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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
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)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $500,000 and total assets less than $1,250,000 at the end of the year may use this form

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

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning JUL 1, 2009 and ending JUN 30, 2010

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization
FLORIDA SCHOOL OF PREACHING

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
1807 SOUTH FLORIDA AVENUE

City or town, state or country, and ZIP + 4
LAKELAND, FL 33803

D Employer identification number
59-1392749

E Telephone number
863-683-4043

F Group Exemption Number ▶

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting method: ☒ Cash ☐ Accrual Other (specify) ▶

I Website: ▶ N/A

H Check ▶ ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Tax-exempt status (check only one) — ☒ 501(c)(3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 417,519.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received			1 237,677.
	2	Program service revenue including government fees and contracts			2
	3	Membership dues and assessments			3
	4	Investment income			4 8,739.
	5a	Gross amount from sale of assets other than inventory STMT 4	5a	154,319.	
	b	Less: cost or other basis and sales expenses	5b	157,715.	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c <3,396.>
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from **gaming**, check here ▶ ☐			
	a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a		
	b	Less: direct expenses other than fundraising expenses	6b		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)			6c
	7a	Gross sales of inventory, less returns and allowances STMT 7	7a	4,086.	
	b	Less: cost of goods sold	7b	6,764.	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c <2,678.>
	8	Other revenue (describe ▶ SEE STATEMENT 3)			8 12,698.
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶			9 253,040.
Expenses	10	Grants and similar amounts paid (attach schedule) STMT 6			10 98,636.
	11	Benefits paid to or for members			11 67,200.
	12	Salaries, other compensation, and employee benefits			12 258,830.
	13	Professional fees and other payments to independent contractors			13
	14	Occupancy, rent, utilities, and maintenance			14
	15	Printing, publications, postage, and shipping			15 7,135.
	16	Other expenses (describe ▶ SEE STATEMENT 1)			16 62,836.
	17	**Total expenses** Add lines 10 through 16 ▶			17 494,637.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18 <241,597.>
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)			19 624,227.
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 5			20 25,732.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶			21 408,362.

Part II Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	580,690.	22	451,443.
23	Land and buildings		23	
24	Other assets (describe ▶ BOOK INVENTORY)	43,881.	24	49,647.
25	**Total assets**	624,571.	25	501,090.
26	**Total liabilities** (describe ▶ SEE STATEMENT 2)	344.	26	3,181.
27	**Net assets or fund balances** (line 27 of column (B) must agree with line 21)	624,227.	27	497,909.

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? TEACHING & TRAINING OF MINISTERS

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

28 TEACHING AND TRAINING OF MINISTERS

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 28a 405,090.

29

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 29a

30

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 30a

31 Other program services (attach schedule)

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 31a

32 Total program service expenses (add lines 28a through 31a) ▶ 32 405,090.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
JACKIE STEARSMAN	DIRECTOR 10.00	9,300.	0.	0.
DENNY SMITHERMAN	VICE CHAIRMAN 0.00	0.	0.	0.
J. H. BLACKMAN, JR.	DIRECTOR 3.00	930.	0.	0.
DAVID ANDERSON	DIRECTOR 0.00	0.	0.	0.
STEVE ATNIP	DIRECTOR 0.00	0.	0.	0.
GENE BURGETT	PUBLIC RELATIONS DIRECTOR 40.00	32,615.	0.	0.
GEORGE K. FRENCH	DIRECTOR 0.00	0.	0.	0.
PHILIP LANCASTER	DIRECTOR 0.00	0.	0.	0.
ROBERT MCANALLY	DIRECTOR 0.00	0.	0.	0.
FRANK W. NORTON	DIRECTOR 0.00	0.	0.	0.
ULEYSSES RICHARDSON	DIRECTOR 0.00	0.	0.	0.
TIM SIMMONS	SECRETARY 0.00	0.	0.	0.
BRIAN KENYON	TREASURER 40.00	37,712.	0.	0.
TED WHEELER	CHAIRMAN 10.00	8,990.	0.	0.
JAMES SULLIVAN	DIRECTOR 0.00	0.	0.	0.
CHAD TAGTOW	DIRECTOR 0.00	0.	0.	0.

