

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

4

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

		For the 2009 ca	lendar year,	or tax year beginning	, 2009	, and endir	ng		,	
	В	Check if applicable		C				D Employe	r Identification N	lumber
		Address change	Please use	Lewis Fell Trust				59-7	169430	
		Name change	or print or type.	FBO Stetson Busines	s School		j	E Telephon	e number	
		Initial return	See specific	Post Office Box 168	9			800	243-0716	;
		 	Instruc-	Orlando, FL 32802			l		213 0710	<u></u>
		Termination	tions.					C • · · · ·		685,959.
		Amended return	\ <u>-</u>	<u> </u>			LU(a) Is thus	G Gross red group return	•	
		Application pen		and address of principal officer				affiliates inclu		Yes X No
				As C Above					see instructions)	Yes No
	<u>!</u>	Tax-exempt s		1(c) (3) ◄ (insert no)	4947(a)(1) or	527	4			
	<u>J</u>	Website: ►						exemption nun		
	K	Form of organizati		ration X Trust Association	Other ► L	Year of Forma	tion 1988	M Sta	ate of legal domi	cile FL
	Pa		ımary							
				ganization's mission or most sig						
	ø			<u>ne John B Stetson Un</u>						
	and	are_ir	_financi	ial need The Trusts	ees of the Ste	etson Bi	usiness	_Schoo.	l Founda	tion
	E			ne_such_awards						
	ò			if the organization discontinued		oosed of m	ore than 2!	5% of its a	- 1	-
	ಹ			nbers of the governing body (Pa		- 161		-	3	
	ea		-	nt voting members of the govern	ling body (Part VI, line	e 10)		-	5	0 0
	Activities & Governance			oyees (Part V, line 2a) teers (estimate if necessary)				-	6	0
	Act			business revenue from Part VIII	column (C) line 12	•		-	7a	0.
2010				s taxable income from Form 990		•		-	7b	0.
60							P	rior Year	Cu	irrent Year
		8 Contributi	ons and orai	nts (Part VIII, line 1h) .			•	iioi icui		Tient Tear
~	Revenue			nue (Part VIII, line 2g)						
	Ver			art VIII, column (A), lines 3, 4, a	and 7d)	•		-28,03	37.	15,004.
	æ			III, column (A), lines 5, 6d, 8c, 9			_			
SCANNED APR 1				ines 8 through 11 (must equal P		ine 12)		-28,03	37.	15,004.
				ours paid (Part IX, column (A)						74,750.
\$				members Part IX, column (A),						
(F)		1 1		nsation, employee benefits (Par		s 5-10)		16,51	19.	15,726.
O.	ses	16 2 800	on on the	ng fees (Ferti IX, column (A), lin	o 11o)	,				
(M)	Expenses	10a Floidssip	IBIS CUITE I SISII	rg lees (had IX, coldilli (A), illi		•				
	ង្គី	b Total tune	Iraising expe	nsas (Part IX) column (D), line	25) •		-			
				A, column (A), lines 11a-11d, 1					36.	815.
				ines 13-17 (must equal Part IX,	column (A), line 25)			17,40		91,291.
		19 Revenue	less expense	es. Subtract line 18 from line 12				-45,44	12.	-76,287.
	b 8						Begin	ning of Ye	ar Er	nd of Year
	a la	20 Total asse	ets (Part X, I	ine 16).			1	,454,15	59. 1	1,377,872.
	Net Assets or Fund Balancos	21 Total liab	lities (Part X	i, line 26)					0.	0.
	\$2	22 Net asset	s or fund bal	ances Subtract line 21 from line	e 20		1	, 454, 15	59. 1	1,377,872.
	Pa	A	ature Blo	···- <u>·</u>			-		<u> </u>	
			nalties of periury.	I declare that I have examined this return, Declaration of preparer (other than office	including accompanying sch	edules and sta	itements, and	to the best of	my knowledge ar	nd belief, it is
		true, corre	ect, and complete	Declaration of preparer (other than office	r) is based on all information	of which prep	arer has any l	nowledge	-/-	
	Sig	an ► 🔀	me S	c Khodis-	_			<i>[3]]</i>	1//0	
	He	re sign	ture of officer	6 01	UP		Dat	te /		
		▶ \(\(\frac{1}{2} \)	Tune	_ E Rhodes						
		Туре	or print name an							
				0 / 0		Date		eck if	Preparer's in	dentifying number tions)
	Pai	id Branger	. //	Dall // a		_	se en	lf- iployed ► [
	Pre	1 -		10		P00349	974			
		parer's Togoth Mater Company CDAs								
	Us	e yours if so	elf- 7.45				E	N ► 59	-304225	1
	On	address, ZIP + 4		and, FL 32724					386 736-	
	May			with the preparer shown above?	(see instructions)				XY	

