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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

Open to Public

A Fo	r the	2011 ca	lendar year, or tax year beginning	06-01-2011 and ending 05	-31-2012	2			
B Che	eck ıf a	pplicable	C Name of organization Rollins College				D Employ	er ide	ntification number
┌ Add	lress cl	hange	-				59-06		
┌ Nar	ne cha	inge	Doing Business As				E Telepho	ne nu	mber
┌ Inıt	ıal retu	ırn	Number and street (or P O box if mail	is not delivered to street address)	Poom/su	uto.	(407)	646-2	125
 ☐ Ter	mınate	rd	1000 Holt Avenue - CB 2715	is not delivered to street address;	KOOIII/ Sui	ite	G Gross re	ceipts \$	5 407,551,161
•	ended		City or town, state or country, and ZIP	+ 4		_			
			Winter Park, FL 32789	T -					
l Abb	olication	n pending				_			
			F Name and address of princi	pal officer		H(a) Is thi affilia		return	for
						aiiiia	les		j res j• No
						H(b) Are al	l affiliates i	nclude	ed?
		ont status	₩ 504/ \/ (2)		.27				(see instructions)
<u> </u>	x-exem	npt status	▼ 501(c)(3)	ert no) 4947(a)(1) or 5	027	H(c) Grou	p exempti	on nur	nber 🟲
J W	ebsite	e: 🕨 ww	w rollins edu						
K Forr	n of or	ganızatıon	Corporation Trust Association	Other 🕨		L Year of for	mation 188	35 M	State of legal domicile FL
Pa	rt I	Sum	mary						
Activities & Governance		Educatio empower values a commun	escribe the organization's mission in and Public Service Mission Rolli ing graduates to pursue meaningfund ideals. Our guiding principles ailty to explore diverse intellectual, ment, creative accomplishment, cu	ns College educates student il lives and productive caree re excellence, innovation and spiritual and aesthetic tradit	ts for glo rs We ar d commu nons We	re committed inity We provid are dedicated	to liberal a de opporti d to schola	arts et inities arship	hos and guided by its for students and the , academic
ŝ	2	 Check th	nis box দ if the organization disc	ontinued its operations or dis	sposed o	of more than 2	5% of its	net as	sets
ም ያያ			of voting members of the governing				1	з	30
Ě			of independent voting members of					4	29
ਹਿੰ ਹ			mber of individuals employed in ca		•		` 	5	2,185
Q.			. , mber of volunteers (estimate if nec		,		ŀ	6	700
	7a	Total uni	related business revenue from Part	VIII, column (C), line 12			F	7a	0
			lated business taxable income from					7b	-74,351
						Prio	r Year		Current Year
	8	Contri	butions and grants (Part VIII, line			19,655,4	0.5	16,706,088	
율	9	Progra	m service revenue (Part VIII, line		107,699		82	112,414,210	
Revenue	10	Invest	ment income (Part VIII, column (A	A), lines 3, 4, and 7d)			19,182,7	13	17,460,242
Ť	11	Other	revenue (Part VIII, column (A), lır	nes 5, 6d, 8c, 9c, 10c, and 1	1e)		1,663,2	65	1,578,066
	12		revenue—add lines 8 through 11 (n		40 200 7	ر ا	140 150 606		
	12		and similar amounts paid (Part IX			1 -	.48,200,7 30,617,1	_	148,158,606
	13 14		ts paid to or for members (Part IX,				30,017,1	33	32,771,938
	15		es, other compensation, employee	, ,,					
&	13	5-10)		beliefits (i are 1x, column (A), IIIIC3		59,134,0	72	61,448,116
Expenses	16a	Profes	sional fundraising fees (Part IX, co	olumn (A), line 11e)			90,4	69	67,089
ੜੇ	ь	Total fu	ndraising expenses (Part IX, column (D), l	ıne 25) ► ^{5,396,442}					
ш	17	Other	expenses (Part IX, column (A), lin	es 11a-11d, 11f-24e) .			50,226,6	85	51,700,389
	18	Total	expenses Add lines 13-17 (must	equal Part IX, column (A), lii	ne 25)	1	.40,068,3	61	145,987,532
	19	Reven	ue less expenses Subtract line 18	from line 12			8,132,4	04	2,171,074
<u>%</u> ह						Beginning		ıt 🗍	End of Year
ង ក្នុង		_					ear		
Not Assets or Fund Balances	20		assets (Part X, line 16)				564,474,5	_	568,732,978
en de	21		iabilities (Part X, line 26)				24,314,3		155,838,260
	22		sets or fund balances Subtract lin	e 21 from line 20		1 4	40,160,2	υυ	412,894,718
Unde know		lties of po and belie	ature Block erjury, I declare that I have examined f, it is true, correct, and complete. De						
		****	**			20	13-04-15		
Sign	1		ature of officer			Da			
Here		Jeffre	ey G Eisenbarth Vice President						
			or print name and title						
		Preparer	's k	Date		Check If			er identification number
Paid		signature		(see instructions)					
	arer's	Firm's na	ame (or yours L			employed 🕨 🦳	1		
Use (ıf self-er	nployed), and ZIP + 4				EIN ▶		
	-	audiess,	GIIG ZII I T				Phone no	+	

1 01111	1 5 5 0 (2011)				Page 2
Par		ram Service Accomplis ntains a response to any ques			Г
1	Briefly describe the organization	on's mission			
gradı guıdı ıntell	cation and Public Service Mission uates to pursue meaningful lives ing principles are excellence, inn lectual, spiritual and aesthetic to chment, social resonsibility and e	and productive careers We a novation and community We pr raditions We are dedicated to	re committed to liber ovide opportunities fo	al arts ethos and guided by its or students and the communit	s values and ideals Our y to explore diverse
2	Did the organization undertake the prior Form 990 or 990-EZ?				Yes ▼ No
	If "Yes," describe these new se	ervices on Schedule O			
3	Did the organization cease con services?		hanges in how it cond		Yes ✓ No
	If "Yes," describe these change	es on Schedule O			
4	Describe the organization's pro expenses Section 501(c)(3) a grants and allocations to other	nd 501(c)(4) organizations ar	nd section 4947(a)(1) trusts are required to report	
4a	(Code) (Exp	penses \$ 101,916,411 in	cluding grants of \$	32,771,938) (Revenue \$	95,604,209)
	Rollins College provided liberal arts a undergraduate and 327 graduate de year ended May 31, 2012	and graduate educational courses to grees were awarded, and a variety o	3,272 students who took a of other educational and c	a combined 95,926 credit hours of ck ultural programs were offered to the	asses, a total of 571 community during the fiscal
4b	(Code) (Exp	penses \$ 22,153,230 in	cluding grants of \$) (Revenue \$	16,810,001)
	Rollins College operated various aux staff	ılıary enterprises including dining, ho	using and bookstore serv।	ces for the convenience and well-bei	ng of its students, faculty and
4 c	(Code) (Exp	penses \$ Inc	cluding grants of \$) (Revenue \$)
4d	Other program services (Des	cribe in Schedule O)			
	(Expenses \$	including grants of \$) (Revenue \$)
4e	Total program service expens	es► \$ 124,069,641			

art IV	Checklis	t 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)? $^{f 2}$	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? <i>If</i> "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		No
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			
а	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		No
	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? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
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		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		N o
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	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		N o
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		N o
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		N o
	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		N o
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		N o
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)			
а	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	
С	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		N o
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	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		N o
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	Yes	
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		N o
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 $2 \cdot \cdot \cdot \cdot$	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		N o
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		N o
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	
		F:	orm 990	(2011)

