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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047 2009

Open to Public Inspection

		pplicable Please	C Name of organization		.0	D Employer	identification number		
☐ Add	iress ch		FLORIDA SOUTHERN COLLEG Doing Business As			59-0624 E Telephone			
∏ Nar	me cha	nge print or t ype. Se e							
_	ıal retu	Instruc-	Number and street (or P O b	ox if mail is not delivered to street addre	ess) Room/s	(863) 68 uite G Gross recei	ots \$ 256,924,884		
	mınate								
	ended		City or town, state or country LAKELAND, FL 33801	, and ZIP + 4					
J App	olication	pending			1				
			ame and address of principa NNE KERR	lofficer		s this a group ret ffiliates?	urn for □ Yes 🔽 No		
			AKE HOLLINGSWORTH LAND, FL 33801				,		
		LAKE	LAND, IL 33001			re all affiliates incl	uded? Yes No st (see instructions)		
I Ta	x-exem	npt status 🔽 501((c) (3) ◀ (insert no)	(a)(1) or 527		r No, attach a 11 Group exemption			
J W	ebsit e	∷► WWW FLSOU	JTHERN EDU						
			ration Trust Association (Other 🟲	L Year	of formation 1885	M State of legal domicile FL		
Pa		Summary Briefly describe t	:he organization's mission of	r most significant activities					
	-	FLORIDA SOUT	HERN COLLEGE IS A PRIV	ATE UNITED METHODIST AFFI					
ψ.		EDUCATIONAL PROGRAMS	EXCELLENCE IT PROVID	ES OUTSTANDING LEARNING () P P O R T U	NITIES & EXCER	PTIONAL STUDENT		
Governance		TRO GRAMS							
Ě									
\$									
			•	ntinued its operations or disposed					
40 40 40				pody (Part VI, line 1a)			3 36 4 3!		
Activities &		•		e governing body (Part VI, line 1	b)	•			
Ş			employees (Part V , line 2a) volunteers (estimate if nece				5 1,369 6 144		
٠.			•	Part VIII, column (C), line 12			7a (
		_	siness taxable income from		•		7b (
	_			,		Prior Year	Current Year		
	8	Contributions a	nd grants (Part VIII, line 1h		7,796,968				
≘	9			, 1)		51,339,432			
Revenue	10	_		lines 3, 4, and 7d)		1,138,215			
芒	11	Other revenue ((Part VIII, column (A), lines	5, 6d, 8c, 9c, 10c, and 11e)		646,987	1,368,654		
	12		add lines 8 through 11 (mus	e	60.021.602	60.442.056			
	13			olumn (A), lines 1–3)		60,921,602 14,847,707			
	14			lumn (A), line 4)		14,047,707			
	15			nefits (Part IX, column (A), lines	5 –				
\$		10)	,,,,,	(, , , , , , , , , , , , , , , , , , ,		24,136,615	24,990,940		
Expenses	16a			mn (A), line 11e)		70,535	75,096		
五	Ь		openses (Part IX, column (D), line						
	17	•		11a-11d, 11f-24f)		24,949,682			
	18	•		ual Part IX, column (A), line 25)		64,004,539			
	19	Revenue less ex	xpenses Subtract line 18 fr	om line 12	Domin.	-3,082,937 nning of Current	3,349,454		
20 €					Begii	Year	End of Year		
Net Assets or Fund Balances	20	Total assets (P	art X, line 16)			148,651,239	154,803,734		
절	21	Total liabilities	(Part X, line 26)			37,836,348	36,893,139		
	22			21 from line 20		110,814,891	117,910,595		
Par	rt II	Signature B							
				nined this return, including accompanying on of preparer (other than officer) is base					
		l <u> </u>					· · · · · · ·		
Sign		****** Signature of offi	ror.			011-04-11 Date			
Here		<u>'</u>		L	ate				
		V TERRY DENNI Type or print na	S VP Finance & Administration me and title						
		 		Date	Check If	Prenarer's ide	entifying number		
Paid		Preparer's signature			self- empolyed •	(see instruction			
Prepa	arer's	Firm's name (or you	urs & CROWE HORWATH LLP		emporyed F	1			
Use (ıf self-employed),	P			EIN ▶			
	- 7	address, and ZIP +	Suite 1250			Phone no (813) 223-1316			
M -	.h	C dia avia a st	Tampa, FL 336025197				<u> </u>		
ı∾ı ay t	.ne IR	ວ aiscuss this ret	urn with the preparer shown.	above? (see instructions)			▼ Yes		

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

FLORIDA SOUTHERN COLLEGE IS COMMITTED TO EDUCATIONAL EXCELLENCE AND IS A SELECTIVE, COMPREHENSIVE, PRIVATE, UNITED METHODIST AFFILIATED COLLEGE WITH A STRONG LIBERAL ARTS CORE AND SIGNATURE PROGRAMS (SEE SCHEDULE O)

2		ion undertake any significant pro 0 or 990-EZ?	ogram services during the year wh	ich were not listed on	es 🔽 No
	If "Yes," describe	these new services on Schedul	e O		
3	services?		ıgnıficant changes ın how it condu		es 🔽 No
	If "Yes," describe	these changes on Schedule O			
4	Section 501(c)(3) and 501(c)(4) organizations a	ach of the organization's three larg nd section 4947(a)(1) trusts are r enue, if any, for each program serv	equired to report the amount o	
4a	(Code) (Expenses \$ 57	,124,464 including grants of \$	16,152,891) (Revenue \$	56,528,743)
	UNDERGRADUATE S COLLEGE'S 2009 EN CLASS THE COLLEG	STUDENTS THE COLLEGE IS ACCREDITI TERING FALL ENROLLMENT WAS THE LA SE'S 1,938 FULLTIME UNDERGRADUATE	SIVE COLLEGE DEDICATED TO TEACHING E ED BY THE SOUTHERN ASSOCIATION OF C ARGEST IN OUR 125-YEAR HISTORY, AND STUDENTS COME FROM 39 STATES AND 4 ANCIAL ASSISTANCE, INCLUDING 29% WH	OLLEGES AND SCHOOLS COMMISSION WE HAD THE SECOND HIGHEST SAT: 12 COUNTRIES, WITH 90% OF THEM	ON COLLEGES THE SCORE OF AN ENTERING RESIDING IN CAMPUS
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	-				
	-				
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	Other program a	varyugas (Dascriba in Sahadula	0.)		
4 0	(Expenses \$	ervices (Describe in Schedule) (Revenue \$)
				, (ποτοπασ ψ	
4e	rotai program s	ervice expenses►\$ 57	,124,464		

Part IV	Checklis	t of	Red	uire	d 9	Sche	dules
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	_			
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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
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		N o
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If</i> " <i>Yes</i> ," <i>complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
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		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
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	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? 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	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	Yes	
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 U S? If "Yes," complete Schedule F, Part II	15		Νο
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 U S ? If "Yes," complete Schedule F, Part III	16		No
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	Yes	
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	Yes	
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		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο

Par	t IV Checklist of Required Schedules (continued)			
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		No
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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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? If "Yes," complete Schedule L, Part I	25b		Νο
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		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	Yes	
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		Νο
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
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 owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
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		Νο
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</i> "Yes," complete Schedule R, Part I	33		Νο
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	Yes	
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		No
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		No
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		No
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	Yes	

Form 990 (2009)			
Part V	Statements Regarding Other IRS Filings and Tax Compliance		
		Yes	No

			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			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2Ь	Yes	
3 -				
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	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		Νο
b	If "Yes," enter the name of the foreign country 🕨			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N o
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		Νo
u	11 Tes, indicate the number of Forms 6262 med during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
n	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.	Ť		
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
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			

111 LAKE HOLLINGSWORTH DRIVE

LAKELAND, FL 33801 (863) 680-4148

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ction A. Governing Body and Management			
			Yes	No
		1		
		1		
1a	Enter the number of voting members of the governing body 1a 36	!		
ь	Enter the number of voting members that are independent 1b 35	!		
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	Yes	
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		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νo
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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	9		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal			
ке	evenue Code.)		V	NI-
10-	December on the control of the contr	10-	Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		No
	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	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	Yes	
•	describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, 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		No
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		
Se	ection 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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			
	(3)s only) available for public inspection. Indicate how you make these available. Check all that apply			
10	Own website Another's website V 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. See Additional Data Table		_	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	e orga	nızatıor	n ►

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

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

1a Complete this table for all persons required to be listed 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, and current key employees 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, or 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 i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Highest compensated employee Key employee Officer Institutional Trustee		Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
See add'l data										

1b Total	▶	962,066	0	206,306

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization -6

			Yes	No
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	3		Νo
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			
	ındıvıdual	4	Yes	
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 I for such person	5		No

Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
RODDA CONSTRUCTION INC 250 EASH HIGHLAND DR LAKELAND, FL 33813	CONTRACTOR	5,372,511
GUEST SERVICES INC PO BOX 931841 ATLANTA, GA 31193	CAFETERIA MANAGEMENT	3,538,424
FOLSOM CONSTRUCTION INC PO BOX 24988 LAKELAND, FL 33802	CONTRACTOR	1,089,899
HENKELMAN CONSTRUCTION INC 1830 N CRYSTAL LAKE DR LAKELAND, FL 33801	CONTRACTOR	525,332
GATE PRECAST COMPANY PO BOX 23627 JACKSONVILLE, FL 32241	CONTRACTOR	370,848
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 14

