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Return of Organization Exempt From Income Tax

Department of the Treasury
Internal Revenue Service

2008

Open to Public
InspectionUnder 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

A For the 2008 calendar year, or tax year beginning **10/01/08**, and ending **9/30/09**

Check if applicable.
 Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

B Please use IRS label or print or type. See Specific Instructions.

C Name of organization
Tallahassee Lenders Consortium, IncD Employer identification number
59-3212709E Telephone number
850-222-6609F Gross receipts \$ **2,209,667**G Number and street (or P.O. box if mail is not delivered to street address)
224 Office Plaza
Room/suiteH City or town, state or country, and ZIP + 4
Tallahassee FL 32301I Name and address of principal officer
**Libby Lane
224 Office Plaza
Tallahassee FL 32301**H(a) Is this a group return for
affiliates? Yes No
H(b) Are all affiliates included? Yes No
If "No," attach a list (see instructions)I Tax-exempt status 501(c) (3) (insert no.) 4947(a)(1) or 527J Website: ► **tallahasseelenders.org**K Type of organization Corporation Trust Association Other ► L Year of formation **1993** M State of legal domicile: **FL**

Part I Summary

1 Briefly describe the organization's mission or most significant activities:

Our mission is to improve people's ability to obtain safe, decent, affordable housing by providing homebuyer education, access to affordable financing and housing options.

2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its assets

3 Number of voting members of the governing body (Part VI, line 1a)

3	4
4	4
5	7
6	6
7a	
7b	0

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of employees (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total gross unrelated business revenue from Part VIII, line 12, column (C)

b Net unrelated business taxable income from Form 990-T, line 34

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8d, 9d, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ►

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses. Subtract line 18 from line 12

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances. Subtract line 21 from line 20

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MAY 04 2010

IRS-OSC

Part II Signature Block

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

Libby Lane

4-27-10

Signature of officer

Date

Libby Lane, Executive Director

Type or print name and title

Paid
Preparer's
Use OnlyPreparer's
signature*R. Lee Skelton*

Date

4-21-10

Check if
self-
employedPreparer's identifying number
(see instructions)**P00361308**Firm's name (or yours
if self-employed),
address, and ZIP + 4**Skelton, Bryant, Bryant & Scarboro, P.A.
1320 Thomaswood Drive
Tallahassee, FL 32308-7939**EIN ► **59-3483197**Phone
no ► **850-386-1120**

May the IRS discuss this return with the preparer shown above? (see instructions)

DAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission.

Our mission is to improve people's ability to obtain safe, decent, affordable housing by providing homebuyer education, access to affordable financing and housing options.

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 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 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 by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **1,129,831** including grants of \$ **1,129,831**) (Revenue \$)
Interest free down payment assistance loans made to 108 low income individuals.

4b (Code:) (Expenses \$ **298,502** including grants of \$) (Revenue \$)
For one on one counseling (prepurchase, delinquency and reverse mortgage) we conducted 780 counseling sessions with an estimated 2,914 hours worked.

For group counseling (orientation, financial literacy, prepurchase education and post purchase education) we served approximately 1,629 households with an estimated 276 hours worked.

4c (Code:) (Expenses \$ **126,654** including grants of \$ **54,242**) (Revenue \$)
Supervised the construction and sale of 4 affordable homes to eligible low income individuals. Also donated a residential lot to a local 501(c)(3) to be developed as affordable housing.

4d Other program services (Describe in Schedule O.)

(Expenses \$ **1,554,987** including grants of \$) (Revenue \$)

4e Total program service expenses ► \$ **1,554,987** (Must equal Part IX, Line 25, column (B).)