Form 990 (2011)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V		.୮	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
_	1a 4,685			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
2-	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this			
	return		1	
Ь	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)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the		l	
	year?	3a 3b	Yes	
D 4a	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i> At any time during the calendar year, did the organization have an interest in, or a signature or other authority	3D	res	
-14	over, a financial account in a foreign country (such as a bank account or securities			
	account)?	4a	Yes	
Ь	If "Yes," enter the name of the foreign country ►AS See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	See instructions for filling requirements for Form 1D 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?	_		No
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5с 6а	Yes	
Oa	organization solicit any contributions that were not tax deductible?		163	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6b	Yes	
7	were not tax deductible?	OD	165	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a	Yes	
	services provided to the payor?			
	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			
و	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
Ū	contract?	7e		No
	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		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
•	Form 1098-C?	7h		No
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		No
9	Sponsoring organizations maintaining donor advised funds.		1	
	Did the organization make any taxable distributions under section 4966?	9a		No
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b			
-	facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
175	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
	If "Yes," enter the amount of tax-exempt interest received or accrued during the	120		10
_	year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		1	
а	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	13a		No
h	allocated to each state 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			
C	Enter the aggregate amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		No

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

Se	ection A. Governing Body and Management			
			Yes	No
	1 1			
1a	Enter the number of voting members of the governing body at the end of the tax year			
ь	Enter the number of voting members included in line 1a, above, who are			
	Independent 1 1 1 1 29			
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		No
3	3		No	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	4		No
5	filed? Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization become aware during the year of a significant diversion of the organization assets.	6		No
7a	Did the organization have members of stockholders, or other persons who had the power to elect or appoint one or	H		140
/u	more members of the governing body?	7a		No
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
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
	ection B. Policies (This Section B requests information about policies not required by the Internal			•
Re	evenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
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	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990	114	165	
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	126	V	
_	rise to conflicts?	12b	Yes	
C	ın 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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16-	Did the organization invest in contribute access to as participate in a section of the contribute access to as participate in a section of the contribute access to as participate in a section of the contribute access to as participate in a section of the contribute access to as participate in a section of the contribute access to as participate in a section of the contribute access to as participate in a section of the contribute access to as participate in a section of the contribute access to as participate in a section of the contribute access to as participate in a section of the contribute access to as participate in a section of the contribute access to the contribute access to a section of the contribute access to a section of the contribute access to a section of the contribute access to the contribute access to a section of the contribute access t			
10a	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		l No
Se	ection C. Disclosure			.,,
17	List the States with which a copy of this Form 990 is required to be filed▶FL			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			

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 Vpon 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 William Short

1000 Holt Avenue - CB 2715 Winter Park, FL 327894499

(407) 646-2125

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- 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 or	ganization nor any re	lated o	rgan	ızatı	ons	compe	ensat	ted any current or fo	rmer officer, direc	tor, or trustee
(A) Name and Title	(B) A verage hours per week (describe	unles an	on (d e tha	n one son er ar	e bo: is bo nd a	x, oth		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustae or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		MISC)	related organizations
See Additional Data Table										
				\vdash			_			

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

	(A) Name and Title	(B) A verage hours per week (describe	Average Position (do not check more than one box, per unless person is both an officer and a director/trustee)							(D) ortable ensation m the zation (W- 9-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-		(F) Estimated amount of other compensation from the organization and related		
		for related organizations in Schedule	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			Miscy		organiza		
See A	vidditional Data Table						+-								
												+			
							_					+			
												+			
												+			
												\perp			
												\perp			
												\perp			
												\top			
1b	Sub-Total				<u> </u>			<u> </u>	<u> </u>			十			
С	Total from continuation sheets							►							
d	Total (add lines 1b and 1c) .							-		3,141,855				652,990	
2	Total number of individuals (incl \$100,000 of reportable compen	_					above) who	o receive	ed more tha	an				
													Yes	No	
3	Did the organization list any for on line 1a? <i>If</i> "Yes," complete Sci											_	V		
4	For any individual listed on line											3	Yes		
	organization and related organiz														
5	Did any person listed on line 1a	receive or accri		• nenca	• stion	fro	 m anv	• unre	lated or	· · ·	or individual for	4	Yes		
,	services rendered to the organiz								_	•	•	5		No	
	ection B. Independent Con	tractors													
1	Complete this table for your five \$100,000 of compensation from	highest comper n the organizatio													
	or within the organization's tax y	(A)								1	(B)		(C		
Roya	Nai Il & Company Inc	ne and business ad	dress							Desc	ription of services		Comper	nsation	
	East Parham Rd nond, VA 232282206									New studen	search			391,555	
Nano Alban	rn Yaffee Prescott Architecture & Engine Fab East 257 Fuller Rd y, NY 12203								Architect ser	vices		1,885,474			
968 L Orlan	oany PartnersLLC ake Baldwin Ln do, FL 32814									Construction			1,870,602		
200 0	eld & Gorne LLC Colonial Ctr Pkwy Ste 200 Mary, FL 32751									Construction				647,918	
Baker Barrios Architects Inc 189 S Orange Av Ste 1700 Orlando, FL 32801 Architect services									567,697						

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 -25

Form 99	•	,						Page 9
Part \	/1111	Statement of	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
its its	1a	Federated cam	paigns 1a					
호호	ь	Membership du	ıes 1b	52,589				
S, G	С	Fundraising ev	ents 1c	212,276				
<u>#</u>	d	Related organiz	zations 1d					
ΨŒ	e	Government grant	s (contributions) 1e	1,171,374				
tion sr s	f	All other contribute	ons, gifts, grants, and 1f	15,269,849		ĺ		
Contributions, gifts, grants and other similar amounts	g		ibutions included in					
돌호								
<u> </u>	h	Total. Add line	s 1 a - 1 f		16,706,088			
<u>e</u>				Business Code				
že i	2a	Student tuition			93,880,263	93,880,263		
æ	b	Philanthropy/oth p	programs		705,773	705,773		
Program Service Revenue	C	Other revenue			154,781	154,781		
<u> </u>	d	Auxiliary income			16,810,001	16,810,001		
Ē	e	Athletic programs			645,537	645,537		
<u> </u>	f	All other progra	am service revenue		217,855	217,855		
ΔŤ	g	Total. Add line:	s 2a-2f		112,414,210			
	3	Investment inc	ome (including dividen	ds, interest				
			aramounts)		5,982,358			5,982,358
	4		stment of tax-exempt bond	proceeds -	0			
	5	Royalties .			261,694			261,694
	6a	Gross rents	(ı) Real 3,590,093	(II) Personal				
	ь	Less rental	2,294,825					
	c	expenses Rental income	1,295,268					
		or (loss)		<u> </u>	1 205 260			1 205 260
	d	Net rental inco	me or (loss)		1,295,268			1,295,268
	7a	Gross amount	(i) Securities 268,438,856	(II) Other				
	-	from sales of assets other						
		than inventory Less cost or	256,960,972					
	Ь	other basis and sales expenses	230,300,372					
	c	Gain or (loss)	11,477,884					
	d	Net gain or (los	ss)		11,477,884			11,477,884
	8a		from fundraising	[
Other Revenue		events (not inc \$ 212	luding 2,276					
₫ >		of contributions	s reported on line 1c)					
ъ		See Part IV, Iir	ne 18 a	157.062				
Ā	Ь	less directex	penses b	157,862 136,758				
₹	c		(loss) from fundraising		21,104			21,104
	9a		from gaming activities					
		See Part IV, lır	ne 19					
	Ь	Loss direct ov	apenses b					
	c		(loss) from gaming acti		o			
	10a	Gross sales of returns and allo	inventory, less owances .					
	b		a oods sold b (loss) from sales of inv	entory • •	0			
	Ť	Miscellaneou		Business Code				+
	11a							
	ь							
	c							
	d	All other reven	ue					
	e	Total. Add line	s 11a-11d		0			
	12	Total reverse	See Instructions .	·				
		.o.u. ievellue.	Sectionactions :	• • • • •	148,158,606	112,414,210		19,038,308