Page 8

69,443,056

56,528,743

	990 (2009)				Page 10
Par	t IX Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations m Il other organizations must complete column (A) but are not required to			(D)	
Do no	ot include amounts reported on lines 6b, b, 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	0	0	3	
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	16,152,891	16,152,891		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	1,038,055	375,649	417,140	245,266
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	85,917	0	85,917	0
7	Other salaries and wages	17,789,428	15,382,214	2,084,790	322,424
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,157,671	987,182		8,415
9	Other employee benefits	3,562,283		· · ·	76,672
10	Payroll taxes	1,357,586	1,156,877	190,062	10,647
11	Fees for services (non-employees)	1,337,300	1,130,077	130,002	10,047
	Management	0	0	0	0
a	-		0		
b	Legal	39,940	0	,	0
C _	Accounting	73,276		,	
d	Lobbying	15,307	15,307	0	0
e	Professional fundraising See Part IV, line 17	75,096	_	_	75,096
f	Investment management fees	0	0		0
g	Other	1,572,288	1,454,734	· · ·	13,896
12	Advertising and promotion	803,726	,		0
13	Office expenses	1,838,306	1,075,310	745,351	17,645
14	Information technology	399,770	345,002	54,768	0
15	Royalties	0	0	0	0
16	Occupancy	4,699,225	3,853,364	845,861	0
17	Travel	305,559	221,796	53,159	30,604
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	0	0	0	0
20	Interest	678,008	678,008	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	3,559,783	3,063,762	496,021	0
23	Insurance	1,278,447	0	1,278,447	0
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)				
а	PROGRAM COSTS	5,246,780	4,735,537	414,443	96,800
b	FOOD COSTS	3,202,099	3,202,099	<u> </u>	0
c	BAD DEBT EXPENSE	382,024	0	382,024	0
d	OTHER EXPENSES	780,137	621,024	159,113	0
e		0	0	0	0
f	All other expenses	0	0	0	0
25	Total functional expenses. Add lines 1 through 24f	66,093,602	57,124,464	-	897,465
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in	33,33,332	37,121,104	5,5.1,0,3	337,103
	column (B) joint costs from a combined educational campaign and fundraising solicitation	0	0	0	0

Pa	rt X	Balance Sheet					rage 11
	II C A	bulunce sheet			(A)		(B)
					Beginning of year		End of year
	1	Cash—non-interest-bearing			369,333	1	2,271,425
	2	Savings and temporary cash investments			9,621,532	2	584,228
	3	Pledges and grants receivable, net			4,632,322	3	3,193,761
	4	Accounts receivable, net			1,985,583	4	1,757,277
	5	Receivables from current and former officers, directors, trustees highest compensated employees. Complete Part II of	s, key	employees, and			
		Schedule L			0	5	0
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ Complete Part II of		n 4958(f)(1)) and			
		Schedule L			0	6	0
ssets	7	Notes and loans receivable, net			2,978,020	7	3,020,436
8	8	Inventories for sale or use			78,549	8	55,072
⋖	9	Prepaid expenses and deferred charges			314,736	9	355,778
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	138,257,282			
	ь	Less accumulated depreciation	10b	50,205,963	75,069,951	10c	88,051,319
	11	Investments—publicly traded securities			43,390,647	11	44,295,792
	12	Investments—other securities See Part IV, line 11			0	12	0
	13	Investments—program-related See Part IV, line 11			0	13	0
	14	Intangible assets			0	14	0
	15	Other assets See Part IV, line 11			10,210,566	15	11,218,646
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			148,651,239	16	154,803,734
	17	Accounts payable and accrued expenses .			4,521,792	17	4,000,838
	18	Grants payable			0	18	0
	19	Deferred revenue			1,044,678	19	686,566
	20	Tax-exempt bond liabilities			22,535,000	20	22,535,000
<u>.</u>	21	Escrow or custodial account liability Complete Part IV of Schedul	le D		0	21	0
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified	•				
ï		persons Complete Part II of Schedule L			0	22	0
	23	Secured mortgages and notes payable to unrelated third parties			51,394	23	145,556
	24	Unsecured notes and loans payable to unrelated third parties			1,120,000	24	1,030,000
	25	Other liabilities Complete Part X of Schedule D			8,563,484	25	8,495,179
	26	Total liabilities. Add lines 17 through 25			37,836,348	26	36,893,139
Si		Organizations that follow SFAS 117, check here \blacktriangleright $\overline{\checkmark}$ and comp	olet e l	lines 27			
Fund Balances		through 29, and lines 33 and 34.					
<u> </u>	27	Unrestricted net assets			52,285,539		60,302,984
ă	28	Temporarily restricted net assets			26,057,732	-	28,604,564
豆	29	Permanently restricted net assets			32,471,620	29	29,003,047
		Organizations that do not follow SFAS 117, check here ► ar	nd con	nplete			
or	30	lines 30 through 34. Capital stock or trust principal, or current funds			o	30	0
Assets	30 31	Paid-in or capital surplus, or land, building or equipment fund			0	31	
5	31	Retained earnings, endowment, accumulated income, or other fu			0	32	
¥.	33	Total net assets or fund balances	anus		110,814,891	33	117,910,595
Net						-	
	34	Total liabilities and net assets/fund balances			148,651,239	34	154,803,734

Part XI	Financial	Statements	and I	Reporting
	i illaliciai	Statements	unu i	

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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	2c	Yes	
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			
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?	3a	Yes	
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	3b	Yes	

Form **990** (2009)

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Public Charity Status and Public Support

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

Inspection **Employer identification number**

FLORI	DA SOU	THERN CO	DLLEGE									
					/ A II				59-062440			
	rt I			blic Charity Stat						tructions		
	rganı:			e foundation because)			
1	। जि			on of churches, or as:				(1)(A)(I).				
2	┍			in section 170(b)(1)			•	170/5//1//4	\(:::\)			
3 4		-	-	perative hospital serv	_					/A)/!!!) Fait		
4	'			organization operate y, and state	ed ili conjuni	ction with a i	iospital desci	ibed ili secti	511 170(D)(1)	(A)(III). EII0	er the	
5	Γ	_	•	erated for the benefit	_	or universit	y owned or op	erated by a g	overnmental	unıt describ	— ed ın	
_	_			A)(iv). (Complete Pa				- 170/b)/1)/	A 1/)			
7	<u>'</u>			local government or o t normally receives a	_					n the genera	مالطييم ا	
,	'	describ	ed ın	A)(vi) (Complete Pa		i part of its s	upport from a	government	al unit or iror	n the genera	i public	
8	Г			described in section		A)(vi) (Com	plete Part II))				
9			•	t normally receives			•		tions, membe	ership fees, a	nd gro	ss
				ties related to its ex								
		ıts supp	ort from gro	ss investment incom	ne and unrel	ated busines	s taxable inc	ome (less se	ction 511 ta:	x) from busır	esses	
		acquire	d by the org	anızatıon after June 3	30,1975 S	ee section 5	09(a)(2). (Co	mplete Part I	II)			
10	Γ	Anorga	anızatıon org	anızed and operated	exclusively	to test for p	ublic safety S	See section 5 0	09(a)(4).			
11	Γ	Anorga	anızatıon org	anızed and operated	exclusively	for the bene	fit of, to perfo	rm the functi	ons of, or to o	carry out the	purpos	ses of
				y supported organiza						section 509	(a)(3).	Check
		_	_that describ Type I	pes the type of suppo Type II		_	omplete lines - Functionally	_	11h d	Type II	T - O+	ner
e	\vdash			x, I certify that the o								
-	'			on managers and oth								
			509(a)(2)	J			,	J				,
f			_	received a written de	termination	from the IRS	that it is a T	ype I, Type I	I or Type III	supporting	organız	ation,
g		check t		006, has the organiz	ation accen	ted any dift	or contribution	n from any of	the			,
9			g persons?	ooo, nas the organiz	ation accep	ted diff gift	or continuation	ir ir oriir arry or				
		(i) a pe	rson who dir	ectly or indirectly co	ntrols, eithe	er alone or to	gether with pe	ersons descr	ıbed ın (ıı)		Yes	No
		and (III)) below, the g	governing body of the	the suppor	ted organıza	tion?			11g(i)		
		(ii) a fa	mıly membe	r of a person describ	ed ın (ı) abo	ve?				11g(ii)		
		(iii) a 3	5% controll	ed entity of a person	described i	n (ı) or (ıı) al	oove?			11g(iii)		
h		Provide	the followin	g information about t	he supporte	d organizati	on(s)					
-	(i) Name suppo	e of	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above	(iv) Is th organizat col (i) lis	e :ion in ted in	(v) Did you not organizati	ion in	(vi) Is the organizati	e Ion In	A mo	vii) ount of
	ganız			or IRC section	your gove docume	-	suppor	rt?	in the U	S ?	sup	port?
				(see		1		T	1	T	-	
				ınstructions))	Yes	No	Yes	No	Yes	No		
							+				-	
			1	1	ı	1	1	1	1	1	1	

Total

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	֥ <i>)</i>		
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	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) Dublic Support Subtract line F from						
6	Public Support. Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and stop here						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
	and stop here. The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	▶ □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and stop here. The organization				,		▶
17a	10%-facts-and-circumstances test-	-2009. If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ation qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						▶ ┌
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

▶□

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support	T			1	T	I
cale	ndar 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	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 Gross receipts from activities that						
3	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 Amounts included on lines 1, 2,						
/a	and 3 received from disqualified				1		
	persons						
b	A mounts 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						
c	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	rom line 6) ction B. Total Support						
	ndar year (or fiscal year beginning						
cuic	in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar						
	sources						
ь	Unrelated business taxable						
	income (less section 511 taxes) from businesses acquired after						
	June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
13	IV) Total support (Add lines 9, 10c,						
13	11 and 12)						
14	First Five Years If the Form 990 is for	or the organizat	ion's first, second	l, thırd, fourth, or	fifth tax year as a	a 501(c)(3) orgar	
	check this box and stop here						► □
Se	ction C. Computation of Publ	ic Support P	ercentage				
15	Public Support Percentage for 2009			13 column (f))		15	
16	Public support percentage from 200	-		.,,		16	
	Table support personage nom 200	o o o modulo / i / i	arc 111, mrs 15			10	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ae			
17	Investment income percentage for 2				n (f))	17	
18	Investment income percentage from	•		•		18	
	33 1/3% support tests—2009. If the		•		d line 15 is more		line 17 is not
1.7a	more than 33 1/3%, check this box a					u.ii 23 1/3/0 dill	. IIIC 17 13 110t
	organization	•厂		•			
ь	33 1/3% support tests—2008. If the	organization di	d not check a box	on line 14 or line	e 19a, and line 16	5 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 **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. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

Software ID: Software Version:

EIN: 59-0624401

Name: FLORIDA SOUTHERN COLLEGE

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

VICE CHAIRMAN	Compensated Employees, and I	ndepend	ent Co	ntr	act	ors					
Week		A verage hours		tion (che)			Reportable compensation	Reportable compensation	Estimated amount of other
VICE CHAIRMAN			individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W-	organizations (W- 2/1099-	from the organization and related
SECRETARY		1	Х		х				0	0	0
CHAIRMAN		1	Х		х				0	0	0
ASSISTANT SECRETARY		10	Х		х				0	0	0
TREASURER		1	Х		х				0	0	0
TRUSTEE - PARTIAL YEAR		1	Х		х				0	0	0
TRUSTEE		1	Х						0	0	0
TRUSTEE		1	X						0	0	0
TRUSTEE		1	Х						0	0	0
TRUSTEE		1	Х						0	0	0
TRUSTEE - PARTIAL YEAR		1	Х						0	0	0
TRUSTEE		1	Х						0	0	0
TRUSTEE 1 X 0 0 0 0 0 0 1 1 X 0 0 0 0 0 0 1 X 1 X		1	Х						0	0	0
TRUSTEE 1 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		1	Х						0	0	0
TRUSTEE		1	X						0	0	0
TRUSTEE 1 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		1	X						0	0	0
TRUSTEE 1 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		1	X						0	0	0
TRUSTEE 1 X 0 0 0 MARJORIE H ROBERTS TRUSTEE - PARTIAL YEAR 1 X 0 0 0 JOHN A RODDA TRUSTEE 1 X 0 0 0 ROBERT E PUTERBAUGH TRUSTEE 1 X 0 0 0 MAIDA B POU TRUSTEE 1 X 0 0 0 REVEREND W DAVID MCENTIRE TRUSTEE 1 X 0 0 0 WILLIAM T MATTICE 1 X 0 0 0		1	Х						0	0	0
TRUSTEE - PARTIAL YEAR JOHN A RODDA TRUSTEE ROBERT E PUTERBAUGH TRUSTEE MAIDA B POU TRUSTEE REVEREND W DAVID MCENTIRE TRUSTEE WILLIAM T MATTICE 1 X 0 0 0 0 0 0 0		1	Х						0	0	0
TRUSTEE 1 X 0 0 0 ROBERT E PUTERBAUGH TRUSTEE 1 X 0 0 0 MAIDA B POU TRUSTEE 1 X 0 0 0 0 REVEREND W DAVID MCENTIRE TRUSTEE 1 X 0 0 0 0 WILLIAM T MATTICE 1 X 0 0 0 0		1	Х						0	0	0
TRUSTEE 1 X 0 0 0 MAIDA B POU TRUSTEE 1 X 0 0 0 REVEREND W DAVID MCENTIRE TRUSTEE 1 X 0 0 0 WILLIAM T MATTICE 1 X 0 0 0		1	Х						0	0	0
TRUSTEE REVEREND W DAVID MCENTIRE 1 X 0 0 0 0 0 WILLIAM T MATTICE 1 X 0 0 0 0 0		1	Х						0	0	0
TRUSTEE 1 X 0 0 0 WILLIAM T MATTICE 1 X 0 0 0 0		1	Х						0	0	0
		1	Х						0	0	0
INUSTEL	WILLIAM T MATTICE TRUSTEE	1	Х						0	0	0
SHARON K LUTHER TRUSTEE 1 X 0 0 0		1	Х						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and I	Independ	ent Co	ontra	acto	ors					
(A) Name and Title	(B) Average hours		tion (hat a	che				(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
GENERAL DONALD L KERRICK TRUSTEE	1	х						О	0	0
M CLAYTON HOLLIS JR TRUSTEE	1	х						0	0	0
JEFFREY K HEARN TRUSTEE	1	х						0	0	0
ANN H HANSEN TRUSTEE - PARTIAL YEAR	1	Х						0	0	0
BISHOP ROBERT E FANNIN TRUSTEE	1	Х						0	0	0
ANN B EDWARDS TRUSTEE	1	Х						0	0	0
NANCY M CATTARIUS TRUSTEE	1	Х						0	0	0
J STEPHEN BUCK TRUSTEE	1	Х						0	0	0
SUSAN E BAXA TRUSTEE - PARTIAL YEAR	1	Х						0	0	0
RALPH C ALLEN TRUSTEE	1	Х						0	0	0
ROBERT JADAMS TRUSTEE	1	Х						0	0	0
RUSSELL G WARREN PROVOST	40			x				107,054	0	11,591
MATTHEW R THOMPSON VP & DEAN STUDENT DEVELOPMENT	45			х				84,604	0	26,887
ROBERT H TATE VP ADVANCEMENT	40			x				95,870	0	17,364
BRADLEY N PARRISH VP OF ENROLLMENT MANAGEMENT	40			×				113,344	0	28,816
LEE A MAYHALL VP COLLEGE RELATIONS	40			х				104,058	0	31,396
ANNE B KERR PRESIDENT	75			×				213,782	0	38,442
V TERRY DENNIS VP OF FINANCE & ADMINISTRATION	65			х				137,152	0	23,021
JAMES T BYRD DEAN OF ARTS AND SCIENCES	40					х		106,202	0	28,789

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

-					
	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
TUITION AND FEES		44,192,264	44,192,264	0	0
DORMITORY & FOOD SERVICE		10,001,987	10,001,987	0	0
RENTAL TO STUDENTS & FACULTY		209,847	209,847	0	0
INTEREST ON STUDENT LOANS		253,491	253,491	0	0
STUDY ABROAD FEES		512,590	512,590	0	0

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
PROGRAM COSTS	5,246,780	4,735,537	414,443	96,800
FOOD COSTS	3,202,099	3,202,099	0	0
BAD DEBT EXPENSE	382,024	0	382,024	0
OTHER EXPENSES	780,137	621,024	159,113	0
	0	0	0	0

DLN: 93493105007131

OMB No 1545-0047

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

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

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities),

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

N a		zations Complete Part III			
	ame of the organization ORIDA SOUTHERN COLLEGE			Employer ide	ntıfıcatıon number
				59-0624401	
Par	t I-A Complete if the or	ganization is exempt und	er section 501(c) or is a section 52	7 organization.
1	Provide a description of the or	ganızatıon's dırect and ındırect po	olitical campaign ac	tivities in Part IV	
2	Political expenditures			▶	\$
3	Volunteer hours				
Pa	rt I-B Complete if the or	ganization is exempt und	er section 501(c)(3).	
1	Enter the amount of any excis	e tax incurred by the organization	under section 495!	5	\$
2	Enter the amount of any excis	e tax incurred by organization mai	nagers under sectio	n 4955 🕨	\$
3	If the organization incurred a	section 4955 tax, did it file Form 4	1720 for this year?		┌ Yes
4a	Was a correction made?				┌ Yes
Ь	If "Yes," describe in Part IV				
Pa	It I-C Complete if the or	ganization is exempt und	er section 501(c) except section 50	1(c)(3).
1	Enter the amount directly exp	ended by the filing organization fo	r section 527 exem	pt function activities 🕨	\$
2	Enter the amount of the filing of exempt funtion activities	organization's funds contributed to	o other organization	s for section 527 ▶	\$
3	Total exempt function expend	itures Add lines 1 and 2 Enter he	ere and on Form 112	20-POL, line 17b	\$
4	Did the filing organization file	Form 1120-POL for this year?			☐ Yes ☐ No
5	were made For each organizate contributions received that we	nd employer identification number tion listed, enter the amount paid t ere promptly and directly delivered nittee (PAC) If additional space is	from the filing organ I to a separate polit	ızatıon's funds Also enter ıcal organızatıon, such as a	the amount of political
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
	(a) Name	(b) Address	(c) EIN	filing organization's	contributions received and promptly and directly delivered to a separate political organization If none,
	(a) Name	(b) Address	(c) EIN	filing organization's	contributions received and promptly and directly delivered to a separate political organization If none,
	(a) Name	(b) Address	(c) EIN	filing organization's	contributions received and promptly and directly delivered to a separate political organization If none,
	(a) Name	(b) Address	(c) EIN	filing organization's	contributions received and promptly and directly delivered to a separate political organization If none,
	(a) Name	(b) Address	(c) EIN	filing organization's	contributions received and promptly and directly delivered to a separate political organization If none,
	(a) Name	(b) Address	(c) EIN	filing organization's	contributions received and promptly and directly delivered to a separate political organization If none,
	(a) Name	(b) Address	(c) EIN	filing organization's	contributions received and promptly and directly delivered to a separate political organization If none,
	(a) Name	(b) Address	(c) EIN	filing organization's	contributions received and promptly and directly delivered to a separate political organization If none,
	(a) Name	(b) Address	(c) EIN	filing organization's	contributions received and promptly and directly delivered to a separate political organization If none,
	(a) Name	(b) Address	(c) EIN	filing organization's	contributions received and promptly and directly delivered to a separate political organization If none,

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Pa	rt II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c)(3) and file	d Form 5768	(election	
	Check If the filing organization belongs to a Check If the filing organization checked box		d" provisions apply	,			
<u> </u>	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing Organization's Totals	(b) Affiliated Group Totals			
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	bying)				
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	yıng)				
c	Total lobbying expenditures (add lines 1a and 18	b)					
d	Other exempt purpose expenditures						
e	Total exempt purpose expenditures (add lines 1	c and 1d)					
f	Lobbying nontaxable amount Enter the amount f	from the following table	ın both				
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxa 20% of the amount on lir					
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	0			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,0	000			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,00	00			
	Over \$17,000,000	\$1,000,000					
		•					
g	Grassroots nontaxable amount (enter 25% of lin	ne 1 f)					
h	Subtract line 1g from line 1a If zero or less, enter	er -0-					
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -					
j	If there is an amount other than zero on either line section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file F	orm 4720 repoi	rtıng	┌ Yes ┌ No	
4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)							
Lobbying Expenditures During 4-Year Averaging Period							
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total	
2a	Lobbying non-taxable amount						
b	Lobbying ceiling amount (150% of line 2a, column(e))						
c	Total lobbying expenditures						
d	Grassroots non-taxable amount						

	·····		. ugc
Part II-B	Complete if the organization is exempt under section $501(c)(3)$ and has	NOT filed Fo	rm 5768
	(election under section 501(h)).		

