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OMB No 1545-0047

2009

Open to Public Inspection

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)

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

Department of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning APR 1, 2009, and ending MAR 31, 2010

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☒ Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization <u>FLORIDA CLASSIC CONSORTIUM CORPORATION</u>		D Employer identification number <u>51-0572825</u>
		Doing Business As		E Telephone number <u>407-423-2476</u>
		Number and street (or P O box if mail is not delivered to street address) Room/suite <u>C/O FLORIDA A&M UNIV., 400 LEE HALL</u>		G Gross receipts \$ <u>2,745,964.00</u>
		City or town, state or country, and ZIP + 4 <u>TALLAHASSEE, FL 32307</u>		H(a) Is this a group return for affiliates? ☐ Yes ☒ No H(b) Are all affiliates included? ☐ Yes ☒ No If "No," attach a list (see instructions)
F Name and address of principal officer <u>DR. LARRY ROBINSON; SAME AS C ABOVE</u>		H(c) Group exemption number		
I Tax-exempt status ☒ 501(c) (3) (insert no) <u>4947(a)(1) or 527</u>				
J Website <u>WWW.FLORIDACLASSIC.ORG</u>				
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other	L Year of formation <u>2006</u>	M State of legal domicile <u>FL</u>		

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities <u>MANAGE AND ORGANIZE THE FLORIDA CLASSIC, A FOOTBALL GAME PLAYED BETWEEN B-CU AND FAMU.</u>		
	2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	<u>13</u>	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<u>4</u>	
	5	Total number of employees (Part VII, line 1a)	<u>0</u>	
	6	Total number of volunteers (estimate if necessary)	<u>0</u>	
	Revenue	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	<u>0.00</u>
7b		Net unrelated business taxable income from Form 990-T, line 34	<u>0.00</u>	
Expenses	8	Contributions and grants (Part VIII, line 1b)	<u>3,237,512.00</u>	<u>2,740,786.00</u>
	9	Program service revenue (Part VIII, line 2b)	<u>20,191.00</u>	<u>5,178.00</u>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>3,257,703.00</u>	<u>2,745,964.00</u>
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>2,362,214.00</u>	<u>1,930,756.00</u>
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<u>895,489.00</u>	<u>815,208.00</u>
Net Assets or Fund Balances	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>3,257,703.00</u>	<u>2,745,964.00</u>
	19	Revenue less expenses Subtract line 18 from line 12		
	20	Total assets (Part X, line 16)	<u>224,843.00</u>	<u>211,354.00</u>
	21	Total liabilities (Part X, line 26)	<u>124,843.00</u>	<u>110,979.00</u>
22	Net assets or fund balances Subtract line 21 from line 20	<u>100,000.00</u>	<u>100,375.00</u>	

Part II Signature Block

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge	
	Signature of officer <u>DR. LARRY ROBINSON</u>	Date <u>04/03/2010</u> CO-CHAIR
Paid Preparer's Use Only	Preparer's signature <u>Amelia Adams</u>	Date <u>2020.04.02 08:41:19 -04'00'</u>
	Firm's name (or yours if self-employed), address, and ZIP + 4 <u>CHERRY BEKAERT LLP</u> <u>1075 PEACHTREE ST. NE, STE. 2200, ATLANTA, GA 30309</u>	Check if self-employed ☐ Preparer's identifying number (see instructions) <u>P00748038</u>
	EIN <u>56-0574444</u>	Phone No <u>404-209-0954</u>
May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No		

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

Form 990 (2009)

Part III Statement of Program Service Accomplishments**1** Briefly describe the organization's mission:

THE PRIMARY PURPOSE OF THE CORPORATION IS TO ORGANIZE, SPONSOR, MANAGE, PRODUCE, PROMOTE AND PARTICIPATE IN THE ATHLETIC CONTEST SPECIFICALLY KNOWN AS THE FLORIDA CLASSIC, AN INTERCOLLEGIATE ATHLETIC FOOTBALL CONFERENCE CONTEST BETWEEN FLORIDA A&M UNIVERSITY AND

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code _____) (Expenses \$ 2,707,195.00 including grants of \$ 1,930,756.00) (Revenue \$ 2,740,786.00)