Part IX Statement of Functional Expenses

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

	neck if Schedule O contains a response to any question in this Part IX				
	ot include amounts reported on lines 6b, o, 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	0			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	32,771,938	32,771,938		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	2,404,597		2,079,272	325,325
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	43,951,753	37,387,564	4,054,826	2,509,363
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,329,384	2,784,321	341,697	203,366
9	Other employee benefits	8,652,808	6,965,467	1,128,454	558,887
10	Payroll taxes	3,109,574	2,464,754	442,222	202,598
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	200,171	54,437	145,729	5
C	Accounting	147,525		147,525	_
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	67,089			67,089
f	Investment management fees	1,250,335		1,250,335	
g	Other	2,613,416	1,684,001	708,302	221,113
12	Advertising and promotion	1,046,883	595,319	316,649	134,915
13	Office expenses	5,152,729	3,463,763	1,510,864	178,102
14	Information technology	3,215,767	2,300,421	779,274	136,072
15	Royalties	5,381	5,381		
16	Occupancy	10,979,111	9,868,373	1,001,550	109,188
17	Travel	5,212,095	4,266,004	447,638	498,453
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	1,261,729	1,157,150	66,451	38,128
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	10,523,084	10,075,569	348,587	98,928
23	Insurance	302,495	177,362	111,491	13,642
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)				
а	Miscellaneous	1,468,749	453,174	1,015,575	
b	Facility maint , repairs, supp	1,530,034	1,277,908	239,100	13,026
С	Off campus tuition,room,board	1,936,613	1,936,613		
d	Food purchases	4,344,457	4,344,457		
e					
f	All other expenses	509,815	35,665	385,908	88,242
25	Total functional expenses. Add lines 1 through 24f	145,987,532	124,069,641	16,521,449	5,396,442
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				rm 990 (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 5,101,324 Cash—non-interest-bearing 3,434,808 1 20.761.500 44.938.148 2 2 Savings and temporary cash investments 3 19,616,527 23,287,006 1.356.327 1.440.642 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 0 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 6 0 2,484,904 5,227,587 7 113.324 255.972 8 9 2.666,728 9 2.219.673 Prepaid expenses and deferred charges 10a 258,154,751 Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 102,041,611 b Less accumulated depreciation 149,357,768 10c 156,113,140 341,237,690 11 317,668,226 11 12 12 Investments—other securities See Part IV, line 11 13 1,641,185 13 1,745,680 Investments—program-related See Part IV, line 11 . . 14 14 17,251,894 15 15,287,427 15 564,474,502 568,732,978 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 8,252,832 17 9,669,313 17 Accounts payable and accrued expenses . 18 18 19 2,839,485 19 2,176,892 20 79.216.106 20 109.641.451 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 21 Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L \ldots . \ldots . \ldots 22 23 Secured mortgages and notes payable to unrelated third parties . . . 24.465.977 23 24,591,293 24 Unsecured notes and loans payable to unrelated third parties 24 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 9,539,902 25 9,759,311 D 26 124,314,302 26 155,838,260 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 140,489,282 **27** Unrestricted net assets 119,148,498 104,551,998 28 100,858,114 28 Temporarily restricted net assets Fund 29 195,118,920 29 192,888,106 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ž 33 Total net assets or fund balances 440.160.200 33 412.894.718 34 Total liabilities and net assets/fund balances 564.474.502 34 568.732.978

FGI	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		148,1	.58,606
2	Total expenses (must equal Part IX, column (A), line 25)	2		145,9	87,532
3	Revenue less expenses Subtract line 2 from line 1	3		2,1	.71,074
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		440,1	.60,200
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-29,4	136,556
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		412,8	394,718
Par	t 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				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? \cdot .		2a		Νo
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of 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 its 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 on a separate basis, consolidated basis, or both	ssued			
	Separate basis Consolidated basis Both consolidated and separated basis				
За	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?	е	За	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits \cdot .	required	3b	Yes	

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Rollins College

Name of the organization

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

Public Charity Status and Public Support

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

Inspection **Employer identification number**

Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). $\overline{\mathbf{v}}$ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% 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 Seesection 509(a)(4). 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 c Type III - Functionally integrated Type III - Other Type I **b** Type II 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) 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizat col (i) lis your gove docume	e Ion In ted In Erning	(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) A mount of support?
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

(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?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

Provide the following information about the supported organization(s)

(ii) a family member of a person described in (i) above?

following persons?

h

Yes

11g(i)

11g(ii)

11g(iii)

No

instructions

Sch	edule A (Form 990 or 99	90-EZ)2011						Page 2
	(Complet	e only if you	checked the	box on line 5,	7, or 8 of Part	(b)(1)(A)(iv) I or if the orgar	nızatıon faıle	d to qualify
			<u>organızatıon f</u>	fails to qualify ι	<u>under the tests</u>	listed below, pl	<u>lease comple</u>	ete Part III.)
	ection A. Public Su			1		Т	1	
Cal	endar year (or fiscal ye in)	ar beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contribut	ions, and						
	membership fees recei							
	ınclude any "unusual							
_	grants ") Tax revenues levied fo	rtho						
2	organization's benefit a							
	paid to or expended on							
	behalf							
3	The value of services of							
	furnished by a governme the organization withou							
4	Total. Add lines 1 thro	_						
5	The portion of total cor	-						
-	by each person (other	than a						
	governmental unit or p	•						
	supported organization line 1 that exceeds 2%							
	amount shown on line 1							
	(f)	21,0014						
6	Public Support. Subtractine 4	ct line 5 from						
S	ection B. Total Sup	port						
Cal	endar year (or fiscal yea	r beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
_	ın)	_	(4) 2007	(2) 2000	(4) 2005	(4) 2020	(0) 2022	(1) 1 3 4 4
7 8	A mounts from line 4 Gross income from inte	rost –						
0	dividends, payments re							
	securities loans, rents							
	and income from simila	ır						
_	sources							
9	Net income from unrela business activities, wh							
	not the business is reg							
	carried on							
10	Other income (Explain							
	IV) Do not include gai from the sale of capital							
11	Total support (Add line							
	through 10)							
12	Gross receipts from re	lated activities	s, etc (See inst	ructions)			12	
13	First Five Years If the		r the organizati	on's first, second	l, thırd, fourth, or	fıfth tax year as a	501(c)(3) or	
	check this box and sto	p here						▶ □
S	ection C. Computat	ion of Publ	ic Support F	Percentage				
14	Public Support Percen	tage for 2011	(line 6 column	(f) dıvıded by lıne	11 column (f))		14	
15	Public Support Percen	tage for 2010	Schedule A , Pa	rt II, line 14			15	
16a	33 1/3% support test-					line 14 is 33 1/3%	% or more, che	
h	and stop here. The org 33 1/3% support test					6a and line 15 is	33 1/20% or m	ore check this
D	box and stop here. The					oa, and inte 15 IS	1/3%0 UI M	ore, check this
17a	10%-facts-and-circum	-	•		-	ne 13, 16a, or 16	b and line 14	٠,
	ıs 10% or more, and ıf							
	in Part IV how the orga	anızatıon meet	s the "facts and	d circumstances"	test The organiz	zatıon qualıfıes as	a publicly su	
b	organization 10%-facts-and-circum	stances test—	2010. If the ora	anization did not	check a hov on li	ne 13, 16a 16b	or 17a and lin	▶ □
,	15 is 10% or more, an							-
	Explain in Part IV how	the organizati						
10	supported organization Private Foundation If t		n did not chools	a hov on line 12	16a 16h 17a a	or 17h chack this	hov and coc	► □

▶□

Schedule A (Form 990 or 990-EZ) 2011 Page 3 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 (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) 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 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

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

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

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

Schedule A (Form 990 or 990-EZ) 2011

DLN: 93493105002493

OMB No 1545-0047

Open to Public

SCHEDULE D (Form 990)

