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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 Open to Public

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

Inspection

AF	or the	e 2009 ca	lendar year, or tax year beginning and ending		
Вс	Check if applicable	use IRS	C Name of organization SUNCOAST SCHOOLS FEDERAL CREDIT UNION	D Employer identifie	cation number
	Addre chang	ss label or Print or	SCHOLARSHIP FOUNDATION		
	Name chang	e type	Doing Business As		037324
	retum Termii ated	0	Number and street (or P 0 box if mail is not delivered to street address) Room/s 6801 E. HILLSBOROUGH AVENUE		999-5887
	Amenoretum Applic		City or town, state or country, and ZIP + 4	G Gross receipts \$	2443036.
_	tion pendi	<u>"</u>	TAMPA, FL 33610	H(a) Is this a group re	
	,	F Nar	ne and address of principal officer:	for affiliates?	Yes X No
				H(b) Are all affiliates inc	
			us: X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527		list. (see instructions)
		te: ► N /		H(c) Group exemption	
				ear of formation: 1991 N	1 State of legal domicile FL
P	art I	Summ		*	1.
é	1		scribe the organization's mission or most significant activities: Fundrais	ing, charitab	Te
Activities & Governance			ibutions, and awarding scholarships		
era	2		s box Fig. 1 if the organization discontinued its operations or disposed of n	nore than 25% of its net as	_
Š	3		f voting members of the governing body (Part VI, line 1a)	. 3	4
8	4	Number o	if independent voting members of the governing body (Part VI, line 1b)	4	4
es	5	Total num	ber of employees (Part V, line 2a)	5	0
Σ	6		ber of volunteers (estimate if necessary)		100
Act			s unrelated business revenue from Part VIII, column 10, line 12	7a	0.
_	b	Net unrela	ated business taxable income from Form 990-T, line 54ECEIVED		0.
				Prior Year	Current Year
9	8	Contribut	ions and grants (Part VIII, line 1h) BUN 2 8 2010 0	2045363.	1984606.
en	9	Program s	service revenue (Part VIII, line 2g)		
Revenue	10		nt income (Part VIII, column (A), lines 3, 4, and 70	87474.	44843.
_	11	Other reve	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 10 N, UT		
	12	Total reve	nue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2132837.	2029449.
	13	Grants an	d similar amounts paid (Part IX, column (A), lines 1-3)	1347208.	1373575.
	14	Benefits p	oald to or for members (Part IX, column (A), line 4)		
S	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5-10)		
Expenses	16a	Profession	nal fundraising fees (Part IX, column (A), line 11e)		
ğ	Ь	Total fund	draising expenses (Part IX, column (D), line 25)		
ш	17	Other exp	penses (Part IX, column (A), lines 11a-11d, 11f-24f)	19398.	20491.
	18	Total exp	enses. Add lines 13·17 (must equal Part IX, column (A), line 25)	1366606.	1394066.
	19	Revenue	less expenses. Subtract line 18 from line 12	766231.	635383.
Net Assets or Fund Balances				Beginning of Current Year	End of Year
sets	20	Total asse	ets (Part X, line 16)	2650611.	3571980.
d As	21	Total liabi	lities (Part X, line 26)		
캺	22		s or fund balances. Subtract line 21 from line 20	2650611.	3571980.
P	art II		ture Block		
		Under pena and comple	alties of perjury, I declare that I have examined this return, including accompanying schedules and statements Declaration of preparer (other than officer) to based on all information of which preparer has any knowle	ints, and to the best of my knowled; edge.	ge and belief, it is true, correct,
			C / Audit	1/-/	71.10
Sig	n	D = 4	and White		2/-/0
Hei	re	Sigi	fature of officer	Date	
		_	Earl Whitlock, Chairman		
		Тур	e or print name and title /	Charlett Day	J- Id-atikilaa ayaabaa
Paid	d	Preparer's	Date Date	colf- (see ins	er's identifying number structions)
	u parer's	signature		employed P	01052625
	Only	Firm's nam yours if	nutto a carvery.	EIN ►	
	· • · · · · · ·	self-employ			FA 420 FAAA
		ZIP + 4	Pensacola, FL 32502	Phone no ► 8	50-438-5299
Ma	y the I	RS discus	s this return with the preparer shown above? (see instructions)		. Yes No

4	GVD1GG3.GE GGWGG1.G EDD-1-1-1 GD-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
_	SUNCOAST SCHOOLS FEDERAL CREDIT UNION
	990 (2009) SCHOLARSHIP FOUNDATION 59-3037324 Page 2
	TILL Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: See Schedule O for Continuation TO PROMOTE THE EDUCATION, HEALTH, AND EMOTIONAL WELL BEING OF CHILDREN
	IN OUR COMMUNITIES THROUGH SCHOLARSHIPS AND CONTRIBUTIONS TO PUBLIC
	SCHOOLS, MEDICAL RESEARCH AND DEVELOPMENT, FAMILY SUPPORT
	ORGANIZATIONS, AND OTHER CHARITABLE PROGRAMS OF DIRECT BENEFIT TO
2	Did the organization undertake any significant program services during the year which were not listed on
٤.	the prior Form 990 or 990-EZ?
	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 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 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.
	See Schedule O for Continuation(s)
4a	(Code:) (Expenses \$ 202000 • including grants of \$ 202000 •) (Revenue \$
	The Consortium of Florida Education Foundations, created in 1987, is
	the professional association for the local county education foundations
	that serve the 2.6 million public school students and 295,000 educators
	throughout Florida's 67 counties. The Consortium's mission is to
	provide a forum for the exchange of information and development of
	resources for Florida education foundations in order to advance their
	capacity to enhance public education at the local level. The Consortium also represents the interest of education foundations in the
	state legislature. http://www.cfef.net/
	state legislature: http://www.cref.net/
4b	(Code:) (Expenses \$ 100000 • Including grants of \$ 100000 •) (Revenue \$
	As the home for key child welfare partners, Mary Lee's House will be a
	child-friendly place where children who have been abused receive
	comprehensive assessments and services 'under one roof'. Although
	these services currently exist, they exist in separate locations,
	causing fragmentation and inefficiencies in the child abuse protection
	system. Co-location of specialists in the areas of child abuse, mental
	health, and medical and legal services will strengthen initial
	assessments and the development of case plans. Ultimately, the
	information garnered will have a direct bearing on judicial decisions related to permanency planning, criminal prosecutions (as appropriate),
	and the health and safety of children. http://www.maryleeshouse.org/
	and the hearth and safety of children. http://www.maryleeshouse.org/
40	(Code:) (Expenses \$ 165850 • Including grants of \$ 165850 •) (Revenue \$)
	The Foundation's partnership with the private sector have allowed us to
	create and operate prgrams and initiayives that give students and
	teachers in Lee County public schools the opportunity to excel. The
	foundation supports students and families who are in financial need,
	provide educators resources for an effective learning environment, and
	reward students and educators who prove their excellence.
	The School District of Lee County is one of the 50 largest school
	districts in the country. It is made up of 80,000 students from grades
	K through 12, 11,500 full and part time employees, and 5,000 educators.

