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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493099005313

Form **990**

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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 06-01-2011 and ending 05-31-2012

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

C Name of organization
FLORIDA SOUTHERN COLLEGE

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
111 LAKE HOLLINGSWORTH DR

City or town, state or country, and ZIP + 4
LAKELAND, FL 33801

D Employer identification number
59-0624401

E Telephone number
(863) 680-4148

G Gross receipts $ 113,496,049

F Name and address of principal officer
DR ANNE B KERR
111 LAKE HOLLINGSWORTH DR
LAKELAND, FL 33801

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW FLSOUTHERN EDU

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1885 | **M** State of legal domicile FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
PRIVATE UNITED METHODIST AFFILIATED COLLEGE THAT IS COMMITTED TO EDUCATIONAL EXCELLENCE

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	35
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	34
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	1,413
6	Total number of volunteers (estimate if necessary)	**6**	84
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	45,168
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	23,339,073	8,079,063
	9 Program service revenue (Part VIII, line 2g)	61,870,735	67,889,821
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,182,627	1,483,764
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,781,134	2,466,804
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	89,173,569	79,919,452
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	18,835,840	21,328,661
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	26,065,227	28,251,920
	16a Professional fundraising fees (Part IX, column (A), line 11e)	54,069	57,183
	b Total fundraising expenses (Part IX, column (D), line 25) ▶1,398,967		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	27,911,045	26,172,614
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	72,866,181	75,810,378
	19 Revenue less expenses Subtract line 18 from line 12	16,307,388	4,109,074

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	178,900,601	180,563,797
	21 Total liabilities (Part X, line 26)	38,867,657	40,512,673
	22 Net assets or fund balances Subtract line 21 from line 20	140,032,944	140,051,124

Part II Signature Block

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

****** | 2013-04-03
Signature of officer | Date

V TERRY DENNIS VP FINANCE & ADMINISTRATION
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ KAREN GRIES	Date	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (see instructions) P00078514
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ CLIFTONLARSONALLEN LLP 1715 NORTH WESTSHORE BLVD SUITE 950 TAMPA, FL 33607			EIN ▶ 41-0746749 Phone no ▶ (813) 384-2700

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 63,395,483 including grants of $ 21,328,661) (Revenue $ 67,889,821)

FLORIDA SOUTHERN COLLEGE IS A PRIVATE, COMPREHENSIVE COLLEGE DEDICATED TO TEACHING EXCELLENCE IN 50 PROGRAMS OF STUDY FOR UNDERGRADUATE STUDENTS THE COLLEGE IS ACCREDITED BY THE SOUTHERN ASSOCIATION OF COLLEGES AND SCHOOLS COMMISSION ON COLLEGES THE COLLEGE'S 2011 ENTERING FALL ENROLLMENT WAS THE FOURTH LARGEST IN OUR 125-YEAR HISTORY, AND WE HAD THE HIGHEST AVERAGE SAT SCORE OF ANY ENTERING CLASS THE COLLEGE'S 1,987 FULLTIME UNDERGRADUATE STUDENTS COME FROM 48 STATES AND 37 COUNTRIES, WITH 78% OF THEM RESIDING IN CAMPUS HOUSING MORE THAN 96% RECEIVE SOME FORM OF FINANCIAL ASSISTANCE, INCLUDING 33% WHO RECEIVE PELL GRANTS (SEE SCHEDULE O)

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

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

4d Other program services (Describe in Schedule O)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 63,395,483

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	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		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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? *If "Yes," complete Schedule D, Part II*	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	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	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.*	11b		No
c	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.*	11c		No
d	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.*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	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 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
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		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *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 and IV*	15		No
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 and IV*	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		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part 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**		No
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**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	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 (or a family member thereof) 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**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
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**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
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	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		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	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V . . . . . .

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	138		
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**		
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	1,413		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b**	Yes	
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 or securities account)?			**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for 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**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**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**		No
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).**					
a	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	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			**8**		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			**9a**		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

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.