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

Form 990 (2009)

TEEA0113L 12/29/09

Page 3

٠,

Form 990 (2009) Lewis Fell Trust
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	Х	
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? <i>If 'Yes,' complete Schedule C, Part II</i>	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 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		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		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? It 'Yes,' complete Schedule D, Part V	10		Х
11	X as applicable	11	•	X
•	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	` `		
•	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 48? If'Yes,' complete Schedule D, Part X			<u> </u>
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		Х
12	AWas the organization included in consolidated, independent audited financial statement for the tax Yes No		,	x 6
12	year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		₹₹A X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ŧ	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		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III .	16		<u>X</u>
17	Did the organization report 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_		X
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		X

			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 and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		X
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25.	24a		Х
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(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		
C	I Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
ı	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		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
á	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		<u>X</u>
١	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Χ
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		X
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		X
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		X
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		_X_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38		Х

BAA

Form 990 (2009)

		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 0			
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	•		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
2b 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)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Х
b If 'Yes' has it filed a Form 990-T for this year? <i>If 'No,' provide an explanation in Schedule O</i>	3b		
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		Х
b If 'Yes,' enter the name of the foreign country ▶			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		<u>X</u>
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
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?	5с		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6 b		
7 Organizations that may receive deductible contributions under section 170(c).			
a 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		_X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business			
holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make any distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12 10a			
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11. Continue 501(-)(12) agreements from 501(-)(12) agreements			
11 Section 501(c)(12) organizations. Enter a Gross income from other members or shareholders 11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against			
amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			

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.

Section A. Governing Body and Management

<u>sec</u>	tion A. Governing Body and Management			
			Yes	No
1 8	Enter the number of voting members of the governing body			
ı	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?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its organizational documents	4		X
•	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?	5		Х
6	Does the organization have members or stockholders?	6		X
78	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		х
	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by			1 22
	the following			لـــا
	The governing body?	8a		<u>X</u>
ı	Each committee with authority to act on behalf of the governing body?	8ь		X
9	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	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal			
Rev	nue Code)			
	,		Yes	No
10 a	Does the organization have local chapters, branches, or affiliates? .	10a		X
ı	olf '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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11		X
11/	Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O		* **	1. 4. 1/1/20
12 8	Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12a		X
ŀ	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
•	Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	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?	,		`\
2	The organization's CEO, Executive Director, or top management official	15a		X
	Other officers of key employees of the organization	15b		X
Ī	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)	1/3		3 1994
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
	If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			, ,
•	in year, has the organization adopted a written policy of procedure requiring the organization to evaluate its participation; in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		***
Sec	tion C. Disclosures			
	List the states with which a copy of this Form 990 is required to be filed ► None		•	
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) avinspection. Indicate how you make these available. Check all that apply.	aılabl	e for p	public
	Own website			
	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policitatements available to the public			incial
	State the name, physical address, and telephone number of the person who possesses the books and records of the organization Suntrust Bank Post Office Box 1689 Orlando FL 32802 800 243-0716	nızatı	on.	