Part IV. Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X
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	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	X
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	X
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	X
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, VII, 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	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	X
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	X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	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
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	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	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
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	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	X
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	X
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	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	X

Part IVa Checklist of Required Schedules (continued)

28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:
 a 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
 b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV
28b
 c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV
28c
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M
29
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M
30
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I
31
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
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
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
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
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
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

Part 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	1
1b		1b	0
1c		1c	X
2a	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	2a	7
2b		2b	X
3a	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	3a	X
3b		3b	
4a	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	4a	X
4b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	4b	
4c		4c	
4d		4d	
5a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	5a	
5b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	5b	
5c		5c	
6a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	6a	X
6b	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.	6b	
6c		6c	
6d		6d	
6e		6e	
6f		6f	
6g		6g	
6h		6h	
7a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	7a	X
7b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	7b	
7c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	7c	X
7d		7d	
7e		7e	X
7f		7f	X
7g		7g	X
7h		7h	X
8	Organizations that may receive deductible contributions under section 170(c).	8	X
8a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	8a	
8b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	8b	
8c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	8c	
8d	If "Yes," indicate the number of Forms 8282 filed during the year	8d	
8e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	8e	
8f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	8f	
8g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	8g	
8h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	8h	
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	9	
9a	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	9a	X
9b	Did the organization make any taxable distributions under section 4966?	9b	X
10	Did the organization make a distribution to a donor, donor advisor, or related person?	10	
10a	Section 501(c)(7) organizations. Enter:	10a	
10b	Initiation fees and capital contributions included on Part VIII, line 12	10b	
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	11	
11a	Section 501(c)(12) organizations. Enter:	11a	
11b	Gross income from members or shareholders	11b	
12a	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	12a	
12b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12b	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	b	

Part VI. Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)**Section 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, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Yes	No
1a	4	
1b	4	
2		X
3		X
4		X
5		X
6		X
7a		X
7b		X
8a	X	
8b	X	
9a		X
9b		
10		X
11		X

1a Enter the number of voting members of the governing body

1b Enter the number of voting members that are independent

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?

4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?

5 Did the organization become aware during the year of a material diversion of the organization's assets?

6 Does the organization have members or stockholders?

7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?

7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

a The governing body?

b Each committee with authority to act on behalf of the governing body?

9a Does the organization have local chapters, branches, or affiliates?

b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?

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

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

Section B. Policies

	Yes	No
12a	X	
12b	X	
12c	X	
13	X	
14	X	
15		
a	X	
b	X	
15a	X	
15b	X	
16a		X
16b		

12a Does the organization have a written conflict of interest policy? If "No," go to line 13

b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done

13 Does the organization have a written whistleblower policy?

14 Does the organization have a written document retention and destruction policy?

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.

a The organization's CEO, Executive Director, or top management official?

b Other officers or key employees of the organization?

Describe the process in Schedule O. (see instructions)

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?

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?

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **None**

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

Own website Another's website Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► **Nicole Everett**

224 Office Plaza

FL 32301

850-222-6609

Form 990 (2008)

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.

- 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) of 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

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 not compensate any officer, director, trustee, or key employee.

Part VII. Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

1b Total

111,287

14,309

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ► **0**

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

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

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

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.

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
Contributions, gifts, grants and other similar amounts					
1a Federated campaigns	1a				
1b Membership dues	1b				
1c Fundraising events	1c				
1d Related organizations	1d				
1e Government grants (contributions)	1e	1,403,444			
1f All other contributions, gifts, grants, and similar amounts not included above	1f	27,714			
1g Noncash contributions included in lines 1a-1f		\$			
h Total. Add lines 1a-1f		1,431,158			
Program Service Revenue					
2a Origination fees		107,545	107,545		
2b Developer fees		50,222	50,222		
2c Credit bureau fees		8,834	8,834		
2d Showcase of homes		7,210	7,210		
2e Counseling services		6,698	6,698		
2f All other program service revenue		4,333	4,333		
g Total. Add lines 2a-2f		184,842			
3 Investment income (including dividends, interest, and other similar amounts)		2,667	2,667		
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
6a Gross Rents	(i) Real	(ii) Personal			
6b Less rental exps.					
6c Rental inc or (loss)					
6d Net rental income or (loss)					
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
7b Less cost or other basis & sales exps		591,000			
7c Gain or (loss)		640,033			
7d Net gain or (loss)		-49,033	-49,033		
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c)					
See Part IV, line 18	a				
b Less: direct expenses	b				
c Net income or (loss) from fundraising events					
9a Gross income from gaming activities.					
See Part IV, line 19	a				
b Less: direct expenses	b				
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					
Miscellaneous Revenue	Busn. Code				
11a					
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		1,569,634	138,476	0	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).