Department of the Treasury

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

tema	ll Revenue Service ► Attach to F	orm 990. ► See separate instructions.			Inspect	don
	me of the organization lins College		Emplo	oyer identificat	ion numbe	er
ΚUI	inia conege		59-0	624440		
Pa	rt I Organizations Maintaining Donor A		unds o	r Accounts.	Comple	te ıf the
	organization answered "Yes" to Form 99	90, Part IV, line 6. (a) Donor advised funds	/1) Funds and ot	horaccou	ntc
L	Total number at end of year	(a) Donor advised funds	(1) Fullus allu ot	ner accou	iits
2	Aggregate contributions to (during year)					
- 3	Aggregate grants from (during year)					
1	Aggregate value at end of year					
5	Did the organization inform all donors and donor adv funds are the organization's property, subject to the	3	or advis	ed	┌ Yes	┌ No
5	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ber conferring impermissible private benefit				┌ Yes	┌ No
Pa	rt III Conservation Easements. Complete	if the organization answered "Yes" to	o Form	990, Part IV,	line 7.	
2	Purpose(s) of conservation easements held by the o Preservation of land for public use (e g , recreat Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qual easement on the last day of the tax year	non or pleasure) Preservation of an Preservation of a c	ertified	historic structi	•	a
	easement on the last day of the tax year	[Held at the E	nd of the	Year
а	Total number of conservation easements		2a	Tiola at the l	01 1110	cui
ь	Total acreage restricted by conservation easements	s	2b			
c	Number of conservation easements on a certified his	ŀ	2c			
d	Number of conservation easements included in (c) a	cquired after 8/17/06	2d			
3	Number of conservation easements modified, transfe	ı erred. released. extınguıshed. or termınate	d by the	organization d	urina	
	the taxable year 🕨		,			
ļ	Number of states where property subject to conserv	ation openment is located by				
;	Does the organization have a written policy regardin enforcement of the conservation easements it holds	g the periodic monitoring, inspection, hand	— dling of v	violations, and	┌ Yes	┌ No
,	Staff and volunteer hours devoted to monitoring, ins	pecting and enforcing conservation easem	ents du	ring the year 🛌		
,	Amount of expenses incurred in monitoring, inspecti	ing, and enforcing conservation easements	during	the year		
	▶ \$					
3	Does each conservation easement reported on line $\frac{1}{170}$ (h)(4)(B)(I) and $\frac{1}{170}$ (h)(4)(B)(II)?	2(d) above satisfy the requirements of sec	tion		┌ Yes	┌ No
•	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation eases	the footnote to the organization's financial				
aı	Complete of the organization answered	ons of Art, Historical Treasures,	or Oth	er Similar A	ssets.	
La	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its file.	for public exhibition, education or researc	ch in fur			e,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research in				
	(i) Revenues included in Form 990, Part VIII, line 1	<u> </u>		► \$		
	(ii) Assets included in Form 990, Part X			- \$		
2	If the organization received or held works of art, hist following amounts required to be reported under SFA		r financ			
а	Revenues included in Form 990, Part VIII, line 1			▶ \$		

b Assets included in Form 990, Part X

Par	Organizations Maintaining Co	llections of Art,	, His	torical	Treas	ures, or (Othe	r Similar A	sset	S (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of th		_	_			ction		
а	Public exhibition		d	√ Loa	norex	change prog	ırams				
b	▼ Scholarly research		e	┌ Oth	er						
С	Preservation for future generations										
4	Provide a description of the organization's co Part XIV	ollections and explai	n how	v they furt	her the	organızatıo	n's ex	cempt purpose	ın		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t							nılar	┌ Y	es	▽ No
Pa	rt IV Escrow and Custodial Arrang Part IV, line 9, or reported an an					on answere	ed "Y	es" to Form	990,		
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	dıary	for contri	butions	or other as	sets	not	┌ Y	es	Г No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the f	follow	ıng table							
								A	moun	t	
C	Beginning balance						1 c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?						┌ Y	es	┌ No
b	If "Yes," explain the arrangement in Part XIV										
Pa	rt V Endowment Funds. Complete	f the organization	ans	wered "Y	<u>es" to </u>	Form 990	, Par				
		(a)Current Year	(b) Prior Year	(с) Two Years Ba	ck	(d)Three Years Back	(e)	our Y	ears Back
1a	Beginning of year balance	357,600,595		290,860,9	985	269,821,	869				
b	Contributions	2,361,692		22,451,9	930	1,566,	480				
c	Investment earnings or losses	-10,729,721		59,984,3	368	34,493,	471				
d	Grants or scholarships	5,981,461		5,188,4	499	5,038,	509				
e	Other expenditures for facilities and programs	9,615,105		9,210,9	918	8,751,	046				
f	Administrative expenses	1,376,210		1,297,2	271	1,231,	280				
g	End of year balance	332,261,790		357,600,	595	290,860,	985				
2	Provide the estimated percentage of the yea	r end balance held a	S								
а	Board designated or quasi-endowment 🕨	20 060 %									
b	Permanent endowment ► 79 940 %										
C n-	Term endowment ►							41			
3a	Are there endowment funds not in the posses organization by	ssion of the organiza	ition t	hat are he	eld and	administere	ed for	the		Yes	No
	(i) unrelated organizations							3		Yes	
	(ii) related organizations							3a	(ii)		No
b	If "Yes" to 3a(II), are the related organizatio	ns listed as required	l on S	chedule R	?.				3b		No
4	Describe in Part XIV the intended uses of th										
Pa	rt VI Land, Buildings, and Equipme	nt. See Form 99	0, Pa	rt X, line	10.	1		Γ			
	Description of property			(a) Cost of basis (inve		(b) Cost or o		(c) Accumulate depreciation	d (d) Boo	ok value
1a	Land			1,	102,714	32,60	2,929			3:	3,705,643
b	Buildings			16,	476,255	140,84	9,566	60,378,8	73	96	5,946,948
c	Leasehold improvements			4,	510,616			3,193,6	58		1,316,948
d	Equipment				246,600	22,66	5,076	17,620,2	12		5,291,464
е	Other				609,799	39.09	1,196	20,848,8	58	18	3,852,137

156,113,140

Part VIII Investments—Other Securities. See	Form 990, Part X, line 17		
(a) Description of security or category	(b)Book value		od of valuation
(including name of security)		Cost or end-o	f-year market value
(1)Financial derivatives			
(2)Closely-held equity interests Other			
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) Metho	od of valuation
——————————————————————————————————————	(b) Dook value	Cost or end-o	f-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, lin			
(a) Descrip	otion		(b) Book value
T.1. (0.1	<u> </u>		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1		<u> </u>	
Part X Other Liabilities. See Form 990, Part X			
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes			
SWAP value liability	5,413,000		
Government advances for student loans	1,398,645		
Capital lease payable	773,306		
Annuity and life income payable	2,174,360		
, pa, asia	2,27 1,300		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	9,759,311		

Pai	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	148,158,606
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	145,987,532
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,171,074
4	Net unrealized gains (losses) on investments	4	-27,683,680
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-1,752,876
9	Total adjustments (net) Add lines 4 - 8	9	-29,436,556
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-27,265,482
Par	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue	er Re	
1	Total revenue, gains, and other support per audited financial statements	1	115,523,426
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	136,758
3	Subtract line 2e from line 1	3	115,386,668
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4c	32,771,938
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	148,158,606
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	114,318,472
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
ь	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIV)	1	
e	Add lines 2a through 2d	2e	2,353,213
3	Subtract line 2e from line 1	3	111,965,259
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 1,250,335		
b	Other (Describe in Part XIV)]	
c	Add lines 4a and 4b	4c	34,022,273
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	145,987,532
Pai	t 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,

Identifier	Return Reference	Explanation
Part X	Part X FIN48 Footnote	The College's policy is to record a liability for any tax position taken that is beneficial to the College, including any related interest and penalties, when it is more likely than not the position taken by management with respect to a transaction or class of transactions will be overturned by a taxing authority upon examination Management believes there are no such positions as of May 31, 2012 and, accordingly, no liability has been accrued
Part XIII, Line 4b	Part XIII, Line 4b Other revenue amounts included on 990 but not included in F/S	Scholarships \$32771938
Part XIII, Line 2d	Part XIII, Line 2d Other expenses and losses per audited F/S	Direct fundraising exp reported Line 9b \$136758 Loss on early extinguishment of debt \$539801 Change in FMV of SWAP agreement \$1676654
Part XII, Line 4b	Part XII, Line 4b Other revenue amounts included on 990 but not included in F/S	Scholarships \$32771938
Part XII, Line 2d	Part XII, Line 2d Other revenue amounts included in F/S but not included on form 990	Direct fundraising exp reported Line 9b \$136758
Part XI, Line 8	Part XI, Line 8 Other Changes in Net Assets or Fund Balances	Change in value - split interest agreements \$463579 Loss on early extinguishment of debt \$ -539801 Change in FMV on SWAP agreement \$ -1676654
Part V , Line 4	Part V, Line 4 Intended uses of the endowment fund	Endowment distribution supports expenditures such as Scholarships, Professor Salaries & Faculty Development, Library Resources, the Athletic Program, the Cornell Fine Arts Museum, Academic Program Support and Plant Maintenance
Part III, Line 4	Part III, Line 4 Description of organization's collections and how it furthers its purpose	Cornell Fine Arts Museum collection The Cornell Fine Arts Museum (CFAM) has more than 5,000 objects from antiquity to the contemporary Major collection works include Renaissance and Old Masters with additional strengths in landscape and portraiture and a collection of work from the Bloomsbury Circle CFAM mission and how accomplished CFAM educates, enriches and engages students and the public through exhibitions and an array of programs Curatorial and educational staff members illustrate links between works of art and a variety of curricula CFAM enhances traditional classroom learning across all disciplines with docent-led tours, teacher workshops, films, public programs including lectures by Distinguished Visiting Scholars and Artists, and other activities such as CFAMilies, an art project for children of all ages and adults to enjoy together. The museum offers free admission to all student visitors.
Part III, Line 1a	Part III, Line 1a If organization elected under SFAS 116 to not report are, historical treasures, o	The College does not record or capitalize its collections of works of art, historical treasures or similar assets. These collections are held for public exhibition, education and research in furtherance of the College's educational and public service mission. The collections are appropriately cared for and preserved and are subject to a College policy that requires the proceeds from sales, if any, of collection items to be used to acquire other items for the collection.