Part V Other Information (Note the statement requirements in the instructions for Part V)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b	N/A	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b		X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0.			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed. ▶ NONE			
42a	The organization's books are in care of ▶ FLORIDA SCHOOL OF PREACHING Telephone no. ▶ 863-683-4043 Located at ▶ 1807 S. FLORIDA AVENUE LAKELAND, FL ZIP + 4 ▶ 33803			
b	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)? 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.**	42b		X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶	42c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** - Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A			
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

Form **990-EZ** (2009)

932173
02-08-10

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

			Yes	No
46	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	46		X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	X	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over $100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

NONE

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over $100,000 ▶

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

Sign Here

▶ Signature of officer — Date: Nov. 3, 2010

▶ BRIAN R. KENYON, DIRECTOR
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ▶ ☐	Preparer's identifying number (See instr.)
Dennis E. Beasley, C.P.A.	11-1-10		

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ BEASLEY, SPEED & CO, P.A.
4940 SOUTHFORK DRIVE
LAKELAND, FL 33813

EIN ▶

Phone no. ▶ 863-646-1373

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☐ Yes ☒ No

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
FLORIDA SCHOOL OF PREACHING	59-1392749

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

The organization is not a private foundation because it is. (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☒ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state. _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col. (i) of your support? Yes	(v) No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	(vi) No	(vii) Amount of support
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2008 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test - 2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test - 2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2009.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $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 from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2008** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

SCHEDULE E (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 Inspection

Name of the organization: FLORIDA SCHOOL OF PREACHING

Employer identification number: 59-1392749

			YES	NO
1	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?	1	X	
2	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	X	
3	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. If you need more space, use Schedule O (Form 990) NEWSPAPER ARTICLE	3	X	
4	Does the organization maintain the following?			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	X	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	X	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	X	
	If you answered "No" to any of the above, please explain If you need more space, use Schedule O (Form 990)			
5	Does the organization discriminate by race in any way with respect to.			
a	Students' rights or privileges?	5a		X
b	Admissions policies?	5b		X
c	Employment of faculty or administrative staff?	5c		X
d	Scholarships or other financial assistance?	5d		X
e	Educational policies?	5e		X
f	Use of facilities?	5f		X
g	Athletic programs?	5g		X
h	Other extracurricular activities?	5h		X
	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		X
b	Has the organization's right to such aid ever been revoked or suspended?	6b		X
	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 990).	7	X	

FORM 990-EZ OTHER EXPENSES STATEMENT 1

DESCRIPTION	AMOUNT
ACCOUNT FEE	3,492.
ADVERTISING	1,224.
AUTO	2,216.
BOOSTER BANQUET	1,216.
FEES	38.
INSURANCE	8,072.
LECTURESHIP	13,412.
OFFICE	18,797.
PUBLICATION	44.
TAXES	1,874.
TELEPHONE	2,206.
TRAVEL	10,245.
TOTAL TO FORM 990-EZ, LINE 16	62,836.

FORM 990-EZ OTHER LIABILITIES STATEMENT 2

DESCRIPTION	BEG. OF YEAR	END OF YEAR
SALES TAX PAYABLE	344.	328.
PAYROLL TAXES & 401B PAYABLE	0.	2,853.
TOTAL TO FORM 990-EZ, LINE 26	344.	3,181.

FORM 990-EZ OTHER REVENUE STATEMENT 3

DESCRIPTION	AMOUNT
REGISTRATION	420.
LECTURESHIP	4,637.
MEMORIALS	7,641.
TOTAL TO FORM 990-EZ, LINE 8	12,698.

FORM 990-EZ GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 4

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
	154,319.	157,715.	0.	<3,396.>
TO FORM 990-EZ, LINE 5	154,319.	157,715.	0.	<3,396.>

FORM 990-EZ OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 5

DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENTS CARRIED AT MARKET VALUE	25,732.
TOTAL TO FORM 990-EZ, LINE 20	25,732.