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	35		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	34		
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Did the organization have members or stockholders?		6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	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		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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?			
a	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 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made 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 organization ▶

V TERRY DENNIS
111 LAKE HOLLINGSWORTH DR
LAKELAND, FL 33801
(863) 680-4148

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

Check if Schedule O contains a response to any question in this Part VII . . . . . .☐

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

- 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, if any 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 neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								1,562,833	0	289,436

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 10

			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**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
GUEST SERVICES INC PO BOX 931841 ATLANTA, GA 31193	CAFETERIA MANAGEMENT	4,050,115
RODDA CONSTRUCTION INC 250 EAST HIGHLAND DR LAKELAND, FL 33813	CONTRACTOR	1,709,721
BW COMMUNICATIONS 8900 EDGEWORTH DR STE G CAPITOL HEIGHTS, MD 20743	COMMUNICATIONS SERVICES	390,638
JENZABAR INC PO BOX 845939 BOSTON, MA 02284	CONTRACTOR	380,947
HENKELMAN CONSTRUCTION INC 1830 NORTH CRYSTAL LAKE DR LAKELAND, FL 33801	CONTRACTOR	232,770

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 11

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	117,780			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	705,015			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	7,256,268			
	g	Noncash contributions included in lines 1a-1f $ 148,732					
	h	**Total.** Add lines 1a-1f		8,079,063			
Program Service Revenue			Business Code				
	2a	TUITION AND FEES	611600	54,653,986	54,653,986		
	b	DORMITORY & FOOD SERVI	611710	12,887,738	12,887,738		
	c	RENTALS	611710	273,402	273,402		
	d	OTHER STUDENT FEES	611710	74,695	74,695		
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		67,889,821			
	3	Investment income (including dividends, interest and other similar amounts)		1,352,849			1,352,849
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	33,546,415	38,729			
	b	Less cost or other basis and sales expenses	33,400,103	54,126			
	c	Gain or (loss)	146,312	-15,397			
	d	Net gain or (loss)			130,915		130,915
Other Revenue	8a	Gross income from fundraising events (not including $ 117,780 of contributions reported on line 1c) See Part IV, line 18	a 83,018				
	b	Less direct expenses	b 96,589				
	c	Net income or (loss) from fundraising events			-13,571		-13,571
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a 40,056				
	b	Less cost of goods sold	b 25,779				
	c	Net income or (loss) from sales of inventory			14,277		14,277
		Miscellaneous Revenue	Business Code				
	11a	STUDENT INSURANCE PREM	524292	307,714			307,714
	b	ADMISSIONS TO FAIRS/EV	900099	175,012			175,012
	c	LESSONS/MEMBERSHIPS	900099	45,168		45,168	
	d	All other revenue		1,938,204			1,938,204
	e	**Total.** Add lines 11a–11d		2,466,098			
	12	**Total revenue.** See Instructions		79,919,452	67,889,821	45,168	3,905,400

Part IX Statement of Functional Expenses

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

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

Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22	21,328,661	21,328,661		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,048,633	48,076	692,152	308,405
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	20,639,674	16,893,629	3,292,915	453,130
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,339,019	1,175,429	163,590	
9	Other employee benefits	3,881,013	2,381,524	1,368,081	131,408
10	Payroll taxes	1,343,581	847,002	302,636	193,943
11	Fees for services (non-employees)				
a	Management				
b	Legal	16,360		16,360	
c	Accounting	108,701		108,701	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .	57,183			57,183
f	Investment management fees	56,367		56,367	
g	Other	2,014,810	1,498,672	460,792	55,346
12	Advertising and promotion	904,029	846,331	55,840	1,858
13	Office expenses	2,033,851	1,428,847	557,975	47,029
14	Information technology				
15	Royalties . .				
16	Occupancy	4,379,109	3,921,136	441,620	16,353
17	Travel	394,524	309,794	61,473	23,257
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	26,958	26,958		
20	Interest	634,512	28,277	606,235	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,146,715	3,644,573	502,142	
23	Insurance	1,387,367	47,464	1,339,903	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	FOOD EXPENSE	3,832,316	3,832,316		
b	PROGRAM EXPENSES	3,803,639	3,381,670	368,329	53,640
c	BAD DEBT EXPENSE	490,803		490,803	
d	TAXES, LICENSES, PERMIT	396,435	302,772	93,663	
e					
f	All other expenses	1,546,118	1,452,352	36,351	57,415
25	**Total functional expenses.** Add lines 1 through 24f	75,810,378	63,395,483	11,015,928	1,398,967
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		2,637,867	1	2,619,309
	2	Savings and temporary cash investments		335,626	2	551,699
	3	Pledges and grants receivable, net		17,749,395	3	14,736,258
	4	Accounts receivable, net		2,839,994	4	3,489,589
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		2,795,059	7	3,339,572
	8	Inventories for sale or use		67,370	8	76,159
	9	Prepaid expenses and deferred charges		251,085	9	283,527
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 154,416,241			
	b	Less accumulated depreciation	10b 58,300,122	88,729,702	10c	96,116,119
	11	Investments—publicly traded securities		51,675,258	11	48,400,494
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		11,819,245	15	10,951,071
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		178,900,601	16	180,563,797
Liabilities	17	Accounts payable and accrued expenses		4,020,472	17	5,337,933
	18	Grants payable			18	
	19	Deferred revenue		971,619	19	1,622,755
	20	Tax-exempt bond liabilities		22,535,000	20	22,535,000
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*		98,603	21	62,280
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		274,330	23	303,841
	24	Unsecured notes and loans payable to unrelated third parties		935,000	24	840,000
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		10,032,633	25	9,810,864
	26	**Total liabilities.** Add lines 17 through 25		38,867,657	26	40,512,673
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		62,106,708	27	68,853,479
	28	Temporarily restricted net assets		48,426,489	28	41,197,089
	29	Permanently restricted net assets		29,499,747	29	30,000,556
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		140,032,944	33	140,051,124
	34	Total liabilities and net assets/fund balances		178,900,601	34	180,563,797