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As Filed Data -

DLN: 93493105002493

OMB No 1545-0047

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Employer identification number

Rollins C	-	59-0624440			
Part				YES	NO
	Does the organization have a racially nondiscriminatory policy toward students by statement in it other governing instrument, or in a resolution of its governing body?	s charter, bylaws,	1	Yes	
2 E	Does the organization include a statement of its racially nondiscriminatory policy toward students or ochures, catalogues, and other written communications with the public dealing with student admorphisms, and scholarships?		2	Yes	
3 H	has the organization publicized its racially nondiscriminatory policy through newspaper or broadc he period of solicitation for students, or during the registration period if it has no solicitation prog hat makes the policy known to all parts of the general community it serves? If "Yes," please descolease explain	ıram, ın a way			
- -	nease explain 11 you need more space use rait 11		3	Yes	
	Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff?		4a	Yes	
b F	Records documenting that scholarships and other financial assistance are awarded on a racially noasis?	ondiscriminatory	4b	Yes	
	Copies of all catalogues, brochures, announcements, and other written communications to the pub with student admissions, programs, and scholarships?	olic dealing	4c	Yes	
d (Copies of all material used by the organization or on its behalf to solicit contributions?		4d	Yes	
	Does the organization discriminate by race in any way with respect to Students' rights or privileges?		5a		No
	Admissions policies?		5b		No
c E	mployment of faculty or administrative staff?		5c		No
d 9	Scholarships or other financial assistance?		5d		Νo
	Educational policies?		5e		Νo
	Jse of facilities?		5f		No
_	Athletic programs? Other extracurricular activities?		5g 5h		No No
	f you answered "Yes" to any of the above, please explain If you need more space, use Part II		<u> 311 </u> -		NO
	Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?		6a 6b	Yes	No
7 [f you answered "Yes" to either line 6a or line 6b, explain on Part II Does the organization certify that it has complied with the applicable requirements of sections 4 Conference of the confer				140

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)

ldentifier	Return Reference	Explanation
Schedule E, Line 3 - Racially Nondiscriminatory Policy Publicized		Nondiscriminatory policies are stated in advertisements soliciting student enrollment, in class schedules and in student recruiting brochures

Schedule E (Form 990 or 990-EZ) 2011

DLN: 93493105002493

OMB No 1545-0047

Open to Public Inspection

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

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

Statement of Activities Outside the United States

▶ Attach to Form 990. ▶ See separate instructions.

to Part I

c Totals (add lines 3a and 3b)

	e of the organization				Employer ident	irication number					
KOIII	ns College				59-0624440						
Pa	"Yes" to Form 990, Pa			ne United States. C	omplete if the organiz	ation answered					
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?											
2	For grantmakers. Describe in Pa United States	rt V the organiz	ation's procedure	es for monitoring the use	e of grant funds outside th	ne					
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					
	See Add'l Data			regiony							
	Sub-total Total from continuation sheets		2			1,425,485 716,325					

2,141,810

Pa	Part IV,	line 15, for any	sistance to Orgar y recipient who rece space is needed.	nizations or Entiti erved more than \$5,	es Outside the Ur 000. Check this box	nited States. Composite of the composite	olete if the organiza received more thai	tion answered "Yes' n \$5,000	' to Form 990, ▶ 🔽
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	-								
2	Enter total nur tax-exempt by	mber of recipie y the IRS, or fo	ent organizations lis or which the grante	ted above that are e or counsel has pro	recognized as chari ovided a section 50:	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . 🕨	
3	Enter total nur	mber of other	organizations or en	tities				. ▶	
								Schodulo E	(Form 990) 2011

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) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
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						1	dula E (Earre 000) 2011

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? <i>If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)</i>	<u> </u>	Yes	Γ	Νo
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)	Γ	Yes	굣	Νo
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)	Г	Yes	굣	Νo
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	Г	Νo
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	Г	Νo
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).	Г	Yes	~	Νo

Schedule F (Form 990) 2011

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

Identifier	Return Reference	Explanation
Grantmaker's Description of How Grants are Used in Foreign Country		Potential grant recipients complete applications that are specific to a particular grant funding source. The Financial Aid office reviews applications to determine that eligibility requirements such as GPA, credit hours and residency and enrollment status are met. Student applicants receive an award letter identifying the funding programs and award amounts. Awards are applied as non-cash credit to student accounts receivable to further ensure that proceeds are utilized for the intended purposes. The Registrar's office provides information such as withdrawal notices to facilitate the Financial Aid office in periodically monitoring eligibility criteria and ensuring that funds not utilized for the intended purpose are returned to the original funding program.

Schedule F (Form 990) 2010

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As Filed Data -

DLN: 93493105002493

OMB No 1545-0047

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.

Name of the organization			Employer iden	tification number
Rollins College			59-0624440	
Part I Fundraising Activities. Complet	e ıf the organ	ızatıon answered "Yes"	to Form 990, Part IV	, line 17.
Indicate whether the organization raised funds	through any of	the following activities Ch	eck all that apply	
a 🔽 Mail solicitations	n-government grants			
b Internet and e-mail solicitations		f Solicitation of gov	-	
c Phone solicitations		g 🔽 Special fundraisir	ng events	
d 🔽 In-person solicitations				
2a Did the organization have a written or oral agree or key employees listed in Form 990, Part VII				Ves □ N
b If "Yes," list the ten highest paid individuals or to be compensated at least \$5,000 by the org				
(i) Name and address of individual or entity (fundraiser)	(iii) Did fundraiser ha custody or control of contributions	,	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
	Yes No			
RuffaloCODY Kırkwood N RdSW	No	142,466	67,089	75,377
Cedar Rapı, IA 52404				
Total		142,466	67,089	75,377
3 List all states in which the organization is regis	stered or licens	ed to solicit funds or has be	een notified it is exempt	from registration or
FL				

		more than \$15,000 on Form	990-EZ, line 6a. List	events with gross rece	eipis greater tilali \$5	,000.
			(a) Event #1	(b) Event #2	(c) O ther Events	(d) Total Events (Add col (a) through
			Starry, Starry Night (event type)	(event type)	(total number)	col (c))
置	1	Gross receipts	370,138			370,138
Revenue	2	Less Charitable contributions	212,276			212,276
_	3	Gross income (line 1 minus line 2)	157,862			157,862
	4	Cash prizes				
မှာ	5	Non-cash prizes				
Expenses	6	Rent/facility costs				
	7	Food and beverages	44,769			44,769
3 2 2	8	Entertainment	7,625			7,625
3	9	Other direct expenses .	84,364			84,364
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)		(136,758
	11	Net income summary Combine Ii	nes 3 and 10 ın column (d)		21,104
aı	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	
₽			(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming
evelle.				bingo/progressive bingo	(c) o ther gaming	
	1	Gross revenue			(c) other gaming	(Add col (a) through
		Gross revenue			(c) o their gaining	(Add col (a) through
penses Kevenue	2				(c) o their gaining	(Add col (a) through
Expenses	2	Cash prizes			(c) o their gaining	(Add col (a) through
Expenses	2 3 4	Cash prizes			(c) o their gaining	(Add col (a) through
Expenses	2 3 4 5	Cash prizes Non-cash prizes Rent/facility costs				(Add col (a) through
Nrect Expenses Reveiled	2 3 4 5	Cash prizes Non-cash prizes Rent/facility costs Other direct expenses	Г Yes	F Yes	Г Yes	(Add col (a) through
Experises	2 3 4 5	Cash prizes Non-cash prizes Rent/facility costs Other direct expenses Volunteer labor	✓ Yes ✓ No s 2 through 5 in column (F Yes	Г Yes	(Add col (a) through
Expenses	2 3 4 5 6 7 8 Enter	Cash prizes	Yes	T Yes No d)	Г Yes	(Add col (a) through col (c))