			a)	(b)	
		Yes	No	A mount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?	Yes			
Ь	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo		
c	Media advertisements?		Νo		
d	Mailings to members, legislators, or the public?		Νo		
е	Publications, or published or broadcast statements?		Νo		
f	Grants to other organizations for lobbying purposes?		Νo		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		15,307	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo		
i	Other activities? If "Yes," describe in Part IV	Yes			
j	Total lines 1c through 1:			15,307	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo		
b	If "Yes," enter the amount of any tax incurred under section 4912				
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
ь	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Dues, assessments and similar amounts from members

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Ident if ier	Return Reference	Explanation
Other lobbying activities		FLORIDA SOUTHERN COLLEGE ONLY ENGAGES IN LOBBYING ACTIVITIES WHICH DIRECTLY AFFECT THE OPERATION OF THE COLLEGE, ARE FOR THE BENEFIT OF ITS STUDENTS, AND WHICH FOSTER ITS EDUCATIONAL MISSION

1

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493105007131

OMB No 1545-0047

Supplemental Financial Statements

Department of the Treasury

SCHEDULE D (Form 990)

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

Open to Public

al Revenue Service	Form 990. F See separate instructions.			Tushection
nme of the organization ORIDA SOUTHERN COLLEGE		Emplo	oyer identificati	on number
			524401	
organizations Maintaining Donor organization answered "Yes" to Form		· Funds o	r Accounts.	Complete if tr
organization unswered res to form	(a) Donor advised funds	(b) Funds and oth	eraccounts
Total number at end of year			<u>-</u>	
Aggregate contributions to (during year)				
Aggregate grants from (during year)				
Aggregate value at end of year				
Did the organization inform all donors and donor a funds are the organization's property, subject to t	<u> </u>		ed	┌ Yes ┌ No
Did the organization inform all grantees, donors, a used only for charitable purposes and not for the l conferring impermissible private benefit	penefit of the donor or donor advisor, or fo	rany other		┌Yes ┌No
rt III Conservation Easements. Comple	te if the organization answered "Yes	s" to Form	990, Part IV,	line 7.
Purpose(s) of conservation easements held by the Preservation of land for public use (e g , recre Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a question of the land of the lan	Preservation of Preservation of	f a certified	ally importantly historic structu nservation	
easement on the last day of the tax year			Held at the Fr	nd of the Year
Total number of conservation easements		2a	Held at the Li	ilu or the rear
Total acreage restricted by conservation easeme	nts	2b		
Number of conservation easements on a certified		2c		
Number of conservation easements included in (c	• •	2d		
Number of conservation easements modified, tran	sferred, released, extinguished, or termin	nated by the	organization du	ırıng
Number of states where property subject to conse				
Does the organization have a written policy regard enforcement of the conservation easements it hol		nandling of v	violations, and	┌ Yes ┌ No
Staff and volunteer hours devoted to monitoring, i	nspecting and enforcing conservation eas	sements du	ring the year 🛌	
A mount of expenses incurred in monitoring, inspe	cting, and enforcing conservation easeme	ents during	the year 🟲 \$	
Does each conservation easement reported on lin 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	e 2(d) above satisfy the requirements of	section		┌ Yes ┌ No
In Part XIV, describe how the organization reports balance sheet, and include, if applicable, the text the organization's accounting for conservation eas	of the footnote to the organization's finan	•	•	
Complete if the organization answere			er Similar A	ssets.
If the organization elected, as permitted under SF art, historical treasures, or other similar assets h provide, in Part XIV, the text of the footnote to its	eld for public exhibition, education or rese	earch in furt		
If the organization elected, as permitted under SF historical treasures, or other similar assets held f provide the following amounts relating to these ite	or public exhibition, education, or researc			•
(i) Revenues included in Form 990, Part VIII, lin	e 1		► \$	13,90
(ii) Assets included in Form 990, Part X				235,873
If the organization received or held works of art, h following amounts required to be reported under S		s for financ		
Revenues included in Form 990, Part VIII, line 1			► \$	
Assets included in Form 990, Part X			► \$	
· · · · · · · · · · · · · · · · · · ·				

Secretary and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XI and complete the following table If "Yes," explain the arrangement in Part XIV and complete the following table If "Yes," explain the arrangement in Part XIV and complete the following table If "Yes," explain the arrangement in Part XIV and complete the following table	खाः	Til Organizations Maintaining Co	<u>llections of Art</u>	, His	toric	<u>al Tre</u>	asures, o	r Oth	<u>er Similar</u>	· Ass	ets (co	ntınued,
b F Scholarly research e Other F Preservation for future generations Frovide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes Part IV Serow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part XV, line 21. Lat is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XV. line 21. Lat is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XV. line 21. Lat is the organization and agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XV. line 21. Lat is the organization include an amount on Form 990, Part X, line 21. Lat is the organization include an amount on Form 990, Part X, line 21. Lat is the organization include an amount on Form 990, Part X, line 21. Lat is the organization include an amount on Form 990, Part X, line 21. Lat is the organization include an amount on Form 990, Part X, line 21. Lat is the organization include an amount on Form 990, Part X, line 21. Lat is the organization include an amount on Form 990, Part X, line 21. Lat is the organization include an amount on Form 990, Part X, line 21. Lat is the organization include an amount on Form 990, Part X, line 21. Lat is the organization include an amount on Form 990, Part X, line 21. Lat is the organization include an amount on Form 990, Part X, line 21. Lat is the organization should be a supplied for the organization should be a suppl	3		r records, check any	y of th	ne follo	wing tha	at are a sign	ficant	use of its co	llectio	n	
to Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV 5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be solid to raise funds rather than to be maintained as part of the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1 Is the organization an agent, furstee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1 If "Yes," explain the arrangement in Part XIV and complete the following table 2 Beginning balance 3 Distributions during the year 4 Distributions during the year 5 Ending balance 6 Distributions during the year 7 Ending balance 7 Ending balance 8 Distributions during the year 9 Distributions during the year 1 If "Yes," explain the arrangement in Part XIV Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. 1 If "Yes," explain the arrangement in Part XIV Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. 1 If "Yes," explain the arrangement in Part XIV Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. 1 If "Yes," explain the arrangement in Part XIV Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. 2 If Yes in Yes in Yes, "Explain the arrangement in Part XIV Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. 2 If Yes in Yes, "Explain the arrangement in Part XIV Part V Endowment Funds organization that are held and administered for the organization by (i) unrelated organizations 3 Board designated organizations 4 Description of investment 5 Description of investment Funds, and Equipment. See Form 990, Part X, line 10. 1 Investments—Land, Buildin	а	Public exhibition		d	<u>~</u>	Loan or	exchange pr	ogram	s			
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. La is the organization and angent, fustees, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? La is the organization and explain the arrangement in Part XIV and complete the following table Beginning balance Beginning balance C Beginning balance C Beginning balance Beginning of the organization include an amount on Form 990, Part X, line 21? Tyes, "explain the arrangement in Part XIV Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Beginning of year balance Beginning of ye	b	Scholarly research		e		O ther						
Part XIV During the year, did the organization solicit or receive donations of art, historical treasures or other similar sessets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is it she organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X X and the included on Form 990, Part X X and the included on Form 990, Part X X and the included on Form 990, Part X X and the included on Form 990, Part X X and the included on Form 990, Part X X and the included on Form 990, Part X X and the included on Form 990, Part X X and the organization include an amount on Form 990, Part X, line 21? Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Beginning of year balance (a) Current Year (b) Pinor Year (c) Two Years Back (d) Times Years Back (e) Four Years Back (d) Times Years Back (e) Four Years Back (d) Times Years Back (e) Four Years Back	С	▼ Preservation for future generations										
assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	ļ	•	ollections and expla	ın hov	w they	further t	the organizat	:ion's e	exempt purpo	ose in		
Part IV, line 9, or reported an amount on Form 990, Part X, line 21. It be organization an agent, trustee, custodian or other intermediary for contributions or other assets not include on Form 990, Part X? Yes	5	- , , , -							mılar	Г	Yes	√ No
Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 99.0, Part X? If "Yes," explain the arrangement in Part XIV and complete the following table Additions during the year	a r							ered "	Yes" to For	m 99	0,	
Note 1		<u> </u>										
Additions during the year		included on Form 990, Part X?					ons or other	assets	not	Г	Yes	Г No
d Additions during the year Distributions during the year 1d	b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ıng tab	ole			1			
d Additions during the year Distributions during the year 1e	_									A mo	unt	
Ending balance If If If If If If If I	_							-				
If Ending balance Did the organization include an amount on Form 990, Part X, line 21? Ves State Very explain the arrangement in Part XIV 21 **V** Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a) Current Year (b) Prior Year (c) Two Years Back (d) Three Years Back (e) Four Years Back (d) Three Years Back (e) Four Years Back (d) Three Years Back (e) Four												
a Did the organization include an amount on Form 990, Part X, line 21? Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a)Currient Year (b)Prior Year (c)Two Years Back (d)Thiree Years Back (e)Four Year 53,020,299 (69,417,060) b Contributions	e	Distributions during the year						1e				
b If "Yes," explain the arrangement in Part XIV Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a) Current Year (b) Prinor Year (c) Two Years Back (d) Three Years Back (e) Four Years Back (d) Three Years Back (d) Three Years Back (e) Four Years Back (d) Three Years Back (d) Three Years Back (d) Three Years Back (e) Four Years Back (d) Three Years Back (d)	f	Ending balance						1 f				
Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a)Current Year (b)Prior Year (c)Two Years Back (d)Three Years Back (e)Four Years Back (d)Three Years Back (d)Three Years Back (e)Four Years Back (d)Three Years (d)Three Years (d)Three Years (d)Three Years (d)Three Y	а	Did the organization include an amount on Fo	orm 990, Part X, line	e 21?						Г	Yes	┌ No
(a)Current Year (b)Prior Year (c)Two Years Back (d)Three Years Back (d)Four Year (d) Two Years Back (d) Three Years Back (d) Two Years Back (d) Two Years Back (e) Four Years Pack												
Beginning of year balance	°a	rt V Endowment Funds. Complete									.	
to Contributions		D	H	(1			(c)Two Years	Back (d)Three Years	Back (e)Four Ye	ears Back
d Grants or scholarships	_											
d Grants or scholarships												
e Other expenditures for facilities and programs			4,246,516		-10,	393,777						
and programs		·	2 740 266		7	204 41 5						
f Administrative expenses	е	·	2,749,200		7,.	294,413						
Provide the estimated percentage of the year end balance held as Board designated or quasi-endowment 22 14 % % b Permanent endowment 51 93 % % C Term endowment 25 93 % % A re there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations	f	Administrative expenses										
Board designated or quasi-endowment	g	End of year balance	55,850,492		53,	020,299						
b Permanent endowment		Provide the estimated percentage of the yea	r end balance held a	as								
b Permanent endowment ► 51 93 % % c Term endowment ► 25 93 % % A re there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations	а	Board designated or quasi-endowment	22 14 % %									
Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations	b	•										
A re there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations												
organization by (i) unrelated organizations		refili elidowillelit F /0	ssion of the organiza	ation 1	that ar	e held a	nd administ	ered fo	r the			
(ii) related organizations											Yes	No
b If "Yes" to 3a(II), are the related organizations listed as required on Schedule R? 3b Yes Describe in Part XIV the intended uses of the organization's endowment funds art VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book of the basis (investment) (d) Book of the basis (other) (d) Book of the basis (d) Book of the bas		(i) unrelated organizations								3a(i)		Νo
Describe in Part XIV the intended uses of the organization's endowment funds Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.	_	• •									+	
Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book of the basis (other) (c) Accumulated depreciation (d) Book of the basis (other) (a) Accumulated depreciation (b) Book of the basis (other) (c) Accumulated depreciation (d) Book of the basis (other) (d) Book of the basis (other) (a) Accumulated depreciation (d) Book of the basis (other) (a) Accumulated depreciation (d) Book of the basis (other) (a) Accumulated depreciation (d) Book of the basis (other) (a) Accumulated depreciation (b) Book of the basis (other) (a) Accumulated depreciation (b) Book of the basis (other) (b) Book of the basis (other) (c) Accumulated depreciation (d) Book of the basis (other) (c) Accumulated depreciation (d) Book of the basis (other) (d) Book of			•							3b	Yes	
Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value a Land			<u> </u>) D=+ \/ 1.	10				
Description of investment basis (investment) basis (other) depreciation (d) Book (d	' ŒU	it vi investments—Land, Buildings	s, and Equipme	<u>πτ. 5</u>						1		
b Buildings		Description of investment							1 ' '		(d) Boo	ok value
b Buildings	a l	Land			1	152,	583 2	,691,84	3		:	2,844,42
c Leasehold improvements	ь	Buildings				3,362,4				08,881		2,283,680
		•							<u> </u>	<u> </u>		324,67
d Equipment	d l	Equipment							<u> </u>	-	!	5,098,420
	е (Other										7,500,11