Not only is Lee County's public school district one of the largest, but it is also one of the most socioeconomically disadvantaged; 65% of the

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

905725 including grants of \$ 9 ce expenses ▶\$ 1373575 . 905725.) (Revenue \$

4e Total program service expenses ▶\$

ra	onecklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	Γ	163	140
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
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		
6	Did the organization maintain any donor advised funds or any similar funds or 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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10	Х	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable	11		Х
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI.	. !		
•	Did the organization report an amount for investments · other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	<u> </u>		
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 487 If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII.	12		Х
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No	-		
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
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 United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? 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		Х
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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If "Yes " complete Schedule H	20		Х

Form	990 (2009) SCHOLARSHIP FOUNDATION 59-	3037324	Р	age 4
Pa	Tt IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the	}		
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	. 21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part	IX,		
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	. 22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	ıt 🗌		
	and former officers, directors, trustees, key employees, and highest compensated employees? 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 organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the organization have a tax-exempt bond issue with an outstanding principal amount of the organization have a tax-exempt below the organization of the organization have a tax-exempt below the organization of the organization	:he		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	i i		İ
	Schedule K. If "No", go to line 25	. 24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	. 24ь		
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
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 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 disqu	alified		
	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, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	. 27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

.

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

contributions? If "Yes," complete Schedule M . .

Schedule N, Part II

If "Yes," complete Schedule R, Part V, line 2

sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I

Is any related organization a controlled entity within the meaning of section 512(b)(13)?

Was the organization related to any tax-exempt or taxable entity?

Note. All Form 990 filers are required to complete Schedule O.

If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1

If "Yes," complete Schedule R, Part V, line 2

c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was

Form **990** (2009)

X

Х

X

X

Х

X

X

Х

X

X

X

28b

28c

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<u>3</u>3

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Pal	t v Statements negaring Other Ind Fillings 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	ļ		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	ļ		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			1
	(gambling) winnings to prize winners?	1c	ļ	<u> X</u>
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	ļ		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		<u> </u>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	<u> </u>	ــــ
4a	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)?	4a		<u> X</u>
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?	5a		<u> </u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
c	if "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
	Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			l
	any contributions that were not tax deductible?	6a		<u> </u>
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		İ	
	were not tax deductible?	6b	ļ	d
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services			l
	provided to the payor?	7a		<u>X</u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		ŀ	
	to file Form 8282?	7c	ļ	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	ŀ		
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	<u> </u>	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>		—
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		ļ
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the	ŀ		
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings	ĺ		
	at any time during the year?	8	ļ	<u> </u>
9	Sponsoring organizations maintaining donor advised funds.	ŧ		
а	Did the organization make any taxable distributions under section 4966?	9a	ļ	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9ь		ļ
10	Section 501(c)(7) organizations. Enter:	ļ		
а	Initiation fees and capital contributions included on Part VIII, line 12	ł		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-	•	
11	Section 501(c)(12) organizations. Enter:		[
а	Gross income from members or shareholders	ŀ	ŧ	
b	Gross income from other sources (Do not net amounts due or paid to other sources against	•	ł	
	amounts due or received from them.)		1	+ '
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ļ	ļ
<u>_b</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	<u> </u>	<u></u>	ł
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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

sec	tion A. Governing Body and Management			\ <u></u>	
1a	Enter the number of voting members of the governing body	ΔΓ		Yes	No
h	Enter the number of voting members that are independent 1b	4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	ᆌ			•
_	officer, director, trustee, or key employee?	ŀ	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	·			
3	of officers, directors or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	·	4		X
5	Did the organization make any significant changes to its organizational documents since the prior Ponn 990 was nieur. Did the organization become aware during the year of a material diversion of the organization's assets?	·	5		X
6	Does the organization have members or stockholders?	· -	6	_	X
7a	Does the organization have members of stockholders, or other persons who may elect one or more members of the	F			
	governing body?		7a		x
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	.	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	F			
•	by the following:	l			
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?	F	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	F	-00		
J	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	1	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	 -			
<u> </u>	troit B. 1 disable (find decision B requeste minimation about poinces not required by the internal netering dead.)			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	Γ	10a		X
	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?		10ь		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	·	11		X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ľ	•••••		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	` [
	to conflicts?		12b		
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	` [-
	ın Schedule O how this is done	L	12c		
13	Does the organization have a written whistleblower policy?	Г	13		X
14	Does the organization have a written document retention and destruction policy?	. Г	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official	. [15a		X
ь	Other officers or key employees of the organization	. [15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	F			
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?	. L	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation				
	ın joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's				
	exempt status with respect to such arrangements?		16b		
Sec	tion 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 Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available.	able fo	or		
	public inspection. Indicate how you make these available. Check all that apply.				
	Own website Another's website X Upon request				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy	y, and	d fina	ncial	
	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 organ MARY TLACHAC $-866-300-9382$	nızatıd	on: 🕨		
	6801 E. HILLSBOROUGH AVENUE, TAMPA, FL 33610				
			Form	990 (2009)

932006 02-04-10

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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- 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 the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average hours	l (ci		Pos		tion hat apply)		Reportable compensation	Reportable compensation	Estimated amount of
	per week	Individual frustee or director	Institutional trustee	Officer		Highest compensated cemployee		from	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
EARL WHITLOCK										
CHAIRMAN	1.00	X	<u> </u>	Х	L		<u> </u>	0.	0.	0.
JOE TRUMBACH VICE CHAIR	1.00	X		х				0.	0.	0.
VELIA PEDRERO	1.00	^	-	Λ	-	 -		0.	0.	
SECRETARY/TREASURER	1.00	x		\mathbf{x}				0.	0.	0.
MILDRED HARVEY										
MEMBER	1.00	X		<u> </u>		_	<u> </u>	0.	0.	0.
		├─	-	_	-		_			
	 									
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	(A) Name and title	(B) (C) Average Position hours (check all that apply)						lv)	(D) Reportable compensation	(E) Reportable compensation	I			-
		per by by by by by by by by by by by by by					from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC		comp	ther ensa in the nizati relate	tion e Ion ed		
				_										
														-
						_				-				
											_			
			ļ	-							-			
						-								
1b 2	Total Total number of individuals (including but compensation from the organization	not limited to th	nose	liste	ed a	bov	e) wi	no re	0 . eceived more than \$100	L	0.			0.
3	Did the organization list any former office			e, ke	y en	nplo	yee,	or h	nighest compensated el	mployee on			es	No X
4	line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the s and related organizations greater than \$15	sum of reportab	le c							the organization		4		X
5 Sec	Did any person listed on line 1a receive or the organization? If "Yes," complete Sche tion B. Independent Contractors				from	an	y uni	elat	ed organization for serv	ices rendered to		5		Х
1	Complete this table for your five highest c the organization. NONE	ompensated in	dep	ende	ent c	ont	racto	ors t		\$100,000 of comp	ensa			
	(A) Name and busines	s address				_			(B) Description of	services	Co	(C) empen	satio	n
														_
_														
														