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	79,919,452
2	Total expenses (must equal Part IX, column (A), line 25)	2	75,810,378
3	Revenue less expenses Subtract line 2 from line 1	3	4,109,074
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	140,032,944
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-4,090,894
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	140,051,124

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
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 separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated 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	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493099005313

SCHEDULE A (Form 990 or 990EZ)

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

2011

Open to Public Inspection

Name of the organization
FLORIDA SOUTHERN COLLEGE

Employer identification number
59-0624401

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 **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 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 IRC 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
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 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2011.** 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—2010.** If the organization did not check the 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—2011.** 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—2010.** 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 IRC 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** 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—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

Part IV **Supplemental Information.** 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. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493099005313

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
FLORIDA SOUTHERN COLLEGE

Employer identification number
59-0624401

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ 0

(ii) Assets included in Form 990, Part X ▶ $ 245,873

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☑ Public exhibition
- b ☑ Scholarly research
- c ☑ Preservation for future generations
- d ☑ Loan or exchange programs
- e ☐ Other

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 sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☑ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☑ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☑ Yes ☐ No

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)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance	78,071,688	55,850,492	52,752,217	69,148,978	
b	Contributions	3,471,287	16,218,534	1,332,943	1,291,431	
c	Investment earnings or losses	-1,170,124	8,397,511	4,246,516	-10,393,777	
d	Grants or scholarships					
e	Other expenditures for facilities and programs	4,341,801	2,394,869	2,481,184	7,294,415	
f	Administrative expenses					
g	End of year balance	76,031,050	78,071,688	55,850,492	52,752,217	

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 18 390 %
- b Permanent endowment ▶ 39 460 %
- c Term endowment ▶ 42 150 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)	Yes	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	Yes	

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	152,583	2,718,738		2,871,321
b Buildings		109,674,387	41,984,640	67,689,747
c Leasehold improvements		15,297,613	1,613,242	13,684,371
d Equipment		20,965,678	14,702,240	6,263,438
e Other		5,607,242		5,607,242
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				96,116,119

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) 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 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN TRUSTS	10,591,571
(2) CASH SURRENDER VALUE OF LIFE INSURANCE	186,061
(3) BOND ISSUANCE COSTS, NET	166,514
(4) OTHER ASSETS	6,925
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	10,951,071

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
POSTRETIRMENT BENEFIT OBLIGATION	4,128,170
GIFT ANNUITY OBLIGATION	2,700,616
FAIR VALUE OF INTEREST RATE SWAP	672,035
DEPOSITS	505,125
ADVANCES FROM FEDERAL AGENCY FOR STUDENT LOANS	1,804,918
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	9,810,864

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	79,919,452
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	75,810,378
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	4,109,074
4	Net unrealized gains (losses) on investments	4	-3,966,717
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-124,177
9	Total adjustments (net) Add lines 4 - 8	9	-4,090,894
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	18,180

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	58,948,457
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-3,966,717		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	122,368		
e	Add lines **2a** through **2d**			2e	-3,844,349
3	Subtract line **2e** from line **1**			3	62,792,806
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	56,367		
b	Other (Describe in Part XIV)	4b	17,070,279		
c	Add lines **4a** and **4b**			4c	17,126,646
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	79,919,452

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	58,442,700
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	122,368		
e	Add lines **2a** through **2d**			2e	122,368
3	Subtract line **2e** from line **1**			3	58,320,332
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	56,367		
b	Other (Describe in Part XIV)	4b	17,433,679		
c	Add lines **4a** and **4b**			4c	17,490,046
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	75,810,378