88,051,319

Part VII Investments—Other Securities. See	Form 990, Part X, line 12		
(a) Description of security or category	(b)Book value		d of valuation
(including name of security)	. ,	Cost or end-o	f-year market value
Financial derivatives			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See	Form 990, Part X, line		
(a) Description of investment type	(b) Book value		d of valuation
(,	(-,	Cost or end-o	f-year market value
	1		
	<u> </u>		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, lin			
(a) Descrip	tion		(b) Book value
BENEFICIAL INTEREST IN TRUSTS			10,830,901
BOND ISSUE COST			185,820
CASH VALUE FOR LIFE INSURANCE POLICY			189,396
OTHER ASSETS			12,529
OTTER ASSETS			12,323
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1			11,218,646
Part X Other Liabilities. See Form 990, Part X	, line 25.		
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes			
	3 964 900		
POSTRETIREMENT BENEFIT OBLIGATION	3,864,899		
DEPOSITS	508,152		
CHARITABLE GIFT ANNUITY	2,869,588		
FLORIDA UNITED METHODIST CONFERENCE	431,250		
FAIR VALUE ADJ FOR INT RATE SWAP	686,951		
AMOUNTS HELD FOR OTHERS	134,339		
ALLO GREED FOR OTHERS	134,339		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	8,495,179		

Pal	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ITS	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	69,443,056
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	66,093,602
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	3,349,454
4	Net unrealized gains (losses) on investments	4	3,825,638
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)	8	-79,388
9	Total adjustments (net) Add lines 4 - 8	9	3,746,250
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	7,095,704
Par	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	<u> </u>
1	Total revenue, gains, and other support per audited financial statements	1	59,211,210
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities 2b		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	3,944,866
3	Subtract line 2e from line 1	3	55,266,344
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 0		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	14,176,712
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	69,443,056
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	52,115,506
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
ь	Prior year adjustments	1	
c	Other losses		
d	Other (Describe in Part XIV) 2d 198,616	1	
e	Add lines 2a through 2d	2e	198,616
3	Subtract line 2e from line 1	3	51,916,890
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 0		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	14,176,712
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	66,093,602

Part XIV Supplemental Information

audited financial statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Ident if ier	Return Reference	Explanation
Collections of art - description of collections	Schedule D, Part III, Line 4	THE COLLEGE'S COLLECTION REPRESENTS AN ACCRETION OF GIFTS ACROSS MANY DECADES THE OLDEST WORK DATES FROM THE LATE 16TH CENTURY THE COLLEGE HAS SEVERAL 18TH & 19TH CENTURY WORKS, HOWEVER THE MAJORITY OF THE COLLECTION CONSISTS OF WORKS FROM THE 20TH AND NOW 21ST CENTURY THE COLLEGE'S USE OF THE COLLECTION IS FOR TEACHING AND AESTHETIC EDUCATIONAL DISPLAY THE COLLECTION SUPPORTS THE MISSION OF THE DEPARTMENT OF ART & ART HISTORY THE COLLEGE'S CAMPUS CONTAINS THE LARGEST SINGLE SITE COLLECTION OF FRANK LLOYD WRIGHT STRUCTURES IN THE WORLD AND IS THE ONLY COLLEGE CAMPUS DESIGNED BY THE MASTER ARCHITECT THE WRIGHT-DESIGNED BUILDINGS ON THE COLLEGE'S CAMPUS HAVE BEEN INCLUDED ON THE WORLD MONUMENT FUND'S LIST OF 100 MOST ENDANGERED SITES IN THE WORLD THE INTERNATIONAL IMPORTANCE OF THE COLLEGE'S WRIGHT ARCHITECTURE AND PRESERVATION EFFORTS HAS RESULTED IN A NUMBER OF GRANTS TO ASSIST IN THESE EFFORTS
Intended uses of endowment funds	Schedule D, Part V, Line 4	TO PROVIDE A PREDICTABLE STREAM OF INCOME TO FUND PROGRAMS SUPPORTED BY THE ENDOWMENT
FIN 48 footnote	Schedule D, Part X, Line 2	THE COLLEGE ADOPTED GUIDANCE ISSUED BY THE FASB WITH RESPECT TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES AS OF JUNE 1, 2007 A TAX POSITION IS RECOGNIZED AS A BENEFIT ONLY IF IT IS 'MORE LIKELY THAN NOT' THAT THE TAX POSITION WOULD BE SUSTAINED IN A TAX EXAMINATION, WITH A TAX EXAMINATION BEING PRESUMED TO OCCUR THE AMOUNT RECOGNIZED IS THE LARGEST AMOUNT OF THE TAX BENEFIT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED ON EXAMINATION FOR TAX POSITIONS NOT MEETING THE 'MORE THAN LIKELY' TEST, NO TAX BENEFIT IS RECORDED THE ADOPTION IN THE PRIOR YEAR HAD NO EFFECT ON THE COLLEGE'S FINANCIAL STATEMENTS THE COLLEGE IS NO LONGER SUBJECT TO EXAMINATION BY TAXING AUTHORITIES FOR YEARS BEFORE MAY 31, 2007 THE COLLEGE DOES NOT EXPECT THE TOTAL AMOUNT OF UNRECOGNIZED TAX BENEFIT TO SIGNIFICANTLY CHANGE IN THE NEXT 12 MONTHS THE COLLEGE RECOGNIZES INTEREST AND/OR PENALTIES RELATED TO INCOME TAX MATTERS IN INCOME TAX EXPENSE THE COLLEGE DID NOT HAVE ANY AMOUNT ACCRUED FOR INTEREST AND PENALTIES AT MAY 31, 2010
Other changes in net assets	Schedule D, Part XI, Line 8	ACTUARIAL CHANGE IN ANNUITY OBLIGATION20672, ACTUARIAL CHANGE IN POST RETIREMENT BENEFIT PLAN OBLIGATION58716, OTHER - 0, TOTAL79388
Other revenues in audited financial statements not in form 990	Schedule D, Part XII, Line 2d	FUNDRAISING EXPENSE - 103823, COST OF GOODS SOLD - 15405, OTHER - 0, TOTAL - 119228
Other revenues in form 990 not in audited financial statements	Schedule D, Part XII, Line 4b	SCHOLARSHIPS - 13798693, ANNUITY PAYMENTS - 378019, OTHER - 0, TOTAL - 14176712
Other expenses in audited financial statements not in form 990	Schedule D, Part XIII, Line 2d	COST OF GOODS SOLD - 15405, FUNDRAISING EXPENSE - 103823, ACTUARIAL CHANGE IN ANNUITY OBLIGATION - 20672, ACTUARIAL CHANGE IN POST RETIREMENT BENEFIT PLAN OBLIGATION - 58716, OTHER - 0, TOTAL - 198616
Other expenses in form 990 not in	Schedule D, Part XIII, Line 4b	SCHOLARSHIPS - 13798693, ANNUITY PAYMENTS -

378019, OTHER - 0, TOTAL - 14176712

Employer identification number

SCHEDULE E

Name of the organization FLORIDA SOUTHERN COLLEGE

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Schools

►Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2009

Open to Public

59-0624401 YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain 3 Yes THE NON-DISCRIMINATORY POLICY HAS BEEN PUBLISHED IN THE TAMPA TRIBUNE AND THE LAKELAND LEDGER THE COLLEGE CATALOG ALSO INCLUDES THE POLICY 4 Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes 4d d Copies of all material used by the organization or on its behalf to solicit contributions? Yes If you answered "No" to any of the above, please explain If you need more space, use Schedule O (Form 990) Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? 5c Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? Νo f Use of facilities? 5f Νo g Athletic programs? 5g Νo h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990) 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Yes h Has the organization's right to such aid ever been revoked or suspended? 6b Νo If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990) 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form 7 Yes 990)

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As Filed Data -

DLN: 93493105007131

OMB No 1545-0047

2009

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Totals.