BAA

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations'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 employees.'
- 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

Check this box if the organization did no		sale a	пу (onicer	, uir		(E)			
(A)	(B)	(c) Position (check all that apply)						(D)	(E)	(F)		
Name and Title	Average hours per week	Individual trustee or director	Institutional trustee	_	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations		
Suntrust Bank Trustee	0							15,726.	0.	0.		
	:											
							_					
							_					
							_					
						-						
						-	ļ					
							_					
RAA			EFA	0107	11	/10/09				Form 990 (2009)		

TEEA0107L 11/10/09

Part VII Section A. Officers, Directors, Trust	tees, F	(ey	Em	ıplo	ye	es,	an	d Highest Con	npensated Emp	loyees (cont.)
(A)	(B)	_		•	c)			(D)	(E)	(F)
Name and Title	Average hours							Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week	individual trustee or director	nstitutional trustee	Officer	Key e	Highest co employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the
		dual 1	tiona	•	employee	st co	ii.			organization and related organizations
		ruste	al trus		yee	compensa				organizations
		ň	stee			sated				
										-
								_		
									•	
			\neg							
			_							
1 b Total							•	15,726.	0.	0.
2 Total number of individuals (including but not limited	d to tho	se lis	sted	abo	ove)	who	o re	ceived more than	\$100,000 in report	able compensation
from the organization 0	.									Yes No
										Tes No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	or trust Individua	ee, k <i>l</i>	кеу	emp	oloye	ee, c	or hi	ghest compensat	ed employee	3 X
4 For any individual listed on line 1a, is the sum of re	portable	con	npe	nsat	ioņ	and	oth	er compensation	from	
the organization and related organizations greater the individual.	nan \$15	0,00	0?	ir Y	es	com	piet	e Scneaule J for s		4 X
5 Did any person listed on line 1a receive or accrue co	ompens	atıor	n fro	om a	anv i	unre	elate	d organization foi	services	
rendered to the organization? If 'Yes,' complete Sch	nedule J	for	suc	h pe	rsoi	n				5 X
Section B. Independent Contractors 1 Complete this table for your five highest compensations.	ed inde	end	lent	con	trac	tors	tha	t received more t	nan \$100 000 of	
compensation from the organization			·						1217 \$700,000 01	
(A)								(B))	(C)
Name and business address	<u>s</u>							Description of	of Services	Compensation
						, .				
2 Total number of independent contractors (including \$100,000 in compensation from the organization >		ıımıt	ed	io th	iose	list	ed a	ipove) wno receiv	ea more than	

;

Pa	t 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
25	1a Federated campaigns 1a					
¥ E	b Membership dues 1b					
PROGRAM SERVICE REVENUE CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	c Fundraising events 1c					
	d Related organizations 1d			^		
SE, C	e Government grants (contributions) 1 e	<u> </u>				
ER S	f All other contributions, gifts, grants, and similar amounts not included above			^		
REC		 				
AND ON	g Noncash contribus included in lins 1a-1f' \$_					
3	h Total. Add lines 1a-1f	Business Code				
END	2 a	Business Code				
REV	b					
ICE	c					
ERV	d					
AM S	e					
GR.	f All other program service revenue					
PRG	g Total. Add lines 2a-2f	•				
	3 Investment income (including dividends	s, interest and				
	other similar amounts)		46,833.			46,833.
	4 Income from investment of tax-exempt	bond proceeds				
	5 Royalties (i) Real	(ii) Personal	\$500 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<u> </u>	And 471	C. C
	6a Gross Rents	(ii) Feisoliai		3 4 19 1		
	b Less: rental expenses					
	c Rental income or (loss)		†			
	d Net rental income or (loss)	· ·		***************************************	***************************************	
	7a Gross amount from sales of (i) Securities	(ii) Other		\$ 10 XX XX	\$1,500 F. \$50 F. \$1.50 F.	C . 1997 1198 1 14
	assets other than inventory 639, 126]	, , , , , , , , , , , , , , , , , , ,	, , , , , ,	, ,
- 1	b Less, cost or other basis		\(\times\)	` ;	· · · · · · · · · · · · · · · · · · ·	,
	and sales expenses 670,955				S & S S	
	c Gain or (loss) -31,829		` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `			
	d Net gain or (loss)		-31,829.	-31,829.		
NUE	8a Gross income from fundraising events (not including \$		<i>'</i>	,		
<u> </u>	of contributions reported on line 1c)				S X 98 Sas	141 2 3
8	See Part IV, line 18)				
OTHER REVENL	b Less: direct expenses .)	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `			
_	c Net income or (loss) from fundraising e	vents.				70 May 7 - 20% - 1 200 May 2
	9a Gross income from gaming activities. See Part IV, line 19					
	b Less direct expenses) <u> </u>	* *** .5**	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>	
	c Net income or (loss) from gaming activ	ities -	, 72,5 - 1, 5			
	10a Gross sales of inventory, less returns and allowances	1	* ****		ž , , , , , , , , , , , , , , , , , , ,	ξ.
		,	*	* * * * * *	· · · · · · · · · · · · · · · · · · ·	
	c Net income or (loss) from sales of inve	ntory >				
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d	•				
	12 Total revenue. See instructions		15,004.	-31,829.	0.	46,833.