Do 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	54,242	54,242		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	1,129,831	1,129,831		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	111,287	82,388	28,899	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	142,760	141,172	1,588	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	40,154	35,336	4,818	
10 Payroll taxes	20,672	18,191	2,481	
11 Fees for services (non-employees).				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17	17,111		17,111	
f Investment management fees				
g Other				
12 Advertising and promotion	2,677	2,356	321	
13 Office expenses	8,589	5,376	3,213	
14 Information technology	5,920	5,210	710	
15 Royalties				
16 Occupancy	23,747	20,897	2,850	
17 Travel	5,001	4,401	600	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	4,445	3,913	532	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,234	4,607	627	
23 Insurance	4,119	3,625	494	
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.)				
a Credit bureau expense	9,285	9,285		
b Showcase events	8,982	8,982		
c Computer expense	7,328	6,449	879	
d Utilities	6,226	5,479	747	
e Homebuyer classes	5,690	5,690		
f All other expenses	8,340	7,557	783	
25 Total functional expenses. Add lines 1 through 24f	1,621,640	1,554,987	66,653	
26 Joint Costs. Check here ► <input type="checkbox"/> 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				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash—non-interest bearing	649,630	1	784,612	
	2 Savings and temporary cash investments	2			
	3 Pledges and grants receivable, net	137,834	3	156,136	
	4 Accounts receivable, net	1,000	4	3,000	
	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	
	7 Notes and loans receivable, net			7	
	8 Inventories for sale or use			8	
	9 Prepaid expenses and deferred charges	9,315	9	8,803	
	10a Land, buildings, and equipment: cost basis	276,388			
	b Less: accumulated depreciation Complete Part VI of Schedule D	16,967	10c	259,421	
	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			14	
	15 Other assets. See Part IV, line 11	313,173	15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,123,620	16	1,211,972		
Liabilities	17 Accounts payable and accrued expenses	23,612	17	34,708	
	18 Grants payable		18		
	19 Deferred revenue	177,251	19	165,201	
	20 Tax-exempt bond liabilities			20	
	21 Escrow account liability. Complete Part IV of Schedule D			21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23 Secured mortgages and notes payable to unrelated third parties	517,550	23	658,862	
	24 Unsecured notes and loans payable			24	
	25 Other liabilities. Complete Part X of Schedule D			25	
	26 Total liabilities. Add lines 17 through 25	718,413	26	858,771	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	405,207	27	353,201	
	28 Temporarily restricted net assets		28		
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds			30	
	31 Paid-in or capital surplus, or land, building, or equipment fund			31	
	32 Retained earnings, endowment, accumulated income, or other funds			32	
	33 Total net assets or fund balances	405,207	33	353,201	
	34 Total liabilities and net assets/fund balances	1,123,620	34	1,211,972	

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: Cash Accrual Other

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

 b Were the organization's financial statements audited by an independent accountant?

 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?

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?

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

	Yes	No
2a		<input checked="" type="checkbox"/>
2b	<input checked="" type="checkbox"/>	
2c	<input checked="" type="checkbox"/>	
3a	<input checked="" type="checkbox"/>	
3b	<input checked="" type="checkbox"/>	

SCHEDULE A
(Form 990 or 990-EZ)

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

2008

Open to Public
Inspection

Name of the organization

Tallahassee Lenders Consortium, Inc

Employer identification number
59-3212709

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only one organization.)

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

(I) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 (II) A family member of a person described in (i) above?
 (III) A 35% controlled entity of a person described in (i) or (ii) above?

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

h Provide the following information about the organizations the organization supports.