THE FLORIDA CLASSIC CONSISTS OF THE FOOTBALL GAME PLAYED BETWEEN BETHUNE-COOKMAN UNIVERSITY ("B-CU") AND FLORIDA A&M UNIVERSITY ("FAMU") ON NOVEMBER 21, 2009, AND RELATED ANCILLARY EVENTS. ANCILLARY EVENTS INCLUDE THE BATTLE OF THE BANDS, CORPORATE LUNCHEON AND ALUMNI RECEPTION. THE NET PROCEEDS FROM THE FOOTBALL GAME AND ANCILLARY EVENTS ARE CONTRIBUTED TO B-CU AND FAMU.

4b (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4c (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4d Other program services (Describe in Schedule O)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ► 2,707,195.00

ATIRD

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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?		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		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5 Sections 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		X
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		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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		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		X
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		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		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII		X
12A Was the organization included in consolidated, independent audited financial statement for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	Yes	No
		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		X
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		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		X
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		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X

Part 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? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	
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? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
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>	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, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to question 25.</i>		X
24 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
24 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?		X
24 d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
25 b 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? <i>If "Yes," complete Schedule L, Part I.</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i>		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? <i>If "Yes," complete Schedule L, Part III.</i>		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)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c 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? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
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? <i>If "Yes," complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		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? <i>If "Yes," complete Schedule R, Part VI.</i>		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.	X	

Form 990 (2009)

Yes	No
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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.

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	1a	13
b 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 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	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 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, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b 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 by the following		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9 Is there any officer, director, 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	9a	X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	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
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990		
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	X
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X
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?		
a The organization's CEO, Executive Director, or top management official	15a	X
b 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)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **FL**

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 for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization **SCOTT HERRING - 407-423-2476; 1 CITRUS BOWL PLACE, ORLANDO, FL 32805-2451**

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.

☒ Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DR. JAMES AMMONS DIRECTOR	1.00	X						0.00	325,000.00	0.00
MR. ALVIN BRYANT DIRECTOR	1.00	X						0.00	0.00	0.00
MS. CARMEN CUMMINGS DIRECTOR	1.00	X						0.00	115,000.00	0.00
MS. TAMMY HAMLET DIRECTOR	1.00	X						0.00	79,767.00	0.00
MS. TERESA HARDEE DIRECTOR	1.00	X						0.00	225,000.00	0.00
MS. DORIS HICKS DIRECTOR	1.00	X						0.00	0.00	0.00
MS. SHARON BOSTICK-ISAAC DIRECTOR	1.00	X						0.00	94,579.00	0.00
MS. JACQUELINE T. MONGAL DIRECTOR	1.00	X						0.00	0.00	0.00
MR. E. DEAN MONTGOMERY DIRECTOR	1.00	X						0.00	431,340.00	0.00
DR. TRUDIE KIBBE REED DIRECTOR	1.00	X						0.00	500,000.00	0.00
MR. RAY SHACKELFORD DIRECTOR	1.00	X						0.00	203,940.00	0.00
MR. LYNN THOMPSON DIRECTOR	1.00	X						0.00	190,962.00	0.00
MS. EVELYN WALKER DIRECTOR	1.00	X						0.00	0.00	0.00

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

[illegible]

1b Total

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization	0
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3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*

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

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
FLORIDA CITRUS SPORTS EVENTS, INC. 1 CITRUS BOWL PLACE, ORLANDO, FL 32805	EVENT MANAGEMENT	197,054.00

2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization	1
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Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f ▶					
Program Service Revenue	2a	TICKET SALES	Business Code 711210	2,006,763.00	2,006,763.00		
	b	SPONSORSHIPS	711210	625,587.00	625,587.00		
	c	HOSPITALITY TENT	711210	64,486.00	64,486.00		
	d	CONCESSIONS/OTHER	711210	43,950.00	43,950.00		
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f ▶		2,740,786.00			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		5,178.00		
4		Income from investment of tax-exempt bond proceeds . . . ▶					
5		Royalties	(i) Real (ii) Personal				
6a		Gross Rents					
b		Less rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss) ▶					
7a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
b		Less cost or other basis and sales expenses					
c		Gain or (loss)					
d		Net gain or (loss) ▶					
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a					
b		Less direct expenses b					
c		Net income or (loss) from fundraising events ▶					
9a		Gross income from gaming activities See Part IV, line 19 a					
b		Less direct expenses b					
c		Net income or (loss) from gaming activities ▶					
10a		Gross sales of inventory, less returns and allowances a					
b		Less cost of goods sold b					
c		Net income or (loss) from sales of inventory ▶					
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d ▶						
12	Total Revenue. See instructions ▶		2,745,964.00	2,740,786.00		5,178.00	