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, 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

Identifier	Return Reference	Explanation
	PART III, LINE 4	THE COLLEGE'S COLLECTION REPRESENTS AN ACCRETION OF GIFTS ACROSS MANY DECADES THE OLDEST WORK DATES FROM THE 16TH CENTURY THE COLLEGE HAS SEVERAL 18TH AND 19TH CENTURY WORKS, HOWEVER, THE MAJORITY OF THE COLLECTION CONSISTS OF WORKS FROM THE 20TH AND NOW THE 21ST CENTURIES 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
	PART IV, LINE 2B	THE COLLEGE HOLDS AGENCY FUNDS AND ADMINISTERS THE FUNDS FOR VARIOUS CAMPUS GROUPS
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE COLLEGE'S ENDOWMENT FUNDS ARE MAINTAINED TO PROVIDE A PREDICTABLE STREAM OF INCOME TO FUND PROGRAMS THAT ARE SUPPORTED BY THE ENDOWMENT
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE COLLEGE ADOPTED GUIDANCE ISSUED BY FASB WITH RESPECT TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES AS OF JANUARY 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 LIKELY THAN NOT" 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, 2008 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, 2012 AND 2011
PART XI, LINE 8 - OTHER ADJUSTMENTS		ACTUARIAL CHANGE IN ANNUITY OBLIGATIONS 58,842 ACTUARIAL CHANGE IN POSTRETIREMENT BENEFIT PLAN OBLIGATION -183,019 TOTAL TO SCHEDULE D, PART XI, LINE 8 -124,177
PART XII, LINE 2D - OTHER ADJUSTMENTS		COST OF GOODS SOLD 25,779 SPECIAL EVENT EXPENSES 96,589
PART XII, LINE 4B - OTHER ADJUSTMENTS		STUDENT FINANCIAL AID AND SCHOLARSHIPS 17,070,279
PART XIII, LINE 2D - OTHER ADJUSTMENTS		COST OF GOODS SOLD 25,779 SPECIAL EVENT EXPENSES 96,589
PART XIII, LINE 4B - OTHER ADJUSTMENTS		STUDENT FINANCIAL AID AND SCHOLARSHIPS 17,070,279 PAYMENT TO ANNUITY BENEFICIARIES 363,400

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493099005313

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

2011

Open to Public Inspection

Name of the organization
FLORIDA SOUTHERN COLLEGE

Employer identification number
59-0624401

Part I

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

Part II Supplemental Information

Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable Also complete this part to provide any other additional information (see instructions)

Identifier	Return Reference	Explanation
EXPLANATION OF NONDISCRIMINATORY POLICY PUBLICATION	SCHEDULE E, PART I, LINE 3	THE COLLEGE'S NON-DISCRIMINATORY POLICY IS INCLUDED IN THE COLLEGE CATALOG, EMPLOYEE HANDBOOK AND WEBSITE.
EXPLANATION OF GOVERNMENT FINANCIAL ASSISTANCE	SCHEDULE E, PART I, LINE 6	THE COLLEGE RECEIVES FINANCIAL AID FROM FEDERAL AND STATE GOVERNMENTAL AGENCIES

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493099005313

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
FLORIDA SOUTHERN COLLEGE

Employer identification number
59-0624401

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **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? . . . . . ☐ Yes ☐ No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
EUROPE (INCLUDING ICELAND & GREENLAND) -	0	0	PROGRAM SERVICES	STUDY ABROAD	416,773
EAST ASIA AND THE PACIFIC -	0	0	PROGRAM SERVICES	STUDY ABROAD	25,266
CENTRAL AMERICA AND THE CARIBBEAN -	0	0	PROGRAM SERVICES	STUDY ABROAD	97,391
SUB-SAHARAN AFRICA - ANGOLA,	0	0	PROGRAM SERVICES	STUDY ABROAD	11,362
SOUTH AMERICA - ARGENTINA, BOLIVIA,	0	0	PROGRAM SERVICES	STUDY ABROAD	1,902
3a Sub-total	0	0			552,694
b Total from continuation sheets to Part I	0	0			0
c **Totals** (add lines 3a and 3b)	0	0			552,694

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Part V if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶

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 Part V if additional space is needed.