(I) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(IV) Is the organization in col. (I) listed in your governing document?		(V) Did you notify the organization in col. (I) of your support?		(VI) Is the organization in col. (I) organized in the U.S.?		(VII) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2008

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

Calendar year (or fiscal year beginning in) ►	(a) 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")	637,022	1,082,128	1,458,310	1,503,508	1,431,158	6,112,126
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1-3	637,022	1,082,128	1,458,310	1,503,508	1,431,158	6,112,126
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						6,112,126

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	637,022	1,082,128	1,458,310	1,503,508	1,431,158	6,112,126
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	91	30	2,365	1,088	2,667	6,241
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 from the sale of capital assets (Explain in Part IV.)	63,456	119,222	152,951	148,944	184,842	669,415
11 Total support. Add lines 7 through 10						6,787,782
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	90.0460 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	91.9522 %
16a 33 1/3 % support test—2008. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization		► <input checked="" type="checkbox"/>
b 33 1/3 % support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
17a 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
b 10%-facts-and-circumstances test—2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		► <input type="checkbox"/>

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

Calendar year (or fiscal year beginning in) ►	(a) 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 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
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 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b 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.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts 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 June 30, 1975						
c 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 organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%
19a 33 1/3 % support 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 ► <input type="checkbox"/>		
b 33 1/3 % support 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 ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ► <input type="checkbox"/>		

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

Part II, Line 10 - Other Income Detail

Origination fees	\$ 435,205
Credit bureau income	\$ 50,455
Class sponsorship	\$ 96,385
Counseling services	\$ 37,148
Developer fees	\$ 50,222

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

Tallahassee Lenders Consortium, Inc

Employer identification number

59-3212709

Part I 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
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 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 important land area
 Protection of natural habitat Preservation of certified historic structure
 Preservation of open space

2 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	
2b	
2c	
2d	

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?

Yes No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ► — — — — —

7 Amount 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 section 170(h)(4)(B)(ii)?

Yes No

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 ► \$ — — — — —
 (II) Assets included in Form 990, Part X ► \$ — — — — —

2 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 ► \$ — — — — —

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations

- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Yes No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21?

Yes No

b If "Yes," explain the arrangement in Part XIV.

	Amount
1c	
1d	
1e	
1f	

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

- 1a Beginning of year balance
- b Contributions
- c Investment earnings or losses
- d Grants or scholarships
- e Other expenditures for facilities and programs
- f Administrative expenses
- g End of year balance

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a					
b					
c					
d					
e					
f					
g					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ► _____ %
- b Permanent endowment ► _____ %
- c Term endowment ► _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (I) unrelated organizations
- (II) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

	Yes	No
3a(I)		
3a(II)		
3b		

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of Investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		56,000		56,000
b Buildings		193,348	1,558	191,790
c Leasehold improvements				
d Equipment		27,040	15,409	11,631
e Other		0	0	0
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c.))			►	259,421

Part VII. Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other _____		
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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.

Total. (Column (b) should equal Form 990, Part X, col. (B) line 13.) ►

Part IX. Other Assets. See Form 990, Part X, line 15.

Total. (Column (b) 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	

Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.) ►

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

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)	1	1,569,634
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,621,640
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-52,006
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	-52,006

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	1,569,634
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,569,634
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12)	5	1,569,634

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	1,621,640
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:
a	Donated services and use of facilities
b	Prior year adjustments
c	Losses reported on Form 990, Part IX, line 25
d	Other (Describe in Part XIV)
e	Add lines 2a through 2d
3	Subtract line 2e from line 1
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:
a	Investment expenses not included on Form 990, Part VIII, line 7b
b	Other (Describe in Part XIV)
c	Add lines 4a and 4b
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)

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, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b.

Part XIV: Supplemental Information (continued)

SCHEDULE I
(Form 990)Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

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

Name of the organization
Tallahassee Lenders Consortium, Inc.OMB No 1545-0047
2008
Open to Public
Inspection

► Attach to Form 990.

Employer identification number
59-3212709**Part I General Information on Grants and Assistance**1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ►

1	(a) Name and address of organization or government	(b) EIN	(c)IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
1	Bethel Community Development Corp 501 West Orange Ave. Tallahassee	FL 32301	59-3301835	3		54,242	Cost	Residential lot

2 Enter total number of section 501(c)(3) and government organizations
3 Enter total number of other organizationsFor Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
DAA

Schedule I (Form 990) 2008 Tallahassee Lenders Consortium, Inc. 59-3212709

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) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Down payment assistance	108		1,129,831		

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

SCHEDULE O**(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990**

OMB No 1545-0047

2008Open to Public
Inspection

Name of the organization

Tallahassee Lenders Consortium, Inc

Employer identification number

59-3212709**Form 990, Part VI, Line 10 - Organization's Process Used to Review Form 990**

A draft of the 990 is distributed all members at a regular monthly board of directors meeting. Selected issues of the 990 are discussed.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

New disclosures are signed by all directors at the board's annual meeting in October and collected by executive management.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

Salary and bonuses of the executive director are approved by a vote of the board of directors. A performance evaluation is provided annually by the president.