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ See separate instructions.

Open to Public **Inspection**

	ne of the organization	C.F.				Employer ide	ntification number	
·LO	RIDA SOUTHERN COLLE	GE				59-0624401	L	
Pa				de the United States	. Complete	ıf the organ	iization answered	
1	"Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?							
2	For grant makers. Descri United States	be in Part IV the	organization's pr	ocedures for monitoring th	ne use of gran	ıt funds outsıd	e the	
3	Activites per Region (U:	se Schedule F-1	(Form 990) ıf adı	ditional space is needed)				
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	ıs a progra describe sp	cy listed in (d) am service, ecific type of) in region	(f) Total expenditures for region	
CE	OPE (INCLUDING LAND AND GREENLAND)	0		PROGRAM SERVICES	STUDY ABR	OAD	439,589	
	T ASIA AND THE CIFIC	0	0	PROGRAM SERVICES	STUDY ABR	OAD	62,359	
CEN	ITRAL AMERICA AND CARIBBEAN	0	0	PROGRAM SERVICES	STUDY ABR	OAD	33,080	

535,028

Part IV	, line 15, for an	sistance to Orgar y recipient who recensional	eived more than \$5	es Outside the Ur ,000. Check this box	nited States. Composite of the composite	plete if the organiza received more tha	tion answered "Yes' n \$5,000	'to Form 990, ► 厂
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2 Enter total n tax-exempt	umber of recipions of the interest of the inte	ent organizations lis or which the grante	ted above that are e or counsel has pr	recognized as chari ovided a section 50	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . ►	
3 Enter total n	umber of other	organizations or en	tities					: (Earm 990) 2009

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. (c) Number of (b) Region (d) A mount of (e) Manner of cash (a) Type of grant or (f) A mount of (g) Description (h) Method of assistance cash grant disbursement of non-cash valuation recipients non-cash (book, FMV, assistance assistance appraisal, other)

Schedule F (Form 990) 2009

Identifier	ReturnReference	in Part I, line 2, and any additional information. Explanation
	_	
	_	
	+	

As Filed Data -

DLN: 93493105007131

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

2009

OMB No. 1545-0047

	Complete if the o	rganization a	ion answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,						
Department of the Treasury Internal Revenue Service Attach to Form				Open to Public Inspection					
Name of the organization FLORIDA SOUTHERN COLLEGE						tification number			
	ng Activities. Comple Z filers are not require				59-0624401 to Form 990, Part IV	, line 17.			
	=	s through a	**	=					
Indicate whether the organization raised funds through any of a				Solicitation of non-government grants					
_			f	Solicitation of government grants					
			g	Special fundraisir	ng events				
or key employees list b If "Yes," list the ten	n have a written or oral agi sted in Form 990, Part VI highest paid individuals o at least \$5,000 by the or	I) or entity or entities (ın conne (fundraıse	ction with professional rs) pursuant to agreem	fundraising activities? ents under which the fur				
(i) Name of individua or entity (fundraiser)	I (III) A ctivity	(iii) Dofundraiser custody control contributi		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization			
		Yes	No						
RUFFALO CODY & ASSOCIATES INC	FUNDRAISING		No	52,012	75,096				
					, 5,636	-23,084			

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or 3 licensing

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form	plete if the organization	on answered "Yes" to events with gross rece	Form 990, Part IV, lin	e 18, or 000.	repor	ted
			(a) Event #1 GOLF TOURNAMENT (event type)	(b) Event #2 GOLF TOURNAMENT (event type)	(c) O ther Events 4 (total number)	(d) Tot (Add col		
Revenue	1	Gross receipts	60,270	60,270 54,455 87,7			20	2,521
	2	Less Charitable	24,830	37,110	48,279		11	0,219
ш	3	Gross income (line 1 minus line 2)	35,440	17,345	39,517		9	2,302
	4	Cash prizes	0	0	1,000			1,000
မှာ	5	Non-cash prizes	9,000	7,994	0		1	6,994
e Lucie	6	Rent/facility costs	12,599	6,765	25,369		4	4,733
Expenses	7	Food and beverages						
Direct	8	Entertainment						
ឨ	9	Other direct expenses .	18,061	13,325	9,710		4	1,096
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)	🛌		10	3,823
	11	Net income summary Combine lii	nes 3, column d, and line	10			-1	1,521
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted mor	e thar	1
Revenue	1	Gross revenue	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tot (Add col co		
	t	Cash prizes						
xpenses		Non-cash prizes						
ш	4	Rent/facility costs						
Direct	5	Other direct expenses						
	6	Volunteer labor	∀es% No	Г Yes%	│ Yes <u>%</u>			
		Direct expense summary Add lines						
	8	Net gaming income summary Com	bine lines 1, column d, ar	nd line 7	<u> </u>		Yes	No
9 a	Is t	er the state(s) in which the organizathe organization licensed to operate				· 9a		
b	_	No," Explain						
10a b		re any of the organization's gaming l Yes," Explain	icenses revoked, suspen	aed or terminated during	tne tax year?	10a		
11 12		es the organization operate gaming a				11		
		ned to administer charitable gaming				. <u>12</u> 990 or 990-	 EZ) 20	009

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name 🟲		
	Address -		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	,	
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the	+	
	amount of gaming revenue retained by the third party 🟲 \$		
c	If "Yes," enter name and address		
	Name 🟲		
	Address •		
16			
16	Gaming manager information		
	Name 🟲		
	Name F		
	Gaming manager compensation 🕨 \$		
	Description of services provided -		
	Director/officer Employee Independent contractor		
	I Director/officer I Employee I Independent contractor		
.7	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent		
	in the organization's own exempt activities during the tax year ▶ \$	1	

DLN: 93493105007131 OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

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

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

Open to Public **Inspection**

Name of the organization	0.5					Employer identifica	tion number
FLORIDA SOUTHERN COLLE	GE					59-0624401	
Part I General Infor	mation on Gra	nts and Assistance				•	
	d to award the gra	substantiate the amount of the new standard of the new stance? edures for monitoring the us					✓ Yes
Form 990, Part	IV, line 21 for a	e to Governments and ny recipient that receive 990) if additional space	d more than \$5,000	. Check this box if n	io one recipient receiv	ed more than \$5,00	0. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Enter total number of sec	tion 501(c)(3) and	d government organizations					
3 Enter total number of oth	er organizations .						

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

(a)Type of grant or assistance	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
TUITION DISCOUNTS/CREDITS	1655	13,798,693	0	N/A	N/A
SCHOLARSHIPS	474	2,354,198	0	N/A	N/A
See Additional Data Table					

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

Ident if ier	Return Reference	Explanation
Procedures for monitoring use of grant funds	, ,	GRANTS ARE APPLIED DIRECTLY TO STUDENT ACCOUNTS THE COLLEGE MONITORS STUDENT TUITION ACCOUNTS FOR ANY STUDENT WHO RECEIVED A SCHOLARSHIP OR TUITION CREDIT THE BURSAR'S OFFICE AND THE ADMISSIONS OFFICE ENSURE THAT STUDENTS WHO RECEIVE SCHOLARSHIPS OR TUITION CREDITS MAINTAIN FULL-TIME OR PART-TIME STUDENT STATUS, AS REQUIRED BY THEIR SCHOLARSHIP, SO THAT THE FUNDS ARE USED FOR THEIR INTENDED PURPOSE

DLN: 93493105007131

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Internal Revenue Service

Department of the Treasury

Name of the organization

Compensation Information

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

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

FLORIDA SOUTHERN COLLEGE 59-0624401 Questions Regarding Compensation Yes Νo 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 idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e g , maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No." complete Part III to explain Yes 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? Yes 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 Compensation survey or study Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee 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 Receive a severance payment or change-of-control payment? 4a Νo 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo Participate in, or receive payment from, an equity-based compensation arrangement? 4c Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. 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 The organization? 5a Νo 5b Any related organization? Νo If "Yes," to line 5a or 5b, describe in Part III 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 The organization? Νo Any related organization? 6Ь Νo If "Yes," to line 6a or 6b, describe in Part III 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 7 Νo Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 Νo If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

section 53 4958-6(c)?

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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		f W-2 and/or 1099-MI		(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(1)-(D)	(F) Compensation reported in prior
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benenes	(5)(1) (5)	Form 990 or Form 990-EZ
ANNE B KERR (1)	213,782 0	0		21,961 0	16,481 0	252,224 0	o 0
V TERRY DENNIS	137,152 0	I -	_	14,417 0	8,604 0	160,173 0	o 0

Part III Supplemental Information

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

Ident if ier	Ret urn Ref erence	Explanation
Housing allowance or residence for personal use	Part I, Line 1a	THE COLLEGE PRESIDENT, ANNE B KERR, AND THE DEAN OF STUDENT DEVELOPMENT, MATTHEW R THOMPSON, ARE PROVIDED RESIDENCES ON THE CAMPUS OF THE COLLEGE THE VALUE OF THE HOUSING PROVIDED IS EXCLUDED FROM THE DETERMINATION OF THEIR TAXABLE COMPENSATION UNDER SECTION 119 OF THE INTERNAL REVENUE CODE BECAUSE 1) THE LODGING IS FURNISHED ON THE BUSINESS PREMISES OF THE COLLEGE 2) THE LODGING IS FURNISHED FOR THE CONVENIENCE OF THE EMPLOYER THE RESPONSIBILITIES OF THESE TWO INDIVIDUALS REQUIRE THEIR PRESENCE ON CAMPUS THE PRESIDENT HOLDS MANY FACULTY AND STUDENT MEETINGS AT HER RESIDENCE THE DEAN OF STUDENT DEVELOPMENT IS REQUIRED TO LIVE ON CAMPUS TO BE ABLE TO RESPOND QUICKLY DAY OR NIGHT TO THE NEEDS OF THE STUDENTS 3) THE EMPLOYEES ARE REQUIRED TO ACCEPT SUCH LODGING AS A CONDITION OF THEIR EMPLOYMENT THE VICE PRESIDENT OF COLLEGE RELATIONS, LEE A MAYHALL, RECEIVES A HOUSING ALLOWANCE THAT IS TREATED AS TAXABLE COMPENSATION
Health or social club dues or initiation fees	Part I, Line 1a	THE COLLEGE PAYS DUES AT A SOCIAL CLUB FOR THE COLLEGE PRESIDENT, ANNE B KERR, AND THE VICE PRESIDENT OF ADVANCEMENT, ROBERT H TATE THIS BENEFIT IS NOT TREATED AS TAXABLE COMPENSATION FOR THE INDIVIDUALS BECAUSE CLUB USE IS LIMITED TO BUSINESS PURPOSES
Personal services	,	HOUSEKEEPING SERVICES ARE PROVIDED FOR THE PRESIDENT'S HOUSE AS IT IS USED FOR COLLEGE EVENTS THIS BENEFIT IS NOT TREATED AS TAXABLE COMPENSATION TO THE INDIVIDUAL