2	Total number of independent contractors		not l	imite	ed to		ose li O	stec	d above) who received r	nore than	····		······································	
	\$100,000 in compensation from the organ	iization 🚩					<u> </u>			<u> </u>	F	orm 9	90 (2009)

Page 9

			DAMOIIII I	OUNDATIO	14	_ · · 	<u> </u>	324 Page
	rt VI	II Statement of Reve	nue		(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	b c d e	Federated campaigns Membership dues Fundraising events . Related organizations Government grants (contributions, gifts, grains)						
ontribut nd other		similar amounts not included about Noncash contributions included in line	ove 1f	1984606.				
<u>ŏ</u> ē	h	Total. Add lines 1a-1f	·		1984606.		,	,
				Business Code				
8	2 a	·						
Program Service Revenue	b	· · · · · · · · · · · · · · · · · · ·						
n S	c							
e a	d							
<u>0</u>	е		•					
<u>~</u>	f	All other program service rev	enue		<u> </u>			
-	9	Total. Add lines 2a-2f	· · · · · · · · · · · · · · · · · · ·	•				
	3	Investment income (including other similar amounts) Income from investment of ta		>	62762.			62762
1	5	Royalties	.	P				
	_		(i) Real	(ii) Personal			*	
	6 a			·				
		Less: rental expenses		 				
		Rental income or (loss)						
		Net rental income or (loss)	· <u>· · · · · · · · · · · · · · · · · · </u>	. ▶				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	395668.					
	þ	Less: cost or other basis	412507	[
		and sales expenses .	413587.					
		Gain or (loss)	-17919.	·	17010			15010
		Net gain or (loss)		. •	-17919.	_		-17919
Other Revenue	8 a	Gross income from fundraisin including \$	of					
<u>چ</u>		contributions reported on line	-					
je	L		a					
8		Less: direct expenses . Net income or (loss) from fund						
		Gross income from gaming a	-		<u> </u>			
	3 0	Part IV, line 19						
		Less: direct expenses						
l		Net income or (loss) from gan				`		V
		Gross sales of inventory, less	-	· · · ·				
			a					
- {	ь	Less: cost of goods sold	b				,	
- {		Net income or (loss) from sale		—	` ` ` `	^`		,
- 1	<u>_</u>	Miscellaneous Revenu		Business Code	······································			**************************************
	11 a			20311633 0008	*	V.//./. V	,	
	ь				· · · · · · · · · · · · · · · · · · ·		-	
	c							
	d			-				
1		Total. Add lines 11a-11d		<u> </u>			- 	
	12	Total revenue. See instructions	• • • • • • • • • • • • • • • • • • • •	· · · · · []	2029449.	0.	0.	44843.
932009		. S.a. revenue. eee mandendis	<u>.</u>	<u></u>		<u> </u>		Form QQD (2000)

Part IX Statement of Functional Expenses

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

	All other organizations must comp				
	not include amounts reported on lines 6b, 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	1373575.	1373575.		,
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
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	_			
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				
8	Pension plan contributions (include section 401(k)				· · · · · · · · · · · · · · · · · · ·
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes		-		
11	Fees for services (non-employees):	· · · · · · · · · · · · · · · · · · ·			
а	Management	7553.		7553.	
b	Legal				
c	Accounting	2000.		2000.	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees		***************************************		
g	Other				·- ·- · · ·
12	Advartising and promotion				
13	Office expenses	83.		83.	
14	Information technology				
15	Davida				
16	Occupancy				
17	~ ·				
18	Payments of travel or entertainment expenses	- · · · · · · ·			
.0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				·
21	D				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered				······································
24	above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total				
	expenses shown on line 25 below) CONSORTIUM ADMIN FEE	10100.		10100.	
a	FOREIGN TAXES PAID				
þ		526. 229.		526.	······································
c	AGENCY FEES	229.		229.	
đ					
e	All 11				
f	All other expenses	1204066	1373575		
25	Total functional expenses. Add lines 1 through 24f	1394066.	1373575.	20491.	0.
26	Joint costs. Check here Infollowing				
	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation		. <u>l</u>		

932010 02-04-10

			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	1444273.	2	1822498.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II	1		
		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	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
⋖	9	Prepaid expenses and deferred charges .		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	Ь	Less: accumulated depreciation 10b		10c	
	11	Investments · publicly traded securities	1206338.	11	1749482.
	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		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2650611.	16	3571980.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
∄	22	Payables to current and former officers, directors, trustees, key employees,			
Liabilities		highest compensated employees, and disqualified persons. Complete Part II			
_		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
		Organizations that follow SFAS 117, check here and complete	ſ		
Ses		lines 27 through 29, and lines 33 and 34.			
au	27	Unrestricted net assets		27	
Ba	28	Temporarily restricted net assets		28	
5	29	Permanently restricted net assets		29	·
2		Organizations that do not follow SFAS 117, check here X and			•
ō		complete lines 30 through 34.			_
set	30	Capital stock or trust principal, or current funds	0.	30	0.
AS	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	2650611.	32	3571980.
_	33	Total net assets or fund balances	2650611.	33	3571980.
	34	Total liabilities and net assets/fund balances	2650611.	34	3571980.

SUNCOAST SCHOOLS FEDERAL CREDIT UNION

Form 990 (2009) SCHOLARSHIP FOUNDATION 59-3037324 Page 12
Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	ř		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3ь		
		Form	990 (2009