Form **990** (2009)

BAA

Part IX Statement of Functional Expenses

	Section 501(c)(All other organizations must com	3) and 501(c)(4) organiz plete column (A) but ar			nd (D).
	not include amounts reported on lines 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	74,750.	74,750.		`
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 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	15,726.	0.	15,726.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages			_	
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)				
	a Management				
	o Legal				
	Accounting	650.		650.	
	Lobbying				
	Prof fundraising svcs See Part IV, In 17			3 400 3 3 3 3 4 4	
	Investment management fees				
	Other				
•	Advertising and promotion				
	Office expenses.				
14	Information technology			· · ·	
15					
16	_ *				. ,,
	Travel		_		
	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
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.)				
i	Foreign Taxes	165.		165.	
I	b				
•					
(d				
•	.				
1	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	91,291.	74,750.	16,541.	0.
26	Joint costs. Check here ▶ ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

ı

Part >	Balance Sheet			
		(A) Beginning of year		(B) End of year
1	Cash – non-interest-bearing	-	1	
2	Savings and temporary cash investments	120,313.	2	78,431.
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 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	
S 7 S 8 T 9	Notes and loans receivable, net		7	
Ĕ 8	Inventories for sale or use .		8	
s 9	Prepaid expenses and deferred charges .		9	
10	a Land, buildings, and equipment cost or other basis. 10a			
	Complete Part VI of Schedule D			
	b Less: accumulated depreciation . 10b		10 c	
11	Investments — publicly-traded securities .	1,333,846.	11	<u>1,299,441.</u>
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)	1,454,159.	16	1,377,872.
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
19	Deferred revenue		19	
¦ 20	Tax-exempt bond liabilities .		20	
A 21	Escrow or custodial 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			
1 1	of Schedule L .		22	
E 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.
Ĕ	Organizations that follow SFAS 117, check here ► and complete lines 27 through 29 and lines 33 and 34.			
	-		27	
Š	Temporarily restricted net assets	-	28	
E 28	Permanently restricted net assets.		29	
P 23	Organizations that do not follow SFAS 117, check here ► X and complete			
	lines 30 through 34.			
F 30	Constal steels or trust principal or ourroat funds	1,454,159.	30	1,377,872.
1	Paid-in or capital surplus, or land, building, and equipment fund	1, 101, 100.	31	1,0,1,0,2.
A	Retained earnings, endowment, accumulated income, or other funds		32	
32 N 33 S 34	Total net assets or fund balances.	1,454,159.	33	1,377,872.
S 34	Total liabilities and net assets/fund balances.	1,454,159.	34	1,377,872.
BAA	rotal navinties and fiet assets/fully valances.	1,303,100.	<u>~</u>	Form 990 (2009)

TEEA0111L 01/30/10

form 990 (2009) Lewis Fell Trust	59-7169430	Pa	age 12
Part XI Financial Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990: X Cash Accrual Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2a 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		Х
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for overs review, or compilation of its financial statements and selection of an independent accountant?	sight of the audit, 2c		
If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ain		
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year w consolidated basis, separate basis, or both.	ere issued on a		
Separate basis Consolidated basis Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth Audit Act and OMB Circular A-133?	h in the Single		Х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	the required audit 3b		