Sche	dule G (Form 990 or 990-EZ) 20	11			Page 3
11	Does the organization operate ga	aming activities with nonmembers? .		Г _{Yes} Г	- No
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mem	per of a partnership or other entity		
	formed to administer charitable (gamıng?		· · · · F Yes F	- No
13	Indicate the percentage of gamii	ag activity operated in		1 1	
a				13a	
b					
14		f the person who prepares the organiza		<u> </u>	
	Name ►				
	Address ►				
	revenue?	ntract with a third party from whom the			- No
		ed by the third party 🟲 \$			
С	If "Yes," enter name and address	S			
	Name 🟲				
	Address ►				
16	Gaming manager information				
	Name 🟲				
	Gaming manager compensation I	\$ \$			
	Description of services provided	>			
17 a		Employee er state law to make charitable distribu		· · ·	- No
b	Enter the amount of distributions	required under state law distributed to	o other exempt organizations or sp		-
_		activities during the tax year > \$		hadala C /	
Par	t IV Complete this part to property instructions.)	provide additional information for	responses to quuestion on Sc	nedule G (see	
	Identifier	ReturnReference	Explana	tion	
		•	•		

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Schedule I (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

DLN: 93493105002493

Open to Public Inspection

Employer identification number

Rollins College						59-0624440	
Part I General Informat 1 Does the organization mainta the selection criteria used to 2 Describe in Part IV the organ	ın records to substantı award the grants or as	ate the amount of the sistance?					✓ Yes I
Part II Grants and Other Form 990, Part IV,	Assistance to Go line 21 for any recip	vernments and O	rganizations in the nore than \$5,000. Ch	United States. Coneck this box if no one	recipient receive	d more than \$5,000.	Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
2 Enter total number of section	501(c)(3) and govern	ment organizations list	ted in the line 1 table .			🕨	0

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

				_	
(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
See Additional Data Table					

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

Identifier	Return Reference	Explanation
Grantmaker's Description of How Grants are Used		Potential grant recipients complete applications that are specific to a particular grant funding source. The Financial Aid office reviews applications to determine that eligibility requirements such as GPA, credit hours and residency and enrollment status are met. Student applicants receive an award letter identifying the funding programs and award amounts. A wards are applied as non-cash credit to student accounts receivable to further ensure that proceeds are utilized for the intended purposes. Enrollment data is reviewed daily by the Financial Aid office to assure that students remain enrolled. The Registrar's office provides information such as withdrawal notices to facilitate the Financial Aid office in periodically monitoring eligibility criteria and assuring that funds not utilized for the intended purpose are returned to the original funding program.

DLN: 93493105002493

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

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

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

Compensation Information

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name	of	the	orga	niza	tion
Rollins	Col	lege			

Employer identification number

59-0624440

Pa	rt I Questions Regarding Compensatio	n				
	_				Yes	No
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part II					
	First-class or charter travel	굣	Housing allowance or residence for personal use			
	Travel for companions		Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Г	Health or social club dues or initiation fees			
	Discretionary spending account	<u>~</u>	Personal services (e g , maid, chauffeur, chef)			1
b	If any of the boxes in line 1a are checked, did the o reimbursement orprovision of all the expenses desc	ribed ab	oove? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executive			2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all t					
	Compensation committee	굣	Written employment contract			
	▼ Independent compensation consultant	굣	Compensation survey or study			
	Form 990 of other organizations	굣	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	paymen	nt?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ental non	qualified retirement plan?	4b	Yes	
С	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and p	rovide th	ne applicable amounts for each item in Part III			
	Only 501(c)(2) and 501(c)(4) organizations only m	uct com	ploto lines 5-0			ĺ
5	Only 501(c)(3) and 501(c)(4) organizations only me For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of					
а	The organization?			5a		No.
ь	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, compensation contingent on the net earnings of	, lıne 1a,	did the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"	,	, ,	7		No
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described i					
	ın Part III			8		No
9	If "Yes" to line 8, did the organization also follow th section $534958-6(c)$?	e rebutta	able presumption procedure described in Regulations	9		No

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	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits		Form 990 or Form 990-EZ
(1) William H Short	(I) (II)	124,352			13,142	20,803	158,297	
(2) Stephen L Gauthier	(1) (11)	199,514			13,892	60,725	274,131	
(3) Ronald Piccolo	(1) (11)	184,956			12,986	19,709	217,651	
(4) Ronald J Korvas	(1) (11)	211,354			17,506	10,687	239,547	
(5) Mark Johnston	(1) (11)	230,551			14,154	22,989	267,694	
(6) Lewis M Duncan	(1) (11)	384,033			24,500	68,594	477,127	
(7) Laurie M Joyner	(1) (11)	205,316			21,312	22,048	248,676	
(8) Jordan Singleton	(1) (11)	206,445			14,994	16,411	237,850	
(9) Jeffrey G Eisenbarth	(1) (11)	265,373			24,500	8,847	298,720	
(10) James Gerhardt	(1) (11)	220,843			20,500	22,187	263,530	
(11) Greg Marshall	(1) (11)	217,326			14,333	54,863	286,522	
(12) David Erdmann	(I) (II)	177,976			17,541	14,739	210,256	
(13) Craig McAllaster	(1) (11)	223,178			22,650	18,076	263,904	

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 1a Relevant information in regards to selections on 1a	

Schedule J (Form 990) 2011

DLN: 93493105002493

Open to Public

Inspection

OMB No 1545-0047

Supplemental Information on Tax Exempt Bonds

Department of the Treasury Internal Revenue Service Name of the organization

Schedule K

(Form 990)

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ► Attach to Form 990. ► See separate instructions.

Employer identification number

Roll	ollins College									59-0624440				
Pa	art I Bond Issues													
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Pri	ce (f	f) Description	of Purpose	(g) De	(g) Defeased		On alf of uer	of (1) Pool	
									Yes	No	Yes	No	Yes	No
A_	Orange County Educational	59-3445650	684499BV7	09-07-2007	25,581,8	353 Acqu	ure/construct	educational		Х		Х		X
В	Higher Educational Facili	90-0058227	34073TBU0	04-29-2010	37,121,2	Refur	nd 08 OCEFA, t	/Renovate		Х		X		X
c	Higher Educational Facili	90-0058227	34073TDT1	03-14-2012	48,635,2	/5× I	nd 02 OCEFA ovations	&		Х		Х		Х
Pa	rt III Proceeds	•	•	•				_	•		•			
				Α_		+	3		С		D			
1	A mount of bonds retired					1,310,000	0							
	A mount of bonds defeased													
3	-					5,907,60	07,609 37,124,402		48,635,258					
4	Gross proceeds in reserve fu	nds												
5	Capitalized interest from proc													
6	Proceeds in refunding escrow													
7	Issuance costs from proceed	is				569,01	2	316,260	434,421					
8	Credit enhancement from pro	ceeds												
9	Working capital expenditures	from proceeds												
10	Capital expenditures from pro	oceeds			2	5,338,59	7	8,203,142						
11	Other spent proceeds							28,605,000						
12	Other unspent proceeds									30,8	335,953			
13	Year of substantial completio	on			200	9	20	11				•		
					Yes	No	Yes	No	Yes		No	Yes		No
14	Were the bonds issued as par	rt of a current refun	dıng ıssue?			Χ	Х				X			
15	Were the bonds issued as part of an advance refunding issue?				Х		Х	Х						
16	Has the final allocation of proceeds been made?			Х		X				X				
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?				X		×		X					
Pai	rt IIII Private Business l	Use												
					A			3		С			D	
					Yes	No	Yes	No	Yes		No	Yes		No

property financed by tax-exempt bonds?

financed property?