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

SUNCOAST SCHOOLS FEDERAL CREDIT UNION

Employer identification number

			BILL LOUNDA						J 3	7-3037	324	
Part I	Reason	for Public Char	ity Status (All organi	zations mu	st comple	te this par	t.) See ins	tructions.				
The organ	ization is not a	a private foundation	because it is: (For lines	1 through	11, check	only one t	oox.)					
1 🔲	A church, co	nvention of churches	s, or association of chui	rches desc	nbed in se	ection 170	(b)(1)(A)(i)).				
2	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	chedule E.)								
3 🖳	A hospital or	a cooperative hospi	tal service organization	described	in section	170(b)(1)	(A)(iii).					
4	A medical res	search organization	operated in conjunction	with a hos	prtal desc	ribed in se	ection 170	(b)(1)(A)(i	ii). Enter tl	he hospital	's nam	e,
	city, and stat	te:	·									
5 📖	An organizati	ion operated for the	benefit of a college or u	niversity o	wned or o	perated by	/ a governi	mental uni	it describe	ed in		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6 🖳	A federal, sta	ate, or local governm	ent or governmental un	it describe	d in sectio	n 170(b)(1)(A)(v).					
7 📖	An organizati	ion that normally rec	eives a substantıal part	of its supp	ort from a	governme	ental unit c	or from the	general p	oublic desc	nbed ir	า
	section 170	(b)(1)(A)(vi). (Comple	te Part II.)									
8 🖳	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 X	An organizati	on that normally rec	eives: (1) more than 33	1/3% of its	support f	rom contr	ıbutions, n	nembershi	p fees, an	d gross red	eipts f	from
	activities rela	ited to its exempt fur	nctions - subject to certa	aın exceptı	ons, and (2) no more	e than 33 1	1/3% of its	support 1	from gross	ınvestr	ment
	income and i	unrelated business ta	axable income (less sec	tion 511 ta	x) from bu	sinesses	acquired b	y the orga	anization a	fter June 3	0, 197	5.
	See section	509(a)(2). (Complete	e Part III.)									
10	An organizati	ion organized and or	perated exclusively to te	st for publ	ıc safety. S	See sectic	on 509(a)(4	4).				
11	An organizati	ion organized and op	perated exclusively for the	he benefit (of, to perfo	orm the fu	nctions of,	or to carr	y out the p	purposes c	f one c	or
	more publicly	y supported organiza	ations described in secti	on 509(a)(⁻	1) or section	on 509(a)(2	2). See se c	ction 509(a)(3). Che	ck the box	that	
	describes the	e type of supporting	organization and compl						_			
	a Type	I b ∟_	J Type II	с 🗀 Тур	e III - Func	tionally in	tegrated		d L	Type III - 0)ther	
e	By checking	this box, I certify tha	it the organization is not	controlled	directly o	r indirectly	by one o	r more dis	qualified p	ersons oth	er than	n
	foundation m	nanagers and other t	han one or more publici	y supporte	ed organiza	ations des	cribed in s	ection 509	9(a)(1) or s	ection 509	(a)(2).	
f	If the organiz	ation received a writ	ten determination from	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				_
	supporting o	rganization, check th	nis box									
9	-		organization accepted a			-					—т	
			rectly controls, either a	lone or tog	ether with	persons o	described i	in (ii) and (iii) below,		Yes	No
	the gove	erning body of the si	upported organization?							11g(i)	 	
		•	n described in (i) above?			-				11g(ii)	├	
			person described in (i)							11g(iii)		
h	Provide the f	ollowing information	about the supported or	ganization	(s).							
			(III) Tune of	1				1 6.00	45.			
	of supported	(ii) EIN	(iii) Type of organization		organization			(vi) is organization		(vii) Am		i
orga	anization		(described on lines 1-9	in col (i) listed in your organization in col governing document? (i) of your support				(i) organiz U.S	sup	port		
			above or IRC section				,					
	_	 	(see instructions))	Yes	No	Yes	No	Yes	No			
				 	 			 	 			
		-		 		<u> </u>	<u> </u>		 			
									ļ			
		 		1	 	 		 			-	
				 			<u> </u>	<u> </u>	 			
	- ,	:										
Total		}				Ī						

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

932021 02-08-10

Lilli	(Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support							
Sec	ction A. Public Support		 					
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to						•	
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to	ļ.						
	the organization without charge				<u> </u>			
4	Total. Add lines 1 through 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	ction B. Total Support							
Cal	endar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
7	Amounts from line 4							
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar sources .							
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part IV.)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activities,	, etc. (see instructi	ons)	•		12		
13	First five years. If the Form 990 is for	r the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)		
	organization, check this box and stop						▶□	
<u>Sec</u>	ction C. Computation of Publ	ic Support Pe	rcentage		·			
14	Public support percentage for 2009 (line 6, column (f) d	ivided by line 11,	column (f))		14		
15	Public support percentage from 2008	3 Schedule A, Part	II, line 14		••	15	9	
16a	33 1/3% support test - 2009.If the o	rganization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and	
	stop here. The organization qualifies	as a publicly supp	orted organization	ı			▶	
t	33 1/3% support test - 2008.If the o	rganization did no	t check a box on i	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	ıs box	
	and stop here. The organization qual	lifies as a publicly :	supported organiz	ation			. ▶□	
17a	10% -facts-and-circumstances tes	t - 2009.If the org	anization did not d	check a box on line	3 13, 16a, or 16b,	and line 14 is 10%	or more,	
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check t	his box and stop I	here. Explain in Pa	art IV how the organ	nization	
	meets the "facts-and-circumstances"	test. The organiza	ition qualifies as a	publicly supporte	d organization		▶□	
b	10% -facts-and-circumstances tes	t - 2008. If the org	anization dıd not d	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or	
	more, and if the organization meets the	he "facts-and-circu	ımstances" test, c	heck this box and	stop here. Explai	n in Part IV how the	•	
	organization meets the "facts-and-cire	cumstances* test.	The organization	qualifies as a publ	icly supported org	anization	▶□	
18	Private foundation. If the organization	on did not check a	box on line 13, 16	ia, 16b, 17a, or 17	b, check this box	and see instruction	s ▶	
					Sch	edule A (Form 990	or 990-EZ) 2009	

SUNCOAST SCHOOLS FEDERAL CREDIT UNION

Schedule A (Form 990 or 990-EZ) 2009 SCHOLARSHIP FOUNDATION 59-3037324 Page 3 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) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 593608. 659851. 1787823. 2045363. 1984606. include any "unusual grants.") 7071251. 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 busmess 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 593608. 659851. 1787823. 2045363. 1984606. 7071251. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 0. b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the 0. amount on line 13 for the year 0. c Add lines 7a and 7b 8 Public support (Subtract line 7c from tine 6) 7071251 Section B. Total Support Calendar year (or fiscal year beginning in)▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 593608 659851 1787823 2045363 1984606 7071251. 9 Amounts from line 6 10a Gross income from interest. dividends, payments received on securities loans, rents, royalties 14808. 33472. 62966 73989. 62762. 247997. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 14808. 33472. 62966. 73989. 62762. 247997. 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 337. 1092 1429 assets (Explain in Part IV.) 1851881. 2119352. 608416. 693660. 2047368. 7320677. 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 96.59 % 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 96.54 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 3.39 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 % 3.44 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2009. 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 $\triangleright X$ more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2008. 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

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

Schedule D

(Form'990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

2009 Open to Public Inspection

Name of the organization

SUNCOAST SCHOOLS FEDERAL CREDIT UNION SCHOLARSHIP FOUNDATION

Employer identification number 59-3037324

Pa	Companizations Maintaining Donor Advise	d Funds or Other Similar Funds of	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		Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		-
	impermissible private benefit?		. Yes No
Pa		janization answered "Yes" to Form 990, Par	
1	Purpose(s) of conservation easements held by the organizati		
	Preservation of land for public use (e.g., recreation or p		rically important land area
	Protection of natural habitat	Preservation of a certifie	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stri	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the o	rganization during the tax
	year ▶	•	
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements duri	ng the year ▶
7	Amount of expenses incurred in monitoring, inspecting, and e	enforcing conservation easements during th	e year ▶ \$
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation	on easements in its revenue and expense st	tatement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat		
	conservation easements.		
Pa	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Oth	er 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, no	t to report in its revenue statement and bala	nce sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of public	service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these it	tems.	
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 sımılar assets held for public exhibition, education, o	r research in furtherance of public service, p	provide the following amounts relating to
	these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
2	If the organization received or held works of art, historical treatments		
	the following amounts required to be reported under SFAS 1	16 relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		> \$
ь	Assets included in Form 990, Part X		▶ \$