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

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*	☐ Yes	☑ No

Additional Data

Software ID:
Software Version:
EIN: 59-0624401
Name: FLORIDA SOUTHERN COLLEGE

Part V **Supplemental Information**

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493099005313

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
FLORIDA SOUTHERN COLLEGE

Employer identification number
59-0624401

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☑ Mail solicitations
- **b** ☑ Internet and e-mail solicitations
- **c** ☑ Phone solicitations
- **d** ☑ In-person solicitations
- **e** ☑ Solicitation of non-government grants
- **f** ☑ Solicitation of government grants
- **g** ☑ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☑ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
RUFFALO CODY & ASSOCIATES INC PO BOX 3018 CEDAR RAPIDS, IA 524063018	FUNDRAISING		No	77,753	57,183	20,570
Total . . . . . ▶				77,753	57,183	20,570

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

FL

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 GOLF TOURNAMENT (event type)	(b) Event #2 GOLF TOURNAMENT (event type)	(c) Other Events 3 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	59,860	41,920	99,018	200,798
	2 Less Charitable contributions	36,200	31,570	50,010	117,780
	3 Gross income (line 1 minus line 2)	23,660	10,350	49,008	83,018
Direct Expenses	4 Cash prizes			1,000	1,000
	5 Non-cash prizes	11,025		10,250	21,275
	6 Rent/facility costs	9,820	12,921	22,151	44,892
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	13,353	3,400	12,669	29,422
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(96,589)
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				-13,571

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a	The organization's facility	**13a**	
b	An outside facility	**13b**	

14 Provide 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? . . . . . ☐ Yes ☐ No

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 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $ ----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

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 ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493099005313

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
FLORIDA SOUTHERN COLLEGE

Employer identification number
59-0624401

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶

3 Enter total number of other organizations listed in the line 1 table . . . ▶

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) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) TUITION DISCOUNTS/CREDITS	1963	17,070,279	0	N/A	N/A
(2) SCHOLARSHIPS	403	4,258,382	0	N/A	N/A

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 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 REGISTRAR'S OFFICE ENSURE THAT STUDENTS WHO RECEIVE SCHOLARSHIPS OR TUITION CREDITS MAINTAIN FULL-TIME OR PART-TIME STUDENT STATUS, AS REQUIRED BY THE AWARDED SCHOLARSHIP, SO THAT THE FUNDS ARE USED FOR THEIR INTENDED PURPOSE

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493099005313

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
FLORIDA SOUTHERN COLLEGE

Employer identification number
59-0624401

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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)		
b	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	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	☑ Compensation committee	☑ Written employment contract		
	☐ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	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.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	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 in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ANNE B KERR	(i)	279,565	0	0	28,678	20,957	329,200	0
	(ii)	0	0	0	0	0	0	0
(2) V TERRY DENNIS	(i)	166,736	0	0	16,998	10,121	193,855	0
	(ii)	0	0	0	0	0	0	0
(3) MATTHEW R THOMPSON	(i)	126,917	0	0	11,786	21,753	160,456	0
	(ii)	0	0	0	0	0	0	0
(4) WILLIAM L RHEY	(i)	168,416	0	0	11,900	8,691	189,007	0
	(ii)	0	0	0	0	0	0	0
(5) JOHN M WELTON	(i)	186,133	0	0	12,833	21,363	220,329	0
	(ii)	0	0	0	0	0	0	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

Identifier	Return Reference	Explanation
	PART I, LINE 3	THE COLLEGE PRESIDENT, ANNE B KERR, IS PROVIDED A RESIDENCE ON THE CAMPUS OF THE COLLEGE THE VALUE OF HOUSING PROVIDED IS EXCLUDED FROM THE DETERMINATION OF 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 AT THE CONVENIENCE OF THE EMPLOYER (THE RESPONSIBILITIES OF THE PRESIDENT REQUIRE HER PRESENCE ON CAMPUS THE PRESIDENT HOLDS MANY FACULTY AND STUDENT MEETINGS AT HER RESIDENCE, AND 3) THE EMPLOYEE IS REQUIRED TO ACCEPT SUCH LODGING AS A CONDITION OF HER EMPLOYMENT THE PRESIDENT'S ESTIMATED FAIR MARKET VALUE OF THE HOUSING PROVIDED IS $31,500 PER YEAR AND IS NOT INCLUDED IN TAXABLE COMPENSATION THE COLLEGE PAYS DUES AT A SOCIAL CLUB FOR THE COLLEGE PRESIDENT, ANNE B KERR, THE VICE PRESIDENT OF EXTERNAL RELATIONS, ROBERT H TATE, AND THE VICE PRESIDENT OF ADVANCEMENT, MATTHEW R THOMPSON THIS BENEFIT IS NOT TREATED AS TAXABLE COMPENSATION TO THE INDIVIDUALS BECAUSE CLUB USE IS LIMITED TO BUSINESS PURPOSES HOUSEKEEPING SERVICES ARE PROVIDED FOR THE PRESIDENT'S RESIDENCE AS IT IS USED FOR COLLEGE EVENTS THIS BENEFIT IS NOT TREATED AS TAXABLE COMPENSATION TO THE INDIVIDUAL