Was the organization a partner in a partnership, or a member of an LLC, which owned

Are there any lease arrangements that may result in private business use of bond-

Χ

Χ

Χ

Χ

Χ

Χ

3 CHE	dule K (Form 990) 2011								Page Z
Par	t IIII Private Business Use (Continued)								
			Α		В		С		D
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?	Х		Х		Х			
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		Х		X			
С	Are there any research agreements that may result in private business use of bond-financed property?		х		х		х		
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0 600 %		0 200 %		•		
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6	Total of lines 4 and 5		0 600 %		0 200 %				
7	Has the organization adopted management practices and procedures to ensure the								

Part IV	Ar	bitr	age

			A		В		С		
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		Х		Х		Х		
	To the hand a consequently make a consequent								
2	Is the bond issue a variable rate issue?		Х		X		Х		
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		×		x		x		
ь	Name of provider								
С	Term of hedge								
d	Was the hedge superintegrated?								
е	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		Х		Х		Х		
ь	Name of provider								
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		х		х		Х		
6 Did the bond issue qualify for an exception to rebate?		Х		х			Х		

Part V Procedures To Undertake Corrective Action

post-issuance compliance of its tax-exempt bond liabilities?

Part VI Supplemental Information

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

Identifier Return Reference Explanation

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

As Filed Data -

DLN: 93493105002493

Employer identification number

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

Rollins C	ollege								9-06244	4.0		
Part I								organı	zations d	nly).	ıne 40h	
1				100 0111011								(c) rected?
							·				Yes	No
2 En	ter the amount of tax impos	ed on tl	he organ	nization man	l agers or	disqualified perso	ons duri	ına the v	ear under	-		
sed	ction 4958								🕨	\$ —		
1 (a) Name of disqualified person (b) Description of transaction Corrected?												
Part I), Part IV, line 26	, or Forr	n 990-E	Z, Part V	, line 38	a	
	· · · · · · · ·	(b) ∟						(e) In				-en
(a) Nam		1				(d)Balance due			:7 by board or			
		То	From				Yes	No		1	Yes	No
								-				
								1				
						Dersons						
raicii	Complete if the orga	nızatıd	n ansv	vered "Yes	" on Fo	rm 990, Part IV		27.				
((a) Name of interested pers	on	(1	b) Relationsh an	np betwe id the or	een interested per ganization	son	(c) A m	nount of gi	ant or ty	pe of assi	stance

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	(c) A mount of transaction	(d) Description of transaction	organiz	arıng of zatıon's nues?
	organization			Yes	No
(1) Sudie Eisenbarth	Family member	72,931	Employment services		No
(2) Paula Hammer	Family member	39,187	Employment services		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

Schedule L (Form 990 or 990-EZ) 2011

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DLN: 93493105002493

OMB No 1545-0047

Open to Public Inspection

(Form 990)

Department of the Treasury

Internal Revenue Service

SCHEDULE M

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

NonCash Contributions

Name of the organization Rollins College

Employer identification number

Pai	rt I Types of Property				59-0624440			
		(a) Check If applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	Method of c contributio	letermi	_	
1	Art—Works of art			-3				
	Art—Historical treasures .							
	Art—Fractional interests							
	Books and publications							
	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	12	1,495,439				
10	Securities—Closely held stock							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic							
14	Q ualified conservation							
1 =	contribution—Other Real estate—Residential .							
	Real estate—Commercial Real estate—Other							
	Collectibles							
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
	Scientific specimens							
	Archeological artifacts							
	O ther ► ()							
	O ther ▶()							
	Other ► ()							
	Other ► ()	d b., bb a and						
29	Number of Forms 8283 receive for which the organization comp				29			
	To Which the organization comp	inceccu i oriii i	ozos, raierv, bonec nekr	iomeagement i i i	I		Yes	No
30a	During the year, did the organiz	ation receiv	e by contribution any prope	erty reported in Part I. lines	1-28 that it			
	must hold for at least three yea							
	for exempt purposes for the ent				a to be abea	300		No
L	If "Yes," describe the arrangem					30a		110
31	Does the organization have a gi			review of any non-standard	contributions?	31	Yes	
3∠a	Does the organization hire or us contributions?	e third part	ies or related organizations		ion-casn	32a		Νo
b	If "Yes," describe in Part II							
33	If the organization did not repor	t revenues	ın column (c) for a type of p	roperty for which column (a)) is checked,			
	describe in Part II							i

Page 2

Part II

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

Identifier Return Reference Explanation

Schedule M (Form 990) 2011

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As Filed Data -

DLN: 93493105002493

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 Rollins College	Employer identifi	cation number
-	59-0624440	

ldentifier	Return Reference	Explanation
	Form 990, Part VI, Line 1a	Honorary Trustees (a)Honorary Trustees shall be entitled to attend all meetings of the Board of Trustees and all meetings of the Executive Committee, the Finance Committee, the Education Committee, and the Development and Alumni Relations Committee, but Honorary Trustees shall not be entitled to vote at meetings of the Board or at meetings of any committee of the Board except as provided below (b)Honorary Trustees shall be eligible for appointment or election to any standing or special committee of the Board, and if appointed or elected, they shall be entitled to vote Executive Committee (a)The Board of Trustees exercises its responsibility for the overall supervision of the College between meetings of the Board through its Executive Committee. The Chairman of the Board is a member of the Executive Committee and Chairman thereof. The President of the College and the Vice Chairman of the Board are members of the Executive Committee. The Secretary of the College is the Secretary of the Executive Committee and keeps a full record of all of its transactions and proceedings. The Executive Committee performs such further functions as shall be specifically delegated or authorized by the Board of Trustees at a regular or special meeting (b)The Executive Committee will (1)Review regularly the functions and operations of the College,(2) Review and approve recommendations by the President of the College with respect to the functions and operations of the College,(3)Carry out the functions of the Board of Trustees between meetings of the Board

ldentifier	Return Reference	Explanation
· · · · · · · · · · · · · · · · · · ·	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	Description of published documents Rollins College publishes its Conflict of Interest Policy on its website, which is available to the general public. The College also publishes its audited financial statements online. The College's bylaws are not published or made available to the general public.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 15b	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	Description of process of determining compensation of Officers and Key Employees [other than President] Rollins College has a Compensation Committee chartered by the Board of Trustees In addition to compensation areas related to the President, the Compensation Committee is also charged with reviewing a summary of the President's evaluation of the Vice Presidents, and reviewing and approving the President's recommendation for all elements of the compensation for the Vice Presidents. As to officers and key employees of the College below the level of Vice President, the compensation level is determined by the immediate supervisor and/or the head of the department, which is typically a Vice President or Dean of the College. In any case where the compensation approver is not a Dean or Vice President, at least two approvals are required—the immediate supervising manager and his or her manager at the next higher level.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	Description of Conflict of Interest monitoring and enforcement During the spring of each year the College canvasses all Trustees, who are asked to complete a Conflict of Interest disclosure form noting any membership(s) in for-profit boards and any not-for-profit boards. Additionally, they are asked to indicate whether they hold a 5% or greater ownership interest in these organizations. All College officers, Directors, and Key Employees are also required to complete a Conflict of Interest disclosure form. Each College staff person as identified above, also signs a statement confirming whether or not a conflict exists. A summary document (spreadsheet) is prepared by the President's Office that includes all Trustees and Officers of the College. This document is presented to and reviewed in detail by the Audit Committee, usually at the May meeting each year.