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

Schedule D (Form 990) 2009

Sche		T SCHOOLS I		CREDIT U	NION	59_3(037324	Page 2
	↑ Ⅲ Organizations Maintaining C			Trassuras	or Othe			
3	Using the organization's acquisition, access							
•	(check all that apply):	ion, and other record	s, check any or th	ne lollowing the	at are a si	ginincant use of its	conection t	tems
а	Public exhibition	d	Loan or e	xchange progr	ame			
ь	Scholarly research	e	Other	Actialige plogi	aiiis			
c	Preservation for future generations	9	Carlo Ciller					
4		allostions and avalua	haurthau furtha	r the ereceivet	ionio avan	und murana in Da	VIV	
5	Provide a description of the organization's continuous the year, did the organization solicities						it XIV.	
3	to be sold to raise funds rather than to be m				ier similar	assets	7 v	□
Da	t IV Escrow and Custodial Arran					. 000 D-+ 11/ 1	Yes	No
	reported an amount on Form 990, Pa	rt X line 21	ite ii organization	answered te	s to Form	n 990, Paπ IV, IIne	9, or	
10			lant for contribute					
ıa	Is the organization an agent, trustee, custod	ian or other intermed	lary for contributi	ions or other as	ssets not	inciuaea	٦,,	
_	on Form 990, Part X?	and assessable the fal	Invitantable:				Yes	∟ No
В	ii res, explain the arrangement in Part XIV	and complete the for	lowing table:				A A	
_	Beginning balance					4-	Amount	
C				•		1c		
	Additions during the year		•			1d		
e	Distributions during the year	•	•			1e		
0-	Ending balance			•		[1f]	7,	
	Did the organization include an amount on F		217			. L	_ Yes	L No
Par	If "Yes," explain the arrangement in Part XIV. † V Endowment Funds. Complete i		awarad 'Vaa' ta l	Form 000 Post	IV line 10	```		
11.45	Lindowille It I dids. Complete						1 () 5	
4	Decimal of year balance	(a) Current year 1335334.	(b) Prior year 1194268	(c) Two yea	IS DACK (d) Three years back	(e) Four ye	ars Dack
1a	Beginning of year balance	193533.	337139		···········			**** **** ******
b	Contributions	318336.	-189530				 	
C	Net investment earnings, gains, and losses	310330.	-109330	<u> </u>		***************************************	 	,,, ,,,,,, ,,,,,,,,,,
d	Grants or scholarships			-		······	-	
е	Other expenditures for facilities					•		
	and programs	7553.	6543					
	Administrative expenses	1839650.	1335334		······································	•	•	**************
9	End of year balance			• !	i		<u> </u>	<u></u>
2	Provide the estimated percentage of the year	100.00						
	Board designated or quasi-endowment		_%					
	Permanent endowment	%						
		% 	4.a.a 4b.a4 b.a1-					
Ja	Are there endowment funds not in the posse	ssion of the organiza	tion that are neid	and administe	erea tor th	e organization	[v	
	by:							es No
	(i) unrelated organizations	•	• •	٠	•		3a(i)	X
	(ii) related organizations						3a(ii)	X
_	If "Yes" to 3a(ii), are the related organizations	•			•		3b	
Po:	Describe in Part XIV the intended uses of the			20 D-4 V I	10			
Par	<u> </u>	- "					105	
	Description of investment	(a) Cost or ot basis (investm	1 , ,	st or other is (other)		cumulated reciation	(d) Book v	alue
1a	Land							
h	Ruildings	1	I					

Schedule D (Form 990) 2009

0.

c Leasehold improvements

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

d Equipment ..

<u>59-303732</u>	4 Page
------------------	--------

Part VII Investments - Other Securities. S	ee Form 990, Part X, line			
(a) Description of security or category (including name of security)	(b) Book value		Method of valuation: end-of-year market va	alue
Financial derivatives				
Closely-held equity interests				
Other				
			· · · · · · · · · · · · · · · · · · ·	
		-		

		- 		
	· · · · · · · · · · · · · · · · · · ·			
Total. (Col (b) must equal Form 990, Part X, col (B) line 12)	<u> </u>			······
Part VIII Investments - Program Related.	Pag Form 000 Part V IIIa	. 10		
i art in investments - Program helated.	See Form 990, Part X, line		Ash and after least and	
(a) Description of investment type	(b) Book value		Method of valuation: end-of-year market va	due
		0031 01		
				
		-		
			· · ·	
	 			
Total. (Col (b) must equal Form 990, Part X, col (B) line 13)				
Part IX Other Assets. See Form 990, Part X, line	e 15.			
(a) Description			(b) Book value
			*	
- · · · · · · · · · · · · · · · · · · ·				
				
	· - ·- ·- ·			
Table (Only no /b) much acred Form 000, Port V and /D) to	- 451			
Total. (Column (b) must equal Form 990, Part X, col (B) lin Part X Other Liabilities. See Form 990, Part X			. •	
(a) Description of liability	., 11/10 25.	(b) Amount		
<u></u>		19) Allouit		
Federal income taxes				
				`
				,
Total. (Column (b) must equal Form 990, Part X, col (B) lir	ne 25.) ►			
2. FIN 48 Footnote. In Part XIV, provide the text of the fo		n's financial statements that	reports the organizat	tion's liability for

uncertain tax positions under FIN 48. 932053 02-01-10

SCHOLARSHIP FOUNDATION 59-3037324 Page 4 Schedule D (Form 990) 2009 Part XI | Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements Total revenue (Form 990, Part VIII, column (A), line 12) 1 2 Total expenses (Form 990, Part IX, column (A), line 25) 3 Excess or (deficit) for the year. Subtract line 2 from line 1 3 Net unrealized gains (losses) on investments Donated services and use of facilities ... 6 6 Investment expenses 7 Prior period adjustments 8 Other (Describe in Part XIV.) Total adjustments (net). Add lines 4 through 8 . . . 9 9 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments 2a 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 Subtract line 2e from line 1 3 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 **b** Other (Describe in Part XIV.) 4ь c Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990. Part IX, line 25: Donated services and use of facilities **b** Prior year adjustments 2b c Other losses d Other (Describe in Part XIV.) e Add lines 2a through 2d 3 3 Subtract line 2e from line 1 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 4c Total expenses. Add lines 3 and 4c. (This must 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, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information. Part V, line 4: THE ENDOWMENT WAS ESTABLISHED TO SUPPORT HEALTHCARE INITIATIVES FOR CHILDREN.