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493099005313

Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
FLORIDA SOUTHERN COLLEGE

Employer identification number
59-0624401

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) RODDA CONSTRUCTION	JOHN RODDA OWNS RODDA CONSTRUCTION	1,540,220	CONSTRUCTION SERVICES		No
(2) LYNN DENNIS	FAMILY MEMBER OF V TERRY DENNIS, VP FINANCE & ADMINISTRATION	62,600	EMPLOYMENT COMPENSATION		No

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493099005313

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
FLORIDA SOUTHERN COLLEGE

Employer identification number
59-0624401

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications	X		15	VALUED AT $1 EACH
5	Clothing and household goods	X		3	VALUED AT $1 EACH
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	4	116,224	STOCK MARKET VALUE
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▸ (VARIOUS ITEMS)	X	41	31,530	COST
26	Other ▸ (FURNITURE)	X	1	960	COST
27	Other ▸ ( )				
28	Other ▸ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . **29** 1

			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	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a		No
b	If "Yes," describe in Part II			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

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

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493099005313

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
FLORIDA SOUTHERN COLLEGE

Employer identification number
59-0624401

Identifier	Return Reference	Explanation
CONTINUATION OF ORGANIZATION'S MISSION	FORM 990, PART III, LINE 1	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

Identifier	Return Reference	Explanation
CONTINUATION OF PROGRAM SERVICES ACCOMPLISHMENT ONE	FORM 990, PART III, LINE 4A	FLORIDA SOUTHERN IS NATIONALLY RECOGNIZED FOR ITS ENGAGED LEARNING FORMAT WHERE STUDENTS ARE CHALLENGED TO APPLY KNOWLEDGE THEY ACQUIRE IN THEIR CLASSES IN REAL-WORLD SITUATIONS WE ARE PROUD OF THE QUALITY OF OUR STUDENT-FACULTY COLLABORATIVE RESEARCH, STUDENT MUSICAL PERFORMANCES, SERVICE LEARNING, CIVIC ENGAGEMENT, INTERNSHIPS, PRACTICALLY PROJECTS, AND STUDY-ABROAD OPPORTUNITIES, ALL OF WHICH SUPPORT THE ENGAGED LEARNING PEDAGOGY STUDENTS ARE TAUGHT BY DYNAMIC PROFESSORS, INCLUDING 111 FULL-TIME FACULTY THAT RESULTS IN A 18 1 STUDENT-FACULTY RATIO THE FACULTY HAVE OUTSTANDING CREDENTIALS, WITH 80% WHO HAVE EARNED THEIR 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 #2 OF BEST BACCALAUREATE COLLEGES IN THE SOUTH BY U S NEWS & WORLD REPORT, IS RANKED AS THE #1 "MOST BEAUTIFUL CAMPUS" IN THE NATION AND ONCE AGAIN HONORED AS ONE OF THE COUNTRY'S BEST INSTITUTIONS FOR UNDERGRADUATE EDUCATION BY THE PRINCETON REVIEW 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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	M CLAYTON HOLLIS, JR AND MARJORIE H ROBERTS - FAMILY RELATIONSHIP; J STEPHEN BUCK AND SARAH D MCKAY - FAMILY RELATIONSHIP; M CLAYTON HOLLIS, JR AND HOYT ROBINSON BARNETT - BUSINESS RELATIONSHIP

Identifier	Return Reference	Explanation
	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 TO THE COLLEGE'S CHARTER MUST BE APPROVED BY THE FLORIDA CONFERENCE OF THE UNITED METHODIST CHURCH

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7A	THE SOLE MEMBER OF THE COLLEGE MAY ELECT UP TO THIRTY-SEVEN TRUSTEES TO THE BOARD FOR A TERM OF THREE YEARS EACH TWO POSITIONS ON THE BOARD ARE HELD BY INDIVIDUALS BASED ON THEIR POSITIONS WITHIN OTHER ORGANIZATIONS 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 COLLEGE'S BOARD

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7B	ANY AMENDMENT TO THE COLLEGE'S CHARTER MUST BE APPROVED BY THE FLORIDA CONFERENCE OF THE UNITED METHODIST CHURCH

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE AUDIT COMMITTEE REVIEWS THE FORM 990 IN DETAIL FOLLOWING THEIR REVIEW, A PUBLIC INSPECTION COPY OF THE FORM 990 IS DISTRIBUTED TO EACH MEMBER OF THE BOARD BEFORE IT IS FILED WITH THE INTERNAL REVENUE SERVICE.