Part IX Statement of Functional Expenses

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

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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 . . .	1,930,756.00	1,930,756.00		
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)				
a Management	197,054.00	197,054.00		
b Legal				
c Accounting	7,700.00		7,700.00	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	44,296.00	44,296.00		
12 Advertising and promotion	190,872.00	190,872.00		
13 Office expenses	31,943.00	31,849.00	94.00	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	42.00	42.00		
18 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	25,000.00		25,000.00	
24 Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a EVENT FACILITY RENTAL	89,863.00	89,863.00		
b EVENT MEALS/ENTERTAINMENT	62,961.00	62,961.00		
c OTHER EVENT EXPENSES	90,338.00	90,338.00		
d EVENT EQUIPMENT RENTAL	69,164.00	69,164.00		
e				
f All other expenses	5,975.00		5,975.00	
25 Total functional expenses. Add lines 1 through 24f	2,745,964.00	2,707,195.00	38,769.00	
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				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	59,583.00	1	93,584.00
	2 Savings and temporary cash investments	146,600.00	2	84,270.00
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	18,660.00	4	33,500.00
	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	
	7 Notes and loans receivable, net		7	
	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		
	b Less accumulated depreciation	10b	10c	
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	224,843.00	16	211,354.00	
Liabilities	17 Accounts payable and accrued expenses	115,343.00	17	110,979.00
	18 Grants payable		18	
	19 Deferred revenue	9,500.00	19	
	20 Tax-exempt bond liabilities		20	
	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 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	124,843.00	26	110,979.00
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	100,000.00	27	100,375.00
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	100,000.00	33	100,375.00	
34 Total liabilities and net assets/fund balances	224,843.00	34	211,354.00	

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990 ☐ 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?		X
b Were the organization's financial statements audited by an independent accountant?		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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
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		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		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		

Form **990** (2009)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization 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						

Section B. Total Support

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 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 instructions) **12**

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 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 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 ☐		
b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐		

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 include any "unusual grants")		20.00				20.00
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		3,977,479.00	3,987,212.00	3,237,512.00	2,740,786.00	13,942,989.00
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5		3,977,499.00	3,987,212.00	3,237,512.00	2,740,786.00	13,943,009.00
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		535,048.00	765,009.00	603,529.00	403,983.00	2,307,569.00
c Add lines 7a and 7b.		535,048.00	765,009.00	603,529.00	403,983.00	2,307,569.00
8 Public support (Subtract line 7c from line 6)						11,635,440.00

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6		3,977,499.00	3,987,212.00	3,237,512.00	2,740,786.00	13,943,009.00
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		20,921.00	37,635.00	20,191.00	5,178.00	83,925.00
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b		20,921.00	37,635.00	20,191.00	5,178.00	83,925.00
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)		3,998,420.00	4,024,847.00	3,257,703.00	2,745,964.00	14,026,934.00
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						☒

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
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 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 ► ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information. See instructions.

This image shows a full page of white paper with horizontal dashed lines, typical of primary-ruled notebook paper. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings present.