FORM 990-EZ CASH GRANTS AND ALLOCATIONS STATEMENT 6

CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNT
MULTIPLE STUDENTS	NONE	98,636.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		98,636.

FORM 990-EZ INCOME AND COST OF GOODS SOLD INCLUDED ON PART I, LINE 7A STATEMENT 7

INCOME		
1. GROSS RECEIPTS	4,086	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		4,086
4. COST OF GOODS SOLD (LINE 13)	6,764	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		<2,678>
COST OF GOODS SOLD		
6. INVENTORY AT BEGINNING OF YEAR	43,881	
7. MERCHANDISE PURCHASED	12,530	
8. COST OF LABOR		
9. MATERIALS AND SUPPLIES		
10. OTHER COSTS		
11. ADD LINES 6 THROUGH 10		56,411
12. INVENTORY AT END OF YEAR	49,647	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12)		6,764

FORM 990-EZ INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS STATEMENT 8

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? . . . . . [ ] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

Purchases and Sales

From 7/1/2009 To 6/30/2010

Citizens Bank & Trust

Purchases & Sales

Trade Date / Settle Date	Transaction	Units	Principal Cash Chg	Income Cash Chg	Investment Change	Investment Income Chg	Gain/Loss Short/Long Term Gain
EITVX	EATON VANCE MUT FDS TR TX MNG VL						
277923629							
7/23/2009		(1,684.1400)	$23,190.61	$0.00	($24,697.47)	$0.00	($1,506.86)
7/24/2009	SALE OF ASSET EATON VANCE M UT FDS TR TX MNG VL						Long
Total For: EATON VANCE MUT FDS TR TX MNG VL		(1,684.1400)	$23,190.61	$0.00	($24,697.47)	$0.00	($1,506.86)
F	FORD MOTOR COMPANY						
345370860	COMMON STOCK						
12/10/2009		(800.0000)	$7,199.81	$0.00	5472.00 ~~$0.00~~	$0.00	1727.8 ~~$7,199.81~~
12/15/2009	SALE OF ASSET FORD M OTOR COMPANY COMMON STOCK						Short
Total For: FORD MOTOR COMPANY		(800.0000)	$7,199.81	$0.00	$0.00	$0.00	$7,199.81
SCATX	RIDGEWORTH FDS AGG GR FD I						
76628R102							
7/23/2009		(769.9630)	$7,946.02	$0.00	($9,663.04)	$0.00	($1,717.02)
7/24/2009	SALE OF ASSET RIDGEW ORTH FDS AGG GR FD I						Long
Total For: RIDGEW ORTH FDS AGG GR FD I		(769.9630)	$7,946.02	$0.00	($9,663.04)	$0.00	($1,717.02)
SMVTX	RIDGEWORTH FDS MICAP VAL EQ I						
76628R615							
12/11/2009		(283.5100)	$2,764.22	$0.00	($2,798.94)	$0.00	($34.72)
12/14/2009	SALE OF ASSET RIDGEW ORTH FDS MICAP VAL EQ I						Long
Total For: RIDGEW ORTH FDS MICAP VAL EQ I		(283.5100)	$2,764.22	$0.00	($2,798.94)	$0.00	($34.72)
STVTX	RIDGEWORTH FDS LGCAP VAL EQ I						
76628R672							
12/11/2009		(3,819.9410)	$41,560.96	$0.00	($40,193.42)	$0.00	$1,367.54
12/14/2009	SALE OF ASSET RIDGEW ORTH FDS LGCAP VAL EQ I						Long
Total For: RIDGEW ORTH FDS LGCAP VAL EQ I		(3,819.9410)	$41,560.96	$0.00	($40,193.42)	$0.00	$1,367.54
SEGTX	RIDGEWORTH FDS EMRG GR FD I						
76628R706							
7/23/2009		(253.0160)	$2,241.72	$0.00	($2,874.09)	$0.00	($632.37)
7/24/2009	SALE OF ASSET RIDGEW ORTH FDS EMRG GR FD I						Long
Total For: RIDGEW ORTH FDS EMRG GR FD I		(253.0160)	$2,241.72	$0.00	($2,874.09)	$0.00	($632.37)
STCAX	RIDGEWORTH FDS LCAP GWTHSTK I						
76628R748							
7/23/2009		(2,822.6730)	$22,553.16	$0.00	($22,645.19)	$0.00	($92.03)
7/24/2009	SALE OF ASSET RIDGEW ORTH FDS LCAP GW THSTK I						Long
Total For: RIDGEW ORTH FDS LCAP GWTHSTK I		(2,822.6730)	$22,553.16	$0.00	($22,645.19)	$0.00	($92.03)
SIEIX	RIDGEWORTH FDS INTL EQUITY						
76628R813	INDEX I SHARES						
7/23/2009		(1,092.8900)	$12,721.24	$0.00	($10,908.00)	$0.00	$1,813.24
7/24/2009	SALE OF ASSET RIDGEW ORTH FDS INTL EQUITY INDEX I SHARES						Long
Total For: RIDGEW ORTH FDS INTL EQUITY		(1,092.8900)	$12,721.24	$0.00	($10,908.00)	$0.00	$1,813.24
SCEIX	RIDGEWORTH FDS INT EQ130/30 I						
76628R870							