Identifier	Return Reference	Explanation
	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, THE OFFICERS OF THE COLLEGE, AND OTHER MANAGEMENT STAFF ANY POTENTIAL CONFLICTS ARE DISCUSSED WITH THE AUDIT COMMITTEE, WHO WOULD DETERMINE WHAT LEVEL OF CONFLICT EXISTS AND IF ANY ACTION IS REQUIRED 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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE COLLEGE MAINTAINS A COMPENSATION COMMITTEE COMPRISED OF INDEPENDENT MEMBERS OF THE BOARD OF TRUSTEES THAT REVIEWS AND RECOMMENDS THE COMPENSATION PACKAGE FOR THE COLLEGE PRESIDENT THE RECOMMENDEATION IS VOTED UPON 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 THE BOARD IS DOCUMENTED IN THE MEETING MINUTES THIS PROCESS IS UNDERTAKEN ON AN ANNUAL BASIS AND WAS LAST COMPLETED IN 2012 FOR THE PRESIDENT, DR ANNE B KERR THE COLLEGE PRESIDENT USES COMPARABILITY DATA TO REVIEW AND RECOMMEND COMPENSATION FOR THE OTHER OFFICERS AND KEY EMPLOYEES THE SALARIES ARE REVIEWED AND APPROVED BY THE CHAIRMAN OF THE BOARD OF TRUSTEES THE DECISIONS ARE DOCUMENTED BY THE PRESIDENT AND BOARD CHAIRMAN THIS PROCESS IS UNDERTAKEN ON AN ANNUAL BASIS AND WAS LAST COMPLETED IN 2012 FOR THE FOLLOWING POSITIONS VP FINANCE & ADMINISTRATION, V TERRY DENNIS, VP ENROLLMENT MANAGEMENT, JOHN GRUNDIG, VP EXTERNAL RELATIONS, ROBERT H TATE, VP ADVANCEMENT, MATTHEW R THOMPSON, AND PROVOST, KYLE FEDLER

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE COLLEGE DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, NOR THE FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC AT THIS TIME PURSUANT TO INTERNAL REVENUE CODE SECTION 6104

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -3,966,717 ACTUARIAL CHANGE IN ANNUITY OBLIGATIONS 58,842 ACTUARIAL CHANGE IN POSTRETIREMENT BENEFIT PLAN OBLIGATION -183,019 TOTAL TO FORM 990, PART XI, LINE 5 -4,090,894

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493099005313

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
FLORIDA SOUTHERN COLLEGE

Employer identification number
59-0624401

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) FLORIDA CONFERENCE OF THE UNITED METHODIST CHURCH 1140 E MCDONALD ST LAKELAND, FL 33801 59-0904361	SUPPORT	FL	501(C)(3)	LINE 1	N/A		No
(2) FLORIDA UNITED METHODIST FOUNDATION INC PO BOX 3549 LAKELAND, FL 33802 59-1148701	INVESTMENT MANAGEMENT	FL	501(C)(3)	LINE 11C, III-FI	FLORIDA CONFERENCE OF THE UNITED METHODIST CHURCH		No

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

(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-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) CHARITABLE REMAINDER UNITRUST (10) 111 LAKE HOLLINGSWORTH DR LAKELAND, FL 33801	INVESTMENT	FL	N/A	T			
(2) POOLED TRUSTS (3) 111 LAKE HOLLINGSWORTH DR LAKELAND, FL 33801	INVESTMENT	FL	N/A	T			

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

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?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e	Yes	
f Sale of assets to related organization(s)	1f		No
g Purchase of assets from related organization(s)	1g		No
h Exchange of assets with related organization(s)	1h		No
i Lease of facilities, equipment, or other assets to related organization(s)	1i		No
j Lease of facilities, equipment, or other assets from related organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by related organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m		No
n Sharing of paid employees with related organization(s)	1n		No
o Reimbursement paid to related organization(s) for expenses	1o		No
p Reimbursement paid by related organization(s) for expenses	1p		No
q Other transfer of cash or property to related organization(s)	1q		No
r Other transfer of cash or property from related organization(s)	1r		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

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

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) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	