Department of the Treasury
Internal Revenue Service
Name of the organization

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22
▶ Attach to Form 990

2009

**Open to Public
Inspection**

FLORIDA CLASSIC CONSORTIUM CORPORATION

Employer identification number	51-0572825
--------------------------------	------------

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

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

Part II **Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ☐

[illegible]

2	Enter total number of section 501(c)(3) and government organizations	2
3	Enter total number of other organizations	0

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

Schedule I (Form 990) 2009

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Use Part IV and Schedule I-1 (Form 990) if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book FMV appraisal other)	(f) Description of non-cash assistance

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

PART I, LINE 2:

THE ORGANIZATION ONLY MAKES GRANTS TO FLORIDA A&M UNIVERSITY AND BETHUNE-COOKMAN UNIVERSITY. THE BOARD MEMBERS OF THE ORGANIZATION ARE EITHER EMPLOYEES OR OTHERWISE A REPRESENTATIVE SELECTED BY THOSE INSTITUTIONS. THE CLOSE CONNECTION BETWEEN THE ORGANIZATIONS SERVES TO MONITOR THE USE OF THE FUNDS

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 23

▶ Attach to Form 990 ▶ See separate instructions.

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

FLORIDA CLASSIC CONSORTIUM CORPORATION

Employer identification number

51-0572825

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use |
| ☐ Travel for companions | ☐ Payments for business use of personal residence |
| ☐ Tax indemnification and gross-up payments | ☐ Health or social club dues or initiation fees |
| ☐ Discretionary spending account | ☐ Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--|--|
| ☐ Compensation committee | ☐ Written employment contract |
| ☐ Independent compensation consultant | ☐ Compensation survey or study |
| ☐ Form 990 of other organizations | ☐ Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2009

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

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
DR. JAMES AMMONS	(i) 0.00	0.00	0.00	0.00	0.00	0.00	0.00
DIRECTOR	(ii) 325,000.00	0.00	0.00	0.00	0.00	0.00	0.00
MS. TERESA HARDEE	(i) 0.00	0.00	0.00	0.00	0.00	0.00	0.00
DIRECTOR	(ii) 225,000.00	0.00	0.00	0.00	0.00	0.00	0.00
MR. E. DEAN MONTGOMERY	(i) 0.00	0.00	0.00	0.00	0.00	0.00	0.00
DIRECTOR	(ii) 431,340.00	0.00	0.00	0.00	0.00	0.00	0.00
DR. TRUDIE KIBBE REED	(i) 0.00	0.00	0.00	0.00	0.00	0.00	0.00
DIRECTOR	(ii) 500,000.00	0.00	0.00	0.00	0.00	0.00	0.00
MR. RAY SHACKELFORD	(i) 0.00	0.00	0.00	0.00	0.00	0.00	0.00
DIRECTOR	(ii) 203,940.00	0.00	0.00	0.00	0.00	0.00	0.00
MR. LYNN THOMPSON	(i) 0.00	0.00	0.00	0.00	0.00	0.00	0.00
DIRECTOR	(ii) 190,962.00	0.00	0.00	0.00	0.00	0.00	0.00
	(i) -----	-----	-----	-----	-----	-----	-----
	(ii) -----	-----	-----	-----	-----	-----	-----
	(i) -----	-----	-----	-----	-----	-----	-----
	(ii) -----	-----	-----	-----	-----	-----	-----
	(i) -----	-----	-----	-----	-----	-----	-----
	(ii) -----	-----	-----	-----	-----	-----	-----
	(i) -----	-----	-----	-----	-----	-----	-----
	(ii) -----	-----	-----	-----	-----	-----	-----
	(i) -----	-----	-----	-----	-----	-----	-----
	(ii) -----	-----	-----	-----	-----	-----	-----
	(i) -----	-----	-----	-----	-----	-----	-----
	(ii) -----	-----	-----	-----	-----	-----	-----
	(i) -----	-----	-----	-----	-----	-----	-----
	(ii) -----	-----	-----	-----	-----	-----	-----
	(i) -----	-----	-----	-----	-----	-----	-----
	(ii) -----	-----	-----	-----	-----	-----	-----
	(i) -----	-----	-----	-----	-----	-----	-----
	(ii) -----	-----	-----	-----	-----	-----	-----

Schedule J (Form 990) 2009

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

[illegible]

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

FLORIDA CLASSIC CONSORTIUM CORPORATION

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.

OMB No 1545-0047

2009

**Open to Public
Inspection**

Employer identification number

51-0572825

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: BETHUNE-COOKMAN
COLLEGE; TO SOLICIT, RAISE, AND OTHERWISE RECEIVE FUNDS FROM SPONSORS A AND THE
GENERAL PUBLIC AND TO USE, CONTRIBUTE, DISPERSE, AND DISPOSE OF SUCH FUNDS FOR THE
ABOVE PURPOSES AND THE INTERCOLLEGIATE ATHLETIC PROGRAMS OF THE ABOVE-MENTIONED
EDUCATIONAL INSTITUTIONS.