Schedule J (Form 990) 2009

DLN: 93493105007131

OMB No 1545-0047

Open to Public Inspection

Schedule L

(Form 990 or 990-EZ)

FLORIDA SOUTHERN COLLEGE

Department of the Treasury

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Internal Revenue Service Name of the organization

Employer identification number

			. 504					9-06244				
Part I Excess Benefit Trar Complete if the organizat										no 40	۱ ا	
			Tes diredi	11 990,					rait V, ii			rected?
1 (a) Name of disqu	ualıfıed	person			(b) Desc	ription	oftrans	action		ľ	Yes	No
												1
										-+		
2 Enter the amount of tax impos	ed on t	he organ	nization mana	agers o	r dısqualıfıed pers	ons du	rıng the y	ear unde	r			
section 4958								🟲	· \$			
3 Enter the amount of tax, If any	on line	e 2, abo	ve, reimburs	ed by th	ne organization .			•	• \$			
Part III Loans to and/or F	rom	Intere	sted Pers	ons.								
Complete if the organiz					0, Part IV, line 26	, or Fo	rm 990-E	Z, Part V	', line 38	а		
	(b)	oan to						(f)				
(a) Name of interested person and		m the	(c) 0 rig	ınal	(-IND - I	(e) defa		Approv			(g)Written	
purpose	organı	zatıon?	principal a		(d)Balance due	ueia	uitr	by board or committee?		agreement?		L *
	To From	Yes	No	Yes	No	Ye	es	No				
								1				
otal				▶ \$	D							
Part III Grants or Assistan Complete if the orga						' lına	27					
					een interested per							
(a) Name of interested pers	on	`			rganization		(c) A m	ount of g	rant or ty	pe of	assist	ance
												24,439
Part IV Business Transact	ions	Involv	ina Intere	ested	Persons.							
Complete if the orga						', line	28a, 28	b, or 28	c.			
		(b) Relationshi	р							(e) Sha	arıng of
(a) Name of interested person		1	veen interest		(c) A mount of		(d) Desc	ription of	transact	ion	-	zation's
			erson and the organization	e	transaction		` '	·		-	Yes	No No
RODDA CONSTRUCTION		+	RODDA OW	'N S	5 372 5	11 0	ONSTRU	CTIONS	ERVICE	$\overline{}$	res	N o
CODA CONSTRUCTION		RODD		.,,	3,372,5		SHOTRU	CITONS	LIVICE	~		
			TRUCTION									
YNN DENNIS		1	Y MEMBER	O F	57,0	67 C	OMPENS	ATION				Νο
		OFFIC	EK	+						\dashv		
										+		
		+		+		-+				\dashv		\vdash

DLN: 93493105007131

Employer identification number

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

NonCash Contributions

Internal Revenue Service Name of the organization

FLORIDA SOUTHERN COLLEGE 59-0624401 Part I Types of Property (d) (a) (b) (c) Check Number of Contributions Revenues reported on Method of determining Form 990, Part VIII, line ıf revenues applicable 1 g 13.900 MARKET VALUE 5 Art-Works of art . . . Х 2 Art—Historical treasures Art—Fractional interests 4 Books and publications Χ 5 \$1 EACH Clothing and household Χ 4 s1 EACH goods Cars and other vehicles . . Boats and planes . . . Intellectual property . . . Securities—Publicly traded . Χ 11 158,978 MARKET VALUE Securities—Closely held stock 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . . Oualified conservation contribution—Historic structures 14 Qualified conservation contribution—Other . . 30,000 MARKET VALUE 15 Real estate—Residential . 16 Real estate—Commercial . 17 Real estate—Other . . . 18 Collectibles **19** Food inventory . . . 20 Drugs and medical supplies . **21** Taxidermy Historical artifacts Scientific specimens . . Archeological artifacts . . . 46,391 COST Other ► (SPECTROMETER) Χ VARIOUS Other ▶ (<u>ITEMS</u> Х 21,166 COST 26 27 Other ►(_ 28 Other ► (Number of Forms 8283 received by the organization during the tax year for contributions 29 1 for which the organization completed Form 8283, Part IV, Donee Acknowledgement . Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30a No **b** If "Yes," describe the arrangement in Part II 31 Yes Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash 32a Νo **b** If "Yes," describe in Part II If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,

Page 2

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2009

Software ID: **Software Version:**

EIN: 59-0624401

Name: FLORIDA SOUTHERN COLLEGE

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

SCHEDULE 0 (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

 $\label{lem:complete} \textbf{Complete to provide information for responses to specific questions on } \\$ Form 990 or to provide any additional information. ► Attach to Form 990.

DLN: 93493105007131 OMB No 1545-0047

Name of the organization FLORIDA SOUTHERN COLLEGE

Inspection **Employer identification number**

59-0624401

ldentifier	Return Reference	Explanation
Family/business relationships amongst interested persons		CLAYTON HOLLIS AND MARJORIE ROBERTS - FAMILY RELATIONSHIP, STEVE BUCK AND SARAH MCKAY - FAMILY RELATIONSHIP, CLAYTON HOLLIS AND BARNEY BARNETT - BUSINESS RELATIONSHIP,

ldentifier	Return Reference	Explanation
Classes of members or stockholders	Form 990, Part VI, Section A, Line 6	FLORIDA SOUTHERN COLLEGE HAS ONE MEMBER, WHICH IS THE FLORIDA CONFERENCE OF THE UNITED METHODIST CHURCH THE FLORIDA CONFERENCE OF THE UNITED METHODIST CHURCH HAS THE RIGHT TO ELECT UP TO THIRTY-SEVEN TRUSTEES TO THE BOARD IN ADDITION, ANY CHANGE MADE TO THE COLLEGE'S CHARTER MUST BE APPROVED BY THE FLORIDA CONFERENCE OF THE UNITED METHODIST CHURCH

ldentifier	Return Reference	Explanation
Members or stockholders electing members of governing body		FLORIDA SOUTHERN COLLEGE HAS ONE MEMBER, WHICH IS THE FLORIDA CONFERENCE OF THE UNITED METHODIST CHURCH UP TO THIRTY-SEVEN TRUSTEES ARE ELECTED TO THE BOARD BY THE FLORIDA CONFERENCE OF THE UNITED METHODIST CHURCH FOR A TERM OF THREE YEARS EACH TWO POSITIONS ON THE BOARD ARE HELD BY INDIVIDUALS BASED ON THEIR POSITIONS WITH ANOTHER ORGANIZATION THE BISHOP AND THE LAY LEADER OF THE FLORIDA CONFERENCE OF THE UNITED METHODIST CHURCH ARE MEMBERS OF THE COLLEGE'S BOARD THE PRESIDENT OF THE COLLEGE'S ALUMNI ASSOCIATION IS A MEMBER OF THE BOARD BASED ON SUCH A POSITION

ldentifier	Return Reference	Explanation
Decisions requiring approval by members or stockholders	Form 990, Part VI, Section A, Line 7b	ANY CHANGE MADE TO THE COLLEGE'S CHARTER MUST BE APPROVED BY THE FLORIDA CONFERENCE OF THE UNITED METHODIST CHURCH

ldentifier	Return Reference	Explanation
Review of form 990 by governing body	Form 990, Part VI, Section B, Line 11A	THE AUDIT COMMITTEE REVIEWS THE FORM 990 IN DETAIL FOLLOWING THEIR REVIEW, A COPY OF FORM 990 IS DISTRIBUTED TO EACH MEMBER OF THE BOARD BEFORE IT IS FILED
		WITH THE INTERNAL REVENUE SERVICE

ldentifier	Return Reference	Explanation
Conflict of interest policy	Form 990, Part VI, Section B, Line 12c	PRIOR TO TAKING A POSITION ON THE BOARD, EACH MEMBER MUST SUBMIT IN WRITING TO THE PRESIDENT AND CHAIRMAN OF THE BOARD A LIST OF ALL BUSINESSES OR OTHER ORGANIZATIONS THAT MAY BECOME CONFLICTS OF INTEREST EACH WRITTEN STATEMENT IS RESUBMITTED WITH ANY NECESSARY CHANGES EACH YEAR, IN CONJUNCTION WITH A SIGNED CONFLICT OF INTEREST QUESTIONNAIRE THE AUDIT COMMITTEE REVIEWS THE CONFLICT OF INTEREST STATEMENTS OF ALL BOARD MEMBERS, AND ANY POTENTIAL CONFLICTS ARE EXPLORED THOROUGHLY THE AUDIT COMMITTEE ALSO REVIEWS THE CONFLICT OF INTEREST STATEMENTS FILED BY THE PRESIDENT AND THE 7 OFFICERS AND KEY EMPLOYEES OF THE COLLEGE IF ANY CONFLICTS OF INTEREST EXIST, THE AFFECTED BOARD MEMBER SHALL MAKE KNOWN THE POTENTIAL CONFLICT AND SHALL WITHDRAW FROM THE MEETING FOR SO LONG AS THE MATTER SHALL CONTINUE UNDER DISCUSSION SHOULD THE MATTER BE BROUGHT TO A VOTE, THE AFFECTED BOARD MEMBER SHALL ABSTAIN FROM VOTING