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

2009 Open to Public Inspection

Name of the organization SUNCOAST SCHOOLS FEDERAL SCHOLARSHIP FOLINDATION	SCHOOLS F	1	CREDIT UNION				Employer identification number 59_3037324
Part General Information on Grants and Assistance	Ind Assistance						130,000
1 Does the organization maintain records to substantiate the amount of the	to substantiate the		or assistance, the	grantees' eligibility	for the grants or ass	e grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
criteria used to award the grants or assistance?	stance?						X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use	ocedures for moni	toring the use of grant	of grant funds in the United States	States.			
Part if Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any received more than \$5,000 Check this box if no one recipient received more than \$5,000 Check this box if no one received more than \$5,000 Check this box is not a proper than \$5,000 Check this box is not a proper than \$5,000 Check this box is not a proper than \$5,000 Check this proper than \$5,000 Check this box is not a proper than \$5,000 Che	Governments and \$5 000 Check this	d Organizations in the	United States. C	omplete if the orga	nization answered "Y	es" to Form 990, Part	IV, line 21, for any
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
All Children's Hospital							Investricted telethon
801 6th Street South							pledge to benefit
St Petersburg, FL 33701	59-2481738	501(c)(3)	50000.	0.			pediatric care.
otte County Pu Education Way							
Port Charlotte, FL 33948	59-6000539	501(c)(3)	41400.	0			author visit.
Children's Advocacy Center of SW FL, Inc - 3900 Broadway, Suite B1 - Ft Myers, FL 33901	65-0007620	501(c)(3)	30000.	0			Capital campaign contribution for renovation of facility.
							Capital campaign contribution for new
Naples, FL 34106	01-0687133	501(c)(3)	45000.	0			nuseum.
Children's Network of SW Florida, LLC - 2232 Altamont Avenue - Pt Myers, PL 33901	20-4968228	501(c)(3)	15075.	0			Sponsor of Walk to Prevent Child Abuse.
Citrus County Education Poundation P. O. Box 2004							Classroom grants, field
@	59-3138328	501(c)(3)	31950.	0.			trips, and scholarships.
2 Enter total number of section 501(c)(3) and government organizations	ind government or	ganizations .	:	:			
ہ ا	ction Act Notice	see the Instructions	or Form 990				0000 000
	IV for Co	lumn (h) des	descriptions	70			Schedule I (Form 990) 2009

932101 02-02-10

200

SUNCOAST SCHOOLS FEDERAL CREDIT UNION SCHOLARSHIP FOUNDATION

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

Schedule I (Form 990) 2009

Part III

Page 2

59-3037324

Schedule I (Form 990) 2009 (f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Part 1/4 Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. field (h) Purpose of Grant or Assistance: Event sponsorships to benefit (h) Purpose of Grant or Assistance: Academy of Teachers sponsor, trip grants, holiday party for Take Stock in Children students (d) Amount of non-cash assistance (c) Amount of cash grant Inc (b) Number of recipients Foundation for Lee County Public Schools Education Foundation of Collier County, Organization or Government: Organization or Government: Column (h): (a) Type of grant or assistance Part II, line 1, Name of Name of 932102 02-02-10

Part | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule | (Form 990), Part II.) ► Attach to Form 990 to list additional information for Continuation Sheet for Schedule I (Form 990) Schedule I (Form 990), Part II or Part III. CREDIT UNION SUNCOAST SCHOOLS FEDERAL SCHOLARSHIP FOUNDATION Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE 1-1 (Form 990)

OMB No 1545-0047
2009
Open to Publicating

Employer identification number 59–3037324

grants, holiday party for Schedule I-1 (Form 990) 2009 inderprivileged children. upport of the Take Stock Sye exams and glasses for Scholarships, classroom unding for operational Pake Stock in Children unds for students who have a financial need went sponsorships to rogram in low income (h) Purpose of grant or assistance grants and emergency contribution for new sponsor, field trip scademy of Teachers senefit educators. schools in Lee and "und the ART SMART Collier counties. irst generation apital campaign scholarships. cholarships. nuseum. (g) Description of non-cash assistance appraisal, other) (f) Method of valuation (book, FMV, ٠. °. ó 0 ö ö ö ö (e) Amount of non-cash assistance 7000. (d) Amount of cash grant 202000 85000 5500. 15000 165850 75000 8000 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. (c) IRC section if applicable 65-1086820 501(c)(3) 59-6173638 501(c)(3) 65-0403969 501(c)(3) 59-3629114 501(c)(3) 501(c)(3) 90-0178566 501(c)(3) 501(c)(3) 501(c)(3) 65-0230582 59-2637849 59-2637851 (P) EIN Inc - P. O. Box 60210 - Pt Myers, Poundation - 10501 FGCU Boulevard Schools - 2266 Second Street - Ft Poundation for Lee County Public Edison State College Foundation, Consortium of Florida Education Education Foundation of Collier County, Inc - 2590 Golden Gate Parkway Suite 101 - Naples, FL 9130 Galleria Court, Suite 103 Foundations, Inc. - P. O. Box Florida Gulf Coast University (a) Name and address of organization or government Florida's Vision Quest, Inc 1107 E. Jackson Street #101 South - Ft Myers, FL 33965 341949 - Tampa, FL 33694 177 N. Industrial Drive Glazer Childrens Museum Orange City, FL 32763 Gulfshore Playhouse Naples, PL 34109 Myers, FL 33902 Tampa, FL 33602 FL 33906 34105

SUNCOAST SCHOOLS FEDERAL Department of the Treasury Internal Revenue Service SCHEDULE 1-1 (Form 990)

Name of the organization

► Attach to Form 990 to list additional information for Continuation Sheet for Schedule I (Form 990) Schedule I (Form 990), Part II or Part III.

CREDIT UNION

OMB No 1545-0047 2009 Open to Public Inspaction

Employer identification number

ponsor Praeceptor Awards Nonation of t-shirts for ospital and Body Safari lighlighting student art ree store for teachers lelivered in Lee County unding for in-hospital nd \$1,000 scholarship Event sponsorships to unding for character eacher at Children's rogram in Lee County (h) Purpose of grant ertification grants, vanquet to recognize ponsorship of event Sattle of the Books unding for Project or assistance Denefit educators, special education uccess, Teacher ouilding program ublic schools. 59-3037324 eachers. (g) Description of non-cash assistance '-Shirts Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) appraisal, other) valuation (book, FMV, (f) Method of 7143.FMV ö ö ö ö o (e) Amount of assistance °. 38415. 22500. 13300 10000 43142 (d) Amount of cash grant (c) IRC section if applicable 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) SCHOLARSHIP FOUNDATION 59-1825942 59-3031959 29-6000660 59-2883361 22-1576300 65-0645343 (p) EIN 2010 E. Hillsborough Avenue Ste 213 Hillsborough Education Foundation Manatee Education Foundation, Inc District - 901 East Rennedy Blvd Council - 1801 Boy Scout Drive -Foundation - 9800 S. HealthPark Street - Brooksville, FL 34601 Drive Suite 210 - Ft Myers, FL Human Development Center, Inc Foundation - 919 North Broad Learning for Life/SW Plorida (a) Name and address of organization or government Lee Memorial Health Systems Hillsborough County School Hernando County Education 5904 North Armenia Avenue 215 Manatee Avenue West Port Myers, FL 33907 Tampa, FL 33610 Tampa, FL 33603 FL 33602 Tampa, Parti 33908

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65-1096929 501(c)(3)

2608 N Armenia Avenue

Tampa, FL 33607

932241 02-01-10

Mary Lee's House

23

Schedule I-1 (Form 990) 2009

onstruction of a child

contribution for the

or an art student

o

6525.