FORM 990, PART VI, SECTION A, LINE 7A:

THE ORGANIZATION HAS TWO CLASSES OF DIRECTORS: INSTITUTION DIRECTORS AND OTHER
DIRECTOR DIRECTORS. THE INSTITUTIONAL DIRECTORS CONSIST OF PERSONS HOLDING THE
FOLLOWING POSITIONS AT, OR RELATED TO, FLORIDA A&M UNIVERSITY AND BETHUNE-COOKMAN
UNIVERSITY: PRESIDENT, ATHLETIC DIRECTOR, CHIEF FINANCIA OFFICER, HEAD OF ALUMNI
AFFAIRS, AND PRESIDENT OF THE NATIONAL ALUMNI ASSOCIATION, OR THEIR DESIGNEE. THE
OTHER DIRECTORS CONSIST OF 1 DIRECTOR APPOINTED BY FLORIDA A&M UNIVERSITY AND 1
DIRECTOR APPOINTED BY BETHUNE-COOKMAN UNIVERSITY.

FORM 990, PART VI, SECTION B, LINE 10:

THE BOARD DISCUSSES THE FORM 990 AT A BOARD MEETING AND ADDRESSES ANY COMMENTS AND/OR
CHANGES TO THE FORM 990. THE BOARD APPROVES THE FORM 990 PRIOR TO ITS FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH DIRECTOR WILL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS OR DISCLOSES THAT HE OR
SHE HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, HAS READ AND UNDERSTANDS
THE POLICY, HAS AGREED TO COMPLY WITH THE POLICY, AND UNDERSTANDS THE CORPORATION IS A
CHARITABLE ORGANIZATION AND THAT IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT
MUST ENGAGE PRIMARILY IN ACTIVITIES THAT ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES

Name of the organization

FLORIDA CLASSIC CONSORTIUM CORPORATION

Employer identification number

51-0572825

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND
FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36 or 37
► Attach to Form 990 ► See separate instructions

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

FLORIDA CLASSIC CONSORTIUM CORPORATION

Employer identification number

51-0572825

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
BETHUNE-COOKMAN UNIVERSITY - 59-0704726 640 DR MARY MCLEOD BETHUNE BLVD, DAYTONA BEACH, FL 32114	EDUCATION	FLORIDA	501 (C) (3)	LINE 2	
FLORIDA A&M UNIVERSITY - 59-0977035 1601 S. MARTIN L. KING JR. BLVD., TALLAHASSEE, FL 32307	EDUCATION	FLORIDA	170 (C) (1)		

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

Schedule R (Form 990) 2009

JSA

9E1307 2 000

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

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year)

Schedule R (Form 990) 2009

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on 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**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?

	Yes	No
a Receipt of (i) interest (ii) annuities (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)	1c ☐	☒
d Loans or loan guarantees to or for other organization(s)	1d ☐	☒
e Loans or loan guarantees by other organization(s)	1e ☐	☒
f Sale of assets to other organization(s)	1f ☐	☒
g Purchase of assets from other organization(s)	1g ☐	☒
h Exchange of assets	1h ☐	☒
i Lease of facilities, equipment, or other assets to other organization(s)	1i ☐	☒
j Lease of facilities, equipment, or other assets from other organization(s)	1j ☐	☒
k Performance of services or membership or fundraising solicitations for other organization(s)	1k ☐	☒
l Performance of services or membership or fundraising solicitations by other organization(s)	1l ☐	☒
m Sharing of facilities, equipment, mailing lists, or other assets	1m ☒	☐
n Sharing of paid employees	1n ☐	☒
o Reimbursement paid to other organization for expenses	1o ☐	☒
p Reimbursement paid by other organization for expenses	1p ☐	☒
q Other transfer of cash or property to other organization(s)	1q ☐	☒
r Other transfer of cash or property from other organization(s)	1r ☐	☒

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

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Part VI

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.

[illegible]