BAA

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

ţ

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

Department of the Treasury Internal Revenue Service Name of the organization

Lewis Fell Trust

FBO Stetson Business School

Employer identification number

59-7169430

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 (For lines 1 through 11, check only one box.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)	_
1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i).	
A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii).	
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 describing section 170(b)(1)(A)(vi). (Complete Part II.)	ed
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)	
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 aft June 30, 1975. See section 509(a)(2). (Complete Part III)	er
10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).	
An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box is describes the type of supporting organization and complete lines 11e through 11h.	or hat
a ☐ Type I b ☐ Type II c ☐ Type III — Functionally integrated d X 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 othe than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)	r
If the organization received a written determination from the IRS that 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?	
Yes	No
(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?	Х
(ii) a family member of a person described in (i) above?	\overline{x}
(iii) a 35% controlled entity of a person described in (i) or (ii) above?	X
h Provide the following information about the supported organizations.	_
(i) Name of Supported Organization Organization Organization (iii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (iv) Is the organization in col (i) Isted in your governing your support? (v) Did you notify the organization in col (i) organization in col (ii) EIN (vii) Amount of Supported Organization in col (iii) EIN (viii) Amount of Supported Organization in col (iv) Is the organization in col (iv) organization in col (iv) Is the organization in col (iv) orga	ırt
Yes No Yes No Yes No	
Stetson University, Inc	
	<u>0.</u>

Pai	t II Support Schedule for	•			(b)(1)(A)(iv) and	d 170(b)(1)(A	A)(vi)	
Sec	(Complete only if you check tion A. Public Support	ed the box on line	e 5, 7, or 8 of Par	(
Cale	ndar year (or fiscal year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants')							
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf							
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge							
4	Total. Add lines 1-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		183	,	()	*		
Sec	tion B. Total Support			1	7			
Calendar 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 form 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		4					
12	Gross receipts from related activ	vities, etc (see in	istructions).			12	<u>: </u>	
	First five years. If the Form 990 organization, check this box and	l stop here		nd, third, fourth,	or fifth tax year as	a section 501((c)(3)	
	tion C. Computation of Pu	****				1 -		
14 15	4 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f). 5 Public support percentage from 2008 Schedule A, Part II, line 14 15							
16a 33-1/3 support test — 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization.								
b 33-1/3 support test — 2008. 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.								
17a 10%-facts-and-circumstances test — 2009 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.								
ŀ	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts- d-circumstances'	and-circumstance test The organi	s' test, check this zation qualifies a	s box and stop her is a publicly suppor	e. Explain in Pa ted organizatio	art IV how the	
18	Private foundation. If the organ	zation did not ch	eck a box on line,	13, 16a, 16b, 17				
BAA					Sch	nedule A (Form	990 or 990-EZ) 2009	