Additional Data

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERT L FRYER JR CHAIRMAN	10 00	X		X				0	0	0
RICHARD T FULTON VICE CHAIRMAN	1 00	X		X				0	0	0
ROBERT E PUTERBAUGH SECRETARY	1 00	X		X				0	0	0
MARCENE CHRISTOVERSEN ASST SECRETARY	1 00	X		X				0	0	0
HOYT ROBINSON BARNETT TREASURER	1 00	X		X				0	0	0
ROBERT J ADAMS TRUSTEE	1 00	X						0	0	0
RALPH C ALLEN TRUSTEE - PARTIAL YEAR	1 00	X						0	0	0
SUSAN E BAXA TRUSTEE	1 00	X						0	0	0
J STEPHEN BUCK TRUSTEE	1 00	X						0	0	0
BISHOP KENNETH H CARTER JR TRUSTEE - PARTIAL YEAR	1 00	X						0	0	0
ANN EDWARDS TRUSTEE	1 00	X						0	0	0
BISHOP ROBERT E FANNIN TRUSTEE	1 00	X						0	0	0
W RUSSELL GRAVES TRUSTEE - PARTIAL YEAR	1 00	X						0	0	0
ANN H HANSEN TRUSTEE	1 00	X						0	0	0
JEFFREY K HEARN TRUSTEE	1 00	X						0	0	0
M CLAYTON HOLLIS JR TRUSTEE	1 00	X						0	0	0
GENERAL DONALD L KERRICK TRUSTEE - PARTIAL YEAR	1 00	X						0	0	0
SHARON K LUTHER TRUSTEE - PARTIAL YEAR	1 00	X						0	0	0
REVEREND W DAVID MCENTIRE TRUSTEE	1 00	X						0	0	0
SARAH D MCKAY TRUSTEE	1 00	X						0	0	0
EDWIN MCMULLEN TRUSTEE	1 00	X						0	0	0
EDWARD L MYRICK TRUSTEE - PARTIAL YEAR	1 00	X						0	0	0
MAIDA BADCOCK POU TRUSTEE	1 00	X						0	0	0
DANIEL R RICHEY TRUSTEE	1 00	X						0	0	0
MARJORIE H ROBERTS TRUSTEE	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN A RODDA TRUSTEE	1 00	X						0	0	0
GEORGE W ROGERS TRUSTEE	1 00	X						0	0	0
ARTHUR J ROWBOTHAM TRUSTEE	1 00	X						0	0	0
JOE P RUTHVEN TRUSTEE	1 00	X						0	0	0
LOUIS S SACO TRUSTEE	1 00	X						0	0	0
HONORABLE E J SALCINES TRUSTEE	1 00	X						0	0	0
RAY L SANDHAGEN TRUSTEE	1 00	X						0	0	0
ROBERT W SCHARAR TRUSTEE	1 00	X						0	0	0
ROBERT R SHARP TRUSTEE - PARTIAL YEAR	1 00	X						0	0	0
EVETT L SIMMONS TRUSTEE	1 00	X						0	0	0
G BARRY SKITSKO TRUSTEE	1 00	X						0	0	0
HAROLD M SMELTZLY TRUSTEE - PARTIAL YEAR	1 00	X						0	0	0
ROBERT S TRINKLE TRUSTEE	1 00	X						0	0	0
BISHOP TIMOTHY W WHITAKER TRUSTEE - PARTIAL YEAR	1 00	X						0	0	0
R HOWARD WIGGS TRUSTEE	1 00	X						0	0	0
ANNE B KERR PRESIDENT	75 00			X				279,565	0	49,635
V TERRY DENNIS VP OF FINANCE & ADMINISTRATION	55 00			X				166,736	0	27,119
KYLE FEDLER PROVOST	50 00			X				76,323	0	19,829
JOHN GRUNDIG VP OF ENROLLMENT MANAGEMENT	50 00			X				99,939	0	23,154
ROBERT H TATE VP EXTERNAL RELATIONS	40 00			X				124,776	0	21,101
MATTHEW R THOMPSON VP ADVANCEMENT	45 00			X				126,917	0	33,539
WILLIAM L RHEY DEAN OF BUSINESS & ECONOMICS	40 00					X		168,416	0	20,591
JOHN M WELTON DEAN OF NURSING & HEALTH SCIENCES	40 00					X		186,133	0	34,196
JAMES T BYRD DEAN OF ARTS & SCIENCES	40 00					X		111,113	0	33,731
MARTHA LYNN CLEMENTS PROFESSOR	40 00					X		109,806	0	18,600

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM C QUILLIAM PROFESSOR	40 00					X		113,109	0	7,941