Form 990, Part VI, Line 15b - Compensation Process for Officers

The Assistant Executive Director is evaluated annually by the Executive Director. Salary and bonuses of the Assistant Executive Director are determined by the Executive Director.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Copies of governing documents, conflict of interest policy and financial statements are available to the public upon request.

For calendar year 2008, or tax year beginning **10/01/08**, and ending **9/30/09**

Name

Employer Identification Number

Tallahassee Lenders Consortium, Inc**59-3212709****Form 990, Part X, Line 23 - Additional Information**

	Name of lender	Relationship to disqualified person
(1) City of Tallahassee		
(2) Tlh. Community Redevelopment Agency		
(3) Tallahassee State Bank		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

	Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) 300,000	10/16/06			Payable on demand	0.000
(2) 217,550	7/25/08	7/25/13		Line of credit	0.000
(3) 143,500	4/29/09	4/30/24		Monthly payments of P&I	6.907
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

	Security provided by borrower	Purpose of loan
(1) Unsecured		Down payment assistance funds
(2) Unsecured		Construction of affordable housing
(3) Office Building		Purchase of office building
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

	Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)		300,000	300,000
(2)		217,550	217,550
(3)			141,312
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Totals		517,550	658,862

Asset	Property Description	Date In Service	Book Cost	Book Sec 179 Exp	Book Sec c	Book Sal Value	Book Current Depreciation	Book Prior Depreciation	Book Net Book Value	Book Method	Book Period
70 Building	6/29/09	193,348.26	56,000.00	0.00c	0.00c	0.00	0.00	1,558.43	1,558.43	191,789.83	400
77 Land	4/29/09			0.00c	0.00c	0.00	0.00	1,558.43	1,558.43	56,000.00	00
Group: BUILDINGS											
1 CREDENZA	3/01/94	30.00		0.00	0.00	30.00	0.00	30.00	0.00	S/L	7.0
3 d CHAIRS	3/01/94	120.00		0.00	0.00	120.00	0.00	0.00	0.00	S/L	7.0
4 FILE CABINET- 2 DRAWER	3/01/94	10.00		0.00	0.00	10.00	0.00	0.00	0.00	S/L	7.0
5 d DESK WITH TYPING RETURN	3/01/94	50.00		0.00	0.00	50.00	0.00	0.00	0.00	S/L	7.0
6 d TYPING CHAIR	3/01/94	10.00		0.00	0.00	10.00	0.00	0.00	0.00	S/L	7.0
7 d CHAIR	3/01/94	10.00		0.00	0.00	10.00	0.00	0.00	0.00	S/L	7.0
8 d DESK WITH TYPING RETURN	3/01/94	50.00		0.00	0.00	50.00	0.00	0.00	0.00	S/L	7.0
9 d CHAIRS (2)	3/01/94	50.00		0.00	0.00	50.00	0.00	0.00	0.00	S/L	7.0
10 d TYPING CHAIR	3/01/94	25.00		0.00	0.00	25.00	0.00	0.00	0.00	S/L	7.0
11 d DESK WITH TYPING RETURN	3/01/94	50.00		0.00	0.00	50.00	0.00	0.00	0.00	S/L	7.0