501(c)(3)

65-0037457

Bradenton, FL 34205

apital campaign

protection and advocacy

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100000

Department of the Treasury Internal Revenue Service SCHEDULE 1-1 (Form 990)

Parti

► Attach to Form 990 to list additional information for Continuation Sheet for Schedule I (Form 990) Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047 2009 Open to Publia.

Inspection

ponsorships to benefit ind funding for the USP lealth/Ronald McDonald torybook Ball sponsor harlotte for special (h) Purpose of grant or assistance he Pasco Education Employer identification number eeds children and layground in Port unding to build 59-3037324 arious event oundation. aremobile. (g) Description of non-cash assistance Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) appraisal, other) valuation (book, FMV, (f) Method of ö ö ö (e) Amount of assistance non-cash (d) Amount of cash grant 37894. 15000 20000 CREDIT UNION (c) IRC section of applicable SUNCOAST SCHOOLS FEDERAL SCHOLARSHIP FOUNDATION 59-3048717 501(c)(3) 501(c)(3) 65-1131653 501(c)(3) 59-1835985 (P) EIN Tampa Bay Rotary Club of Murdock Foundation Pasco Education Poundation, Inc. (a) Name and address of organization or government Ronald McDonald House of Land O Lakes, FL 34639 Name of the organization 35 Columbia Drive Murdock, FL 33938 P. O. Box 380982 Tampa, FL 33606 Box 1248

P. 0.

year grant for upkeep

nd maintenance of the

ool area at a camp for pecial needs children.

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8000

501(c)(3)

59-3096120

1915 Camp Plorida Road Rotary's Camp Florida

Brandon, FL 33510

Salesian Youth Center/Boys & Girls

Club - 302 East Columbus Drive -

Tampa, FL 33602

School District of Lee County

Port Myers, FL 33966

2855 Colonial Blvd

3111 Tampa Bay Blvd.

SERVE, Inc

Tampa, FL 33607

ummer camp tuition for

100 needy children.

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5500

501(c)(3)

59-1172504

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Svent sponsorships

benefit Educators.

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6300.

501(c)(3)

59-6000701

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Svent sponsorships

Denefit SERVE

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8500.

501(c)(3)

59-1270557

emainder to endow

scholarships for

students

。

15018

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59-1843274 501(c)(3)

Foundation, Inc - P. O. Box 1849

Bradenton, FL 34206

State College of Florida

Schedule I-1 (Form 990) 2009

ounty public schools and to benefit new pediatric education student tutors ponsor a half day party or Adams Middle School. 3olf tournament sponsor OMB No 1545-0047 2009 Open to Public with the Fishes at the unding to provide USF hallenge 5k walk/run. Field trip grants and 'unding for character quarium for children (h) Purpose of grant or assistance hildren's Hospital rom the Children's ouilding in Collier roceeds to benefit ponsor of Sunshine ent sponsorships. Inspection Employer identification number soccer program in ediatric Cancer are wing at All 59-3037324 (g) Description of non-cash assistance Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) appraisal, other) (f) Method of (book, FMV, valuation Attach to Form 990 to list additional information for Continuation Sheet for Schedule I (Form 990) ö ö Ö ö ö o. Schedule I (Form 990), Part II or Part III. (e) Amount of assistance non-cash (d) Amount of cash grant 7551. 6000. 10000 50000 10000 57000 SUNCOAST SCHOOLS FEDERAL CREDIT UNION (c) IRC section if applicable 59-6000863 B01(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 59-0879015 501(c)(3) SCHOLARSHIP FOUNDATION 22-1576300 20-3068168 59-2807815 59-3097333 (e) EIN Inc - 4202 East Powler Avenue, ALC Univ of South Florida Foundation SW Plorida Council Boy Scouts of America - 1801 Boy Scout Drive -Tampa Bay Area Credit Unions for The Pediatric Cancer Foundation, Inc - 5550 West Executive Drive, Hillsborough Avenue - Tampa, FL (a) Name and address of organization or government Suite 300 - Tampa, FL 33609 Sumter County School Board 2680 West County Road 476 Kids Poundation - 6801 E. 701 Channelside Drive 100 - Tampa, FL 33620 Fort Myers, FL 33907 The Florida Aquarium Name of the organization FL 33513 Department of the Treasury Internal Revenue Service Tampa, FL 33602 SCHEDULE 1-1 Bushnell, (Form 990) Parti 33610

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

Schedule I-1 (Form 990) 2009

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Part IV Supplemental Information

educators. Funding for operational support of the Take Stock in Children
Program at the Foundation of Lee County Public Schools.

Name of Organization or Government: Hillsborough Education Foundation

(h) Purpose of Grant or Assistance: Funding for Project Success, Teacher

Certification grants, free store for teachers at Title 1 schools,

scholarships for support staff becoming teachers and numerous event

sponsorships.

Name of Organization or Government:

Lee Memorial Health Systems Foundation

(h) Purpose of Grant or Assistance: Funding for in-hospital teacher at Children's Hospital and Body Safari program in Lee County Public Schools.

Name of Organization or Government: Mary Lee's House

(h) Purpose of Grant or Assistance: Capital campaign contribution for the construction of a child protection and advocacy center.

Name of Organization or Government: Rotary Club of Murdock Foundation

(h) Purpose of Grant or Assistance: Funding to build a playground in

Port Charlotte for special needs children and adults.

Name of Organization or Government:

SW Florida Council Boy Scouts of America

(h) Purpose of Grant or Assistance: Funding for character building in Collier County public schools and soccer program in Immokalee.

Name of Organization or Government: The Florida Aquarium

Schedule I (Form 990) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

Attach to Form 990.

2009 Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

SUNCOAST SCHOOLS FEDERAL CREDIT UNION SCHOLARSHIP FOUNDATION

Employer identification number 59-3037324

Form 990, Part III, Line 1, Description of Organization Mission:
CHILDREN.
Form 990, Part III, Line 4c, Program Service Accomplishments
students in Lee County meet federal guidlines for poverty. These
statistics show the great importance of supporting Lee County Public
Schools. http://www.leeschoolfoundation.org
Form 990, Part III, Line 4d, Other Program Services:
Various donations and scholarships.
Expenses \$ 905725. including grants of \$ 905725. Revenue \$ 0.
Various donations and scholarships
Form 990, Part VI, Section B, line 11: The Form 990 is reviewed by Mary
Tlachac, Executive Director, Retirement Planning and Foundations, Suncoast
Schools Federal Credit Union, prior to filing the form. Ms. Tlachac is a
member of the organization's Advisory Committee to the Board of Directors.
Form 990, Part VI, Section C, Line 19: The organization's governing
documents, Form 990, and financial statements are available upon request.
All requests are referred to Mary Tlachac, Executive Director, Retirement
Planning and Foundations, Suncoast Schools Federal Credit Union.

