
13 Indicate the percentage of gaming activity operated in.			
a The organization's facility	%		4
b An outside facility	%		<u> </u>
Provide the name and address of the person who prepares the organization's gaming/special events books Name			
Address: ►			
15a Does the organization have a contact with a third party from whom the organization receives gaming reven	ue? 1	5a	
b If 'Yes,' enter the amount of gaming revenue received by the organization \$ and t of gaming revenue retained by the third party \$	he amount		7.8
c If 'Yes,' enter name and address:			3
Name: ►			
Address. ►			
16 Gaming manager information			
Name •			
Gaming manager compensation ► \$			
Description of services provided			
☐ Director/officer ☐ Employee ☐ Independent contractor			
17 Mandatory distributions			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to r state gaming license?.	etain the	17a	
b Enter the amount of distributions required under state law distributed to other exempt organizations or spec	nt in the		

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Schedule G (Form 990 or 990-EZ) 2008

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2008

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. Open to Public Inspection Department of the Treasury Internal Revenue Service Name of the organization Employer identification number Talmudic College of Florida, Inc. 59-1571122 Form 990, Part VI, Line 10 - Form 990 Review Process No review was or will be conducted.

2008	Federal Supporting Detail		Page 1
	Talmudic College of Florida, Inc.		59-1571122
Contributions, Gifts, and Gra Fundraising events [O]	nts		
Dinner Pledges Mailings Dinner Reservation Special Projects			\$ 322,275. 14,479. 18,540.
Special Figures	·	Total	\$ 2,752. 28,000. 386,046.
Stmt. of Functional Expenses Office expenses	(990)		
Dues & Subscriptions Licenses & Permits Misc			\$ 10,844. 826. 1,303.
Office Supplies Copier Rental		Total	\$ 4,771. 39,148. 56,892.