ldentifier	Return Reference	Explanation
Process used to establish compensation of top management official	Form 990, Part VI, Section B, Line 15a	THERE IS A COMPENSATION COMMITTEE COMPRISED OF INDEPENDENT MEMBERS OF THE BOARD OF TRUSTEES THAT REVIEWS AND RECOMMENDS THE COMPENSATION PACKAGE FOR THE COLLEGE PRESIDENT THE RECOMMENDATION IS VOTED ON BY THE FULL BOARD THE COMPENSATION COMMITTEE USES COMPARABILITY DATA TO ENSURE THE COMPENSATION OF THE PRESIDENT IS REASONABLE THE DECISION OF THE COMMITTEE AND BOARD IS DOCUMENTED IN THE MINUTES THIS PROCESS IS UNDERTAKEN ON AN ANNUAL BASIS AND WAS LAST COMPLETED IN JUNE 2009

ldentifier	Return Reference	Explanation
Process used to establish compensation of other officers/key employees	Form 990, Part VI, Section B, Line 15b	THE COLLEGE PRESIDENT USES COMPARABILITY DATA TO REVIEW AND RECOMMEND COMPENSATION OF THE KEY EMPLOYEES THE SALARIES ARE REVIEWED AND APPROVED BY THE CHAIRMAN OF THE BOARD THE DECISIONS ARE DOCUMENTED BY THE PRESIDENT AND BOARD CHAIR THIS PROCESS IS UNDERTAKEN ON AN ANNUAL BASIS AND WAS LAST COMPLETED IN AUGUST 2009

ldentifier	Return Reference	Explanation
Public Disclosure	Section C, Line 19	FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, AND CONFLICT OF INTEREST POLICIES ARE NOT REQUIRED DISCLOSURES PURSUANT TO INTERNAL REVENUE CODE (IRC) SECTION 6104 THESE DOCUMENTS ARE NOT AVAILABLE TO THE PUBLIC AT THIS TIME

ldentifier	Return Reference	Explanation
Financial aid or assistance from a governmental agency	Schedule E, Line 6a	THE ORGANIZATION RECEIVES FINANCIAL AID FROM A GOVERNMENTAL AGENCY

ldentifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990, PART II, LINE 1	(CONTINUED FROM PART III) THE COLLEGE ENROLLS A TALENTED STUDENT BODY AND INCLUDES AN ACCOMPLISHED FACULTY WHO ARE DEDICATED TO TEACHING EXCELLENCE OUTSTANDING OPPORTUNITIES FOR ENGAGED LEARNING, STUDENT-FACULTY COLLABORATIVE RESEARCH AND PERFORMANCE, SERVICE LEARNING, STUDY ABROAD, AND HONORS STUDY ARE DISTINCTIVE FEATURES OF THE ACADEMIC PROGRAM AT FLORIDA SOUTHERN THE COLLEGE OFFERS EXCEPTIONAL STUDENT LIFE PROGRAMS, INCLUDING A CHAMPIONSHIP ATHLETIC PROGRAM

ldentifier	Return Reference	Explanation
PROGRAM SERVICE DESCRIPTION	FORM 990, PART III, LINE 4A	(CONTINUED FROM PART III) FLORIDA SOUTHERN IS NATIONALLY RECOGNIZED FOR ITS ENGAGED LEARNING FORMAT WHERE STUDENTS ARE CHALLENGED TO A PPLY KNOWLEDGE THEY ACQUIRE IN THEIR CLASSES IN A REAL-WORLD SITUATION WE ARE PROUD OF THE QUALITY OF OUR STUDENT-FACULTY COLLABORATIVE RESEARCH, STUDENT MUSICAL PERFORMANCES, SERVICE LEARNING, CIVIC ENGAGEMENT, INTERNSHIPS, PRACTICAL PROJECTS, AND STUDY-ABROAD OPPORTUNITIES, ALL OF WHICH SUPPORT THE ENGAGED LEARNING PEDAGOGY STUDENTS ARE TAUGHT BY DYNAMIC PROFESSORS, INCLUDING 99 FULL-TIME FACULTY THAT RESULTS IN A 20 1 STUDENT-FACULTY RATIO THE FACULTY HAVE OUTSTANDING CREDENTIALS, WITH 85% WHO HAVE EARNED THE TERMINAL DEGREE IN THEIR FIELD OF EXPERTISE FLORIDA SOUTHERN ALSO EMPHASIZES WHOLE-STUDENT DEVELOPMENT AND HAS A VIBRANT EXTRA-CURRICULAR AGENDA THAT SUPPORTS BOTH CLASSROOM AND OUT-OF-CLASSROOM PERSONAL GROWTH EXPERIENCES A WELL-TRAINED STAFF OF PROFESSIONALS LEAD THESE ACTIVITIES THAT FOSTER NOT ONLY ACADEMIC, BUT ALSO PHYSICAL, SPIRITUAL, AND SOCIAL DEVELOPMENT FLORIDA SOUTHERN IS RANKED IN THE TOP 10 BEST BACCALAUREATE COLLEGES IN THE SOUTH BY U.S. NEWS & WORLD REPORT, IT IS INCLUDED IN THE PRINCETON'S REVIEW'S BEST 371 COLLEGES AND UNIVERSITIES, IS INCLUDED AS A BEST VALUE IN THE PRESTIGIOUS FISKE GUIDE TO COLLEGES, AND IS LISTED BY BARRON'S AS A BEST BUY INSTITUTION. THE COLLEGE'S 110 ACRE CAMPUS INCLUDES ACADEMIC BUILDINGS, RESIDENCE HALLS, ATHLETIC FACILITIES, STUDENT LIFE ACTIVITY SPACES, ADMINISTRATIVE OFFICES, AND STUDENT SUPPORT LEARNING SPACES, A PERFORMING ARTS CENTER, OTHER AUDITORIA FOR BOTH MUSICAL AND ALL-COLLEGE PROGRAMS, CHAPELS FOR CAMPUS MINISTRIES, AND MAINTENANCE AND WORKSHOP FACILITIES

ldentifier	Return Reference	Explanation
GRANTS OR ASSISTANCE BENEFITING INTERESTED PERSONS	SCHEDULE L, PART III	AS PER IRS INSTRUCTIONS FOR 990 SCHEDULE L, SCHOOLS ARE NOT REQUIRED TO IDENTIFY INTERESTED PERSONS TO WHOM THEY PROVIDED SCHOLARSHIPS, FELLOWSHIPS, AND SIMILAR FINANCIAL ASSISTANCE COLUMNS (A) AND (B) SHOULD BE LEFT BLANK FOR THESE LINES

(a)
Name, address, and EIN of disregarded entity

DLN: 93493105007131

OMB No 1545-0047

Open to Public Inspection

(f) Direct controlling

entity

SCHEDULE R (Form 990)

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.

(c) Legal domicile (state

or foreign country)

Total income

End-of-year assets

Department of the Treasury Internal Revenue Service

Name of the organization **Employer identification number** FLORIDA SOUTHERN COLLEGE

Primary activity

59-0624401 Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

Part II Identification of Related Tax-Exempt Organiza or more related tax-exempt organizations during the	tions (Complete ıf tl tax year.)	he organızatıon an	swered "Yes" on F	orm 990, Part IV,	line 34 because it had one
(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
FL CONFERENCE - UNITED METHODIST CHURCH					
1140 E MCDONALD STREET	SUPPORT	FL	501(C)(3)	1	NA
LAKELAND, FL 33801 59-0904361			. , , , ,		
FLORIDA UNITED METHODIST FOUNDATION INC					
PO BOX 3549	INVSTMT MGMT	FL	501(C)(3)	11 - Type III - FI	FUMC
LAKELAND, FL 33802 59-1148710					
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Cat No 5013	 5 Y		Schedule R (Form 990) 2009

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end asset	-of-year	(h Disprop allocat	ortionate	Code amount ır Sched	(i) V—UBI n box 20 of ule K-1 n 1065)	(j Gener mana parti	al or Iging
								Yes	No			Yes	No
												+	
				s a Corporation on treated as a corpo				nswer	ed "Y	es" on F	orm 990, P	art IV,	
	cause it flad offe t		elated organizations				(f))		(-)	(5)		
(a) Name, address, and EIN o	f related organization	(b) Primary a	ctivity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	Share o	f total	Sh end-	(g) nare of -of-year ssets	(h) Percentag ownership		
									1				

(6)

	Note. Complete line 1 if any entity is listed in Parts II, III or IV			Yes	No
1 [During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-	IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a		No
b	Gift, grant, or capital contribution to other organization(s)		1b		No
c	Gıft, grant, or capital contribution from other organization(s)		1c	Yes	
d	Loans or loan guarantees to or for other organization(s)		1d		No
е	Loans or loan guarantees by other organization(s)		1e	Yes	
f	Sale of assets to other organization(s)		1f		No
g	Purchase of assets from other organization(s)		1g		No
h	Exchange of assets		1h		No
	Lease of facilities, equipment, or other assets to other organization(s)		1i		No
j	Lease of facilities, equipment, or other assets from other organization(s)		1j		No
	Performance of services or membership or fundraising solicitations for other organization(s)		1k		No
	Performance of services or membership or fundraising solicitations by other organization(s)		11		No
	1 Sharing of facilities, equipment, mailing lists, or other assets		1m		No
	Sharing of paid employees		1n		No
o	Reimbursement paid to other organization for expenses		10		No
	Reimbursement paid by other organization for expenses		1p		No
r	Remibulsement para by other digamization for expenses		<u> </u>		
_	O ther transfer of cash or property to other organization(s)		1 q		No
	Other transfer of cash or property from other organization(s)		1r		No
•	other transfer of cash of property from other organization(s)			<u> </u>	
_					
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationsh	(b)	noias		
	(a) Name of other organization	Transaction	(Amount	(c) : involve	-d
11) [FLORIDA CONFERENCE OF THE UNITED METHODIST CHURCH	type(a-r)	741104111		
	EONIDA COM ERENCE OF THE OMFED PIETHODESI CHORCH	С		20	9,592
(2) F	FLORIDA CONFERENCE OF THE UNITED METHODIST CHURCH	Е		43	1,250
3)					
4)					
5)					

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

(a) (b) (c) Name, address, and EIN of entity Primary activity Legal domicile (state or foreig country)		(c) Legal domicile (state or foreign country)	(d Are parti sect 501(d organiz	ners ion :)(3) :ations?	(e) Share of end-of-year assets		r) ortionate tions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	man part	(h) eneral or anaging eartner?	
			Yes	No		Yes	No		Yes	No	
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