Schedule R (Form 990) 2009 Employer identification number 59-3037324 Open to Public Inspection OMB No 1545-0047 Direct controlling Direct controlling entity entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) $\boldsymbol{\varepsilon}$ End-of-year assets status (if section Public charity 501(c)(3)) <u>e</u> <u>e</u> Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Total Income Exempt Code section ত ছ 501(c)14 ▶ See separate instructions. Related Organizations and Unrelated Partnerships Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or Legal domicile (state or foreign country) foreign country) Florida SUNCOAST SCHOOLS FEDERAL CREDIT UNION LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. ▶ Attach to Form 990. Primary activity Primary activity SCHOLARSHIP FOUNDATION CREDIT UNION 59-0291451, 6801 E. HILLSBOROUGH AVENUE SUNCOAST SCHOOLS FEDERAL CREDIT UNION Name, address, and EIN Name, address, and EIN of related organization of disregarded entity Name of the organization TAMPA, FL 33610 Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990) Part ⊞ Part

SUNCOAST SCHOOLS FEDERAL CREDIT UNION SCHOLARSHIP FOUNDATION

Schedule R (Form 990) 2009 SCHOLARSHIP FOUNDATION

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Part III

Page 2

59-3037324

(a)	(9)	(c)	Ō	(e)		£	Œ	3	6	6
Name, address, and EIN of related organization	ctivity	Legal domicite (state or foreign country)	Direct controlling entity	Predominant income (ralated, unrelated, excluded from tax under sections 512-514)		f total	Share of end-of-year assets	rdon- jons?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	P
Part IV Identification of Related Orgonizations treated as a cor	Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	oration or '	Frust (Complete if the	he organizatio	on answered "Yes	to Form 990, P	art IV, line 34	because it h	ad one or more	related
(a) Name, address, and EIN of related organization	N. c	P _{rir}	(b) Primary activity	(c) Legal domicite (state or foreign country)	(d) Direct controlling entity	(d) Type of entity (C corp, S corp, or trust)	(f) Share of total		(g) Share of Peend-of-year or assets	(h) Percentage ownership
932162 02-04-10			30				_	Sch	Schedule R (Form 990) 2009	90) 2009

SCHOLARSHIP FOUNDATION

59-3037324

Schedule R (Form 990) 2009

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II. III, or IV of this schedule.			Yes	No.
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	II-IV?	<u></u>		<u> </u>
a Receipt of (i) interest (ii) annuttes (iii) royalties or (iv) rent from a controlled entity			1a	×
b Gift, grant, or capital contribution to other organization(s)	: .	_	1b	×
c Gift. grant; or capital contribution from other organization(s)	:		10	×
		_ _	F	×
		 • - -	2 4	×
e Loans or loan guarantees by other organization(s)		<u>-</u> 1		4
f Sale of assets to other organization(s)		1-	-	×
g Purchase of assets from other organization(s)			1g	×
	:		#	×
i Lease of facilities, equipment, or other assets to other organization(s)	:	<u> </u>	Į.	×
		L	-	:
Lease of facilities, equipment, or other assets from other organization(s			<u>;</u>	×
k Performance of services or membership or fundraising solicitations for other organization(s)		<u>-</u> [`	¥ ;	< >
Performance of services or membership or fundraising solicitations of facilities, conjugant mailing lists, or other assets		- √	×	4
	•	<u>-</u> 1'	+	>
n Sharing of paid employees		<u>-</u> _	Ę	×
			-	
	•	<u>- </u>	9	×
p Reimbursement paid by other organization for expenses	: .	<u>-</u> [ا ه	×
		1		
q Other transfer of cash or property to other organization(s)		•	19	×
r Other transfer of cash or property from other organization(s)		-	11	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	hips and transaction thresholds			
(a) Name of other organization(s)	(b) Transaction	Amount	(c) Amount involved	7
	type (a-r)			3
(1)				
(2)				
(3)	+			
(4)				
(5)				
(9)				
832163 02-04-10	Sch	Schedule R (Form 990) 2009	990 m.c) 2009

SUNCOAST SCHOOLS FEDERAL CREDIT UNION

59-3037324

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SCHOLARSHIP FOUNDATION Schedule R (Form 990) 2009 Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

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

(a)	(q)	9	ত্তি	(9)	ε	(<u>6</u>)	ε
Name, address, and EIN of entity	Primary activity	micile oreign	Are all partners section 501(c)(3) organizations?	Share yea	. es 1. sa 1. Code V-UBI amount in box 20	g E a	
		Į	Yes No	ľ		(Form 1065)	1 1
							·
					-		
					-		
			-				
	-						
						Schedule R (Form 990) 2009	n 990) 2009

Form, 8868

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

OMB No. 1545-1709

	ou are filing for an Automatic 3-Month Extension, complete only Part I and check this box but are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this	form).	▶ 🗓		
	t complete Part II unless you have already been granted an automatic 3-month extension on a previously fil				
Par	Automatic 3-Month Extension of Time. Only submit original (no copies needed).				
A corp	poration required to file Form 990-T and requesting an automatic 6-month extension - check this box and com- conly	plete	.▶ □		
	er corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an income tax returns.	exter	sion of time		
noted (not all you m	onic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extensic below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronic atomatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or colust submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic files, gov/efile and click on e-file for Charities & Nonprofits.	cally if	(1) you want the additional ated Form 990-T. Instead,		
Type o	SUNCOAST SCHOOLS FEDERAL CREDIT UNION	•	loyer identification number		
File by to due date filing you	Number, street, and room or suite no. If a P.O. box, see instructions.	<u> 5</u>	9-3037324		
City, town or post office, state, and ZIP code. For a foreign address, see instructions. TAMPA, FL 33610					
—- Checl	t type of return to be filed (file a separate application for each return):				
	Form 990	227 169			
	MARY TLACHAC books are in the care of ► 6801 E. HILLSBOROUGH AVENUE - TAMPA, FL	33	610		
• If th	ephone No. 866-300-9382 FAX No. ne organization does not have an office or place of business in the United States, check this box nis is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the list is for part of the group, check this box and attach a list with the names and EINs of all		- ·		
	request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unti- August 15, 2010, to file the exempt organization return for the organization named a is for the organization's return for: X calendar year 2009 or, and ending		The extension		
2	If this tax year is for less than 12 months, check reason:		Change in accounting period		
	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any				
	nonrefundable credits. See instructions. If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated	3a_			
	tax payments made. Include any prior year overpayment allowed as a credit.	3ь	s		
С	Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).	? <u>}</u> , <			
	See instructions.	3с	\$ N/A		
	on. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form	8879-			
LHA	For Privacy Act and Paperwork Reduction Act Notice, see Instructions.		Form 8868 (Rev. 4-2009)		

LHA