Purchases and Sales

From 7/1/2009 To 6/30/2010

CITIZENS BANK & TRUST

Purchases & Sales

Trade Date / Settle Date	Transaction	Units	Principal Cash Chg	Income Cash Chg	Investment Change	Income Chg	Gain/Loss Short/Long Term Gain
7/23/2009		(481.1250)	$2,862.69	$0.00	($4,244.10)	$0.00	($1,381.41)
7/24/2009	SALE OF ASSET RIDGEW ORTH FDS INT EQ130/30 I						Long
Total For: RIDGEW ORTH FDS INT EQ130/30 I		(481.1250)	$2,862.69	$0.00	($4,244.10)	$0.00	($1,381.41)
SUGTX	RIDGEWORTH FD-US GOVT						
76628T462							
7/23/2009		(540.2890)	$5,759.48	$0.00	($5,424.51)	$0.00	$334.97
7/24/2009	SALE OF ASSET RIDGEW ORTH FD-US GOVT						Long
Total For: RIDGEW ORTH FD-US GOVT		(540.2890)	$5,759.48	$0.00	($5,424.51)	$0.00	$334.97
SSBTX	RIDGEWORTH FD-SHORT TERM BD						
76628T611							
7/23/2009		(937.8490)	$9,097.14	$0.00	($9,037.50)	$0.00	$59.64
7/24/2009	SALE OF ASSET RIDGEW ORTH FD-SHORT TERM BD						Long
Total For: RIDGEW ORTH FD-SHORT TERM BD		(937.8490)	$9,097.14	$0.00	($9,037.50)	$0.00	$59.64
SAMBX	RIDGEWORTH FDS SEIX FLRT HI I						
76628T678							
12/11/2009		(488.2320)	$4,179.27	$0.00	($4,680.67)	$0.00	($501.40)
12/14/2009	SALE OF ASSET RIDGEW ORTH FDS SEIX FLRT HI I						Long
Total For: RIDGEW ORTH FDS SEIX FLRT HI I		(488.2320)	$4,179.27	$0.00	($4,680.67)	$0.00	($501.40)
TRREX	T ROWE PRICE RL EST FUND(122)						
779919109							
12/11/2009		(291.1330)	$3,863.33	$0.00	($5,046.39)	$0.00	($1,183.06)
12/14/2009	SALE OF ASSET T ROW E PRICE RL EST FUND(122)						Long
Total For: T ROW E PRICE RL EST FUND(122)		(291.1330)	$3,863.33	$0.00	($5,046.39)	$0.00	($1,183.06)
Total Sales		-14,595.13	$154,319.06	$0.00	($152,242.72)	$0.00	~~$2,076.34~~

(157,714.72) -3395.66