12 d TYPING CHAIR	3/01/94	25.00		0.00	0.00	25.00	0.00	0.00	0.00	S/L	7.0
13 d CHAIRS (2)	3/01/94	40.00		0.00	0.00	40.00	0.00	0.00	0.00	S/L	7.0
14 d COMPUTER STAND	3/01/94	50.00		0.00	0.00	50.00	0.00	0.00	0.00	S/L	7.0
18 d CHAIR	3/01/94	20.00		0.00	0.00	20.00	0.00	0.00	0.00	S/L	7.0
19 d CHAIR	3/01/94	20.00		0.00	0.00	20.00	0.00	0.00	0.00	S/L	7.0
20 d METAL DESK WITH TYPING RF	3/01/94	50.00		0.00	0.00	50.00	0.00	0.00	0.00	S/L	7.0
23 d COMPUTER SOFTWARE	3/02/94	250.00		0.00	0.00	250.00	0.00	0.00	250.00	S/L	5.0
25 d LASER JET PRINTER	9/24/95	1,918.48		0.00	0.00	1,918.48	0.00	1,918.48	0.00	S/L	50
29 d MODEM	11/28/95	165.36		0.00	0.00	165.36	0.00	0.00	165.36	S/L	50
30 d TIME CLOCK	3/31/96	250.00		0.00	0.00	250.00	0.00	0.00	250.00	S/L	7.0
31 d LATERAL FILE	3/31/96	400.00		0.00	0.00	400.00	0.00	0.00	400.00	S/L	7.0
32 d CHAIRS (2)	3/31/96	400.00		0.00	0.00	400.00	0.00	0.00	400.00	S/L	7.0
33 d INTERLING SOFTWARE	5/16/96	682.92		0.00	0.00	682.92	0.00	0.00	682.92	S/L	5.0
39 d HP LASER PRINTER	9/23/98	399.99		0.00	0.00	399.99	0.00	0.00	399.99	S/L	5.0
40 d DONATED FURNITURE (NATIO	5/15/98	5,000.00		0.00	0.00	5,000.00	0.00	0.00	5,000.00	S/L	7.0
45 d DESK CHAIR	11/12/98	99.99		0.00	0.00	99.99	0.00	0.00	99.99	S/L	7.0
46 d 3 SHELVES	4/26/02	119.82		0.00	0.00	109.85	9.97	9.97	119.82	S/L	7.0
48 d DELL COMPUTERS (2 desktop, 1	7/31/03	2,332.85		0.00	0.00	2,332.85	0.00	0.00	2,332.85	S/L	5.0
49 d Dell Desktop computer	7/09/04	538.00		0.00	0.00	457.30	80.70	538.00	0.00	S/L	5.0
51 d Phone system	6/03/05	3,600.00		0.00	0.00	1,714.30	514.29	2,228.59	1,371.41	S/L	7.0
52 d Refrigerator	7/07/05	170.00		0.00	0.00	78.94	24.29	103.23	66.77	S/L	7.0
53 d Signage - Park Avenue	6/27/05	341.18		0.00	0.00	68.25	22.75	91.00	250.18	S/L	150
54 d Network file server & setup	10/31/05	3,093.96		0.00	0.00	1,804.81	618.79	2,423.60	670.36	S/L	5.0
55 d Dell Optiplex 170L	10/30/05	937.55		0.00	0.00	546.90	187.51	734.41	203.14	S/L	5.0
56 d HP Laserjet printer	10/31/05	451.74		0.00	0.00	263.52	90.35	353.87	97.85	S/L	5.0
57 d Seagate 30GB hard drive	10/31/05	273.90		0.00	0.00	159.78	54.78	214.56	59.34	S/L	5.0
58 d Dell Desktop Computer (Nicole)	3/08/07	566.42		0.00	0.00	179.36	113.26	292.64	273.78	S/L	5.0
59 d Dell Laptop	11/15/07	1,539.80		0.00	0.00	282.30	307.96	590.26	949.54	S/L	5.0
60 d 19" Dell flat screen monitor	7/26/08	189.98		0.00	0.00	6.33	38.00	44.33	145.65	S/L	5.0
61 d 19" Dell flat screen monitor	7/26/08	189.98		0.00	0.00	6.33	38.00	44.33	145.65	S/L	5.0
62 d "19" Dell flat screen monitor	7/26/08	189.98		0.00	0.00	6.33	38.00	44.33	145.65	S/L	5.0
63 d Telephone- 48 key	11/19/07					375.00	53.57	44.64	98.21		