	edule A (Form 990 or 990-EZ) 200		ell Trust			59-71694	130	Page 3
Par				in Section 509	9(a)(2)			
	(Complete only if you che	cked the box on	line 9 of Part I)					
Sec	tion A. Public Support	·	ī	,				
_	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	+	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')							
2	Gross receipts from							-
	admissions, merchandise sold or services performed, or							
	facilities furnished in a activity							
	that is related to the organization's tax-exempt							
	purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the							
	organization's benefit and either paid to or expended on			1				
	its behalf		l			,		
5	The value of services or							
	facilities furnished by a governmental unit to the							
	organization without charge					ł		
6	Total. Add lines 1 through 5							
7 a	Amounts included on lines 1,							
	2, 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 amount on line 13 for the						İ	
_	year	ļ			· · · · · · · · · · · · · · · · · · ·		+	
	: Add lines 7a and 7b				\ \sqrt{\sq}\sqrt{\sq}}\sqrt{\sq}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}			
8	Public support (Subtract line	<u> </u>			(\dashv	
Sac	7c from line 6) tion B. Total Support		<u></u>	<u>. </u>	<u> </u>	<u> </u>		
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	$\neg \neg$	(f) Total
		(a) 2005	(b) 2006	(6) 2007	(0) 2008	(e) 2009		(i) Total
	Gross income from interest.			· · · · · · · · · · · · · · · · · · ·	 -		-+	
	dividends, payments received							
	on securities loans, rents, royalties and income form							
	similar sources				,			
b	Unrelated business taxable		 				+	
	income (less section 511							
	taxes) from businesses acquired after June 30, 1975.	1			•			
С	Add lines 10a and 10b							
11	Net income from unrelated business							
	activities not included inline 10b, whether or not the business is							
	regularly carried on							
12	Other income. Do not include							
	gain or loss from the sale of capital assets (Explain in						}	
	Part IV).					1		
	Total support. (add ins 9, 10c, 11, and 12)	L	1	<u> </u>	1			
14	First five years. If the Form 990 organization, check this box and	is for the organiz I stop here	tation's first, secoi	na, thira, tourth,	or fifth tax year a	s a section 501	(C)(3)	▶ 🗀
Sec	tion C. Computation of Pul	blic Support F	Percentage					
	Public support percentage for 20			ne 13, column (f)) .	. 1	5	%
	Public support percentage from 2		•			1	6	%
	tion D. Computation of Inv			e				
	Investment income percentage f	·			umn (f))	1	7	%
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							
	more than 33-1/3%, check this b	•	=	· ·	• • •	-	130/ ~	nd line 19
	33-1/3 support tests – 2008. If the state of the support tests is not more than 33-1/3%, check	k this box and sto	p here. The organ	nization qualifies	as a publicly supp	orted organizat	tion	110 IIIIe 10 -
20	Private foundation. If the organi	zation did not che	eck a box on line	14, 19a, or 19b, o	check this box and	d see instruction	ns	

Schedule A	(Form 990 or	990-EZ) 2009	Lewis	Fell	Trust			5	9-716943	0	Page 4
Part IV	Supplemer Part II. line	n tal Inform a 17a or 17b	ation. Com b: and Par	iplete t t III. lir	this part t ne 12. Pro	o provide ovide anv	the explana other addition	tions requir onal informa	red by Part ation. See	II, line 10 Instruction	0; ns.
								 -		_	
			 -								- -
_											
- -											
			- -								
			·								
	-										
	-										

SCHEDULE I

Department of the Treasury Internal Revenue Service

Name of the organization

Governments and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990.

2009

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Schedule I (Form 990) 2009 for students of Business School **№** |× (h) Purpose of grant or assistance A Stetson Univ Scholarships Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form Yes 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 59-7169430 (g) Description of non-cash assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance? the selection criteria used to award the grants or assistance? : (f) Method of valuation (book, FMV, appraisal, other) TEEA3901L 02/10/10 (e) Amount of non-cash assistance 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 74,750 (d) Amount of cash grant BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Part IV and Schedule I-1 (Form 990) if additional space is needed Enter total number of section 501(c)(3) and government organizations (c) IRC section if applicable General Information on Grants and Assistance 59-0624416 (b) EIN Enter total number of other organizations. 1 (a) Name and address of organization or government Stetson University____ Lewis Fell Trust Woodland Boulevard DeLand, FL 32724_ 1111 1 Part

Page 2 Schedule I (Form 990) 2009 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. (f) Description of non-cash assistance Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients Lewis Fell Trust (a) Type of grant or assistance Schedule I (Form 990) 2009 Part III

BAA

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

Open to Public Inspection

Name of the organization Lewis Fell Trust	Employer identification number
FBO Stetson Business School	59-7169430
Form 990, Part VI, Line 11 - Form 990 Review Process	
No_review was or will be conducted.	
	·

Schedule U (Form	1 990) 2009	Employer identification number	Fage 2
Name of the organizatio	Property of the Property of th	59-7169430	
	Tho Stetson business School	103 .203 200	
			 -
			. – – – –