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 11	Form 990, Part VI, Line 11 Form 990 Review Process	Description of Form 990 review process A review of the full Form 990 excluding Schedule B is conducted by the President, CFO/VP Treasurer, AVP/Director of Finance, and Audit Committee of the Board of Trustees Actionable questions or comments are addressed and resolved. The full Form 990 including Schedule B is provided to the full Board of Trustees. Actionable questions or comments are addressed and resolved before the Form 990 is filed.

ldentifier	Return Reference	Explanation									
		Client Note 1 - Statement 7Form 990-T, Part II, Line 201 Total Contributions \$ 155,726 2 Contributions Allow ed in 2011 0 3 2006 Expired Contributions 6,569 4 Adjustments per Section 170(d)(2)(B) 4,900 5 Carryover to 2011 (Line 1 less 2, 3, 4) 144,257 Amount Amt Converted Deducted Tentative to NOL per Carryover Year Contribution in 2011 Carryover Sec 172(b)(2) to 2012 2006 \$ 6,569 \$ 0 \$ 6,569 \$ 0 \$ Expired 2007 8,484 0 8,484 2008 34,395 0 34,395 0 34 395 2009 26,133 0 26,133 0 26,133 2010 40,224 0 40,224 4,900 35,324 2011 39,921 0 39,921 Totals \$ 155,726 \$ 0 \$155,726 \$ 4,900 \$144,257									

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DLN: 93493105002493

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

Open to Public Inspection

(Form 990)

Internal Revenue Service

▶ 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. Department of the Treasury

Name of the organization Rollins College					59-0624		ification number		
Part I Identification of Disregarded Entities (Comple	te ıf the organızatı	on answered "Yes'	' on Form 990,	Part IV					
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e End-of-ye) ar assets		(f) Direct controlling entity		
(1) Langford RCI LLC 1000 Holt Avenue - CB 2715 Winter Park, FL 327894499 46-1775419	Acquire real property	FL				Rollins C	College		
(2) Holt Properties LLC 1000 Holt Avenue - CB 2715 Winter Park, FL 327894499 46-1788412	Acquire real property	FL				Rollins C	College		
Part II Identification of Related Tax-Exempt Organiz or more related tax-exempt organizations during th (a) Name, address, and EIN of related organization		(c) Legal domicile (state or foreign country)	(d) Exempt Code section	on Publi	(e) c charity station 501(c)	atus	(f) Direct controlling entity	Section 5	a)
								Yes	No
For Privacy Act and Paperwork Reduction Act Notice, see the Instruction	ns for Form 990.	Cat No 50	0135Y				Schedule R (I	orm 990	2011

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line	e 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)	,	(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 Disprop allocat	rtionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gene mana parti	ral or nging	(k) Percentage ownership
							Yes	No		Yes	No	
												i

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) Рптагу 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

Part		s" on Form 990, Par	T IV, line 34, 35, 3	35A, Or 36.)	Yes	No
	lote. Complete line 1 if any entity is listed in Parts II, III or IV		TT TV2		res	NO
	ing the tax year, did the orgranization engage in any of the following transactions with one or more related organ	nizations listed in Parts	S 11-1V /	4-		NI-
	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a 1b	1	No No
	Gift, grant, or capital contribution to related organization(s)			1b 1c		No
	Sift, grant, or capital contribution from related organization(s)			1d		No
	oans or loan guarantees to or for related organization(s)			1u 1e	_	No
e L	oans or loan guarantees by related organization(s)			16	+	110
f S	ale of assets to related organization(s)			1f		No
	curchase of assets from related organization(s)			1g		No
	exchange of assets with related organization(s)			1h		No
	ease of facilities, equipment, or other assets to related organization(s)			1i		No
	ouse of facilities, equipment, of earlier describes to foliated organization(e)					
j L	ease of facilities, equipment, or other assets from related organization(s)			1 <u>j</u>		No
-	erformance of services or membership or fundraising solicitations for related organization(s)			1k		No
	erformance of services or membership or fundraising solicitations by related organization(s)			11		No
m S	haring of facilities, equipment, mailing lists, or other assets with related organization(s)			1m	,	No
n S	sharing of paid employees with related organization(s)			1n		No
o F	teimbursement paid to related organization(s) for expenses			10		No
p F	Reimbursement paid by related organization(s) for expenses			1 p		No
q	Other transfer of cash or property to related organization(s)			1 q		No
r C	ther transfer of cash or property from related organization(s)			1r		No
2 I	f the answer to any of the above is "Yes," see the instructions for information on who must complete this line, in	ncluding covered relati	onships and transact	cion thresholds		
	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determing Involved		unt
1) 2)						
2)						
3)						
4)						
5)						
6)		1		I		

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)	org	(e) Are all partners section 501(c)(3) janizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate alloc		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	j) eral or aging ener?	(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

Schedule R (Form 990) 2011

Software ID: 11000144 **Software Version:** 2011v1.5

> **EIN:** 59-0624440 Name: Rollins College

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and	Independ	lent C	onti	act	tors	<u> </u>		,		
(A) Name and Title	(B) Average hours per		tion (that a	(che	/)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
Vıctor A Zollo Jr Trustee	2 00	х						0	0	0
Kurt M Wells Trustee	2 00	Х						0	0	0
Winifred Martin Warden	2 00	Х						0	0	0
Trustee Harold A Ward III Secretary	2 00	X		Х				0	0	0
Erın J Wallace Trustee	2 00	Х						0	0	0
Philip E Tiedtke Trustee	2 00	Х						0	0	0
R Michael Strickland Trustee	2 00	Х						0	0	0
Sam Stark Trustee	2 00	Х						0	0	0
Dianne Rice Trustee	2 00	Х						0	0	0
Robert B Ourisman Trustee	2 00	Х						0	0	0
Michael P O'Donnell Trustee	2 00	Х						0	0	0
John C Myers III Trustee	2 00	Х						0	0	0
Mıchael Maher Esq Trustee	2 00	Х						0	0	0
David H Lord Trustee	2 00	Х		х				0	0	0
Thomas G Kuntz Trustee	2 00	Х						0	0	0
Allan E Keen Trustee	2 00	Х						0	0	0
Susan Whealler Johnston Trustee	2 00	Х						0	0	0
Samuel W Hocking Jr Trustee	2 00	Х						0	0	0
Rick Goings Trustee	2 00	Х						0	0	0
Alan H Gınsburg Trustee	2 00	Х						0	0	0
Ronald G Gelbman Trustee	2 00	Х						0	0	0
Jon W Fuller Trustee	2 00	Х						0	0	0
Lewis M Duncan President	80 00	Х		Х				384,033	0	93,094
Andrew J Czekaj Sr Trustee	2 00	Х						0	0	0
James E Chanin Trustee	2 00	Х						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) A verage		ition			II		(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustae or director	th Institutional Trustee	Office	Key employee	Highest compensated employee	Former	compensation from the organization (W- 2/1099-MISC)	compensation from related organizations (W- 2/1099- MISC)	amount of other compensation from the organization and related organizations
Dominick Cavouto Trustee	2 00	х						0	0	0
William H Bieberbach Trustee	2 00	х						0	0	0
Clay M Biddinger Trustee	2 00	Х						0	0	0
Bruce A Beal Trustee	2 00	Х						0	0	0
Francis H Barker Trustee	2 00	Х						0	0	0
Theodore B Alfond Vice Chairman	2 00	Х						0	0	0
F Duane Ackerman Trustee	2 00	Х						0	0	0
Donna M Tucker Asst Secretary	40 00			Х				50,631	0	12,986
Lorraine M Kyle Asst Secretary	60 00			х				119,072	0	30,725
William H Short Asst Treasurer	50 00			х				124,352	0	33,945
Steve Neilson Vice President	50 00			х				0	0	0
Ronald J Korvas Vice President	50 00			х				211,354	0	28,193
Laurie M Joyner Vice President	50 00			х				205,316	0	43,360
Jeffrey G Eisenbarth Vice President	50 00			х				265,373	0	33,347
Carol M Bresnahan Vice President	50 00			х				120,935	0	16,591
David Erdmann Dean of Enrollment	50 00				х			177,976	0	32,280
Craig McAllaster Dean of Crummer Graduate School	50 00				х			223,178	0	40,726
Greg Marshall Professor	50 00					Х		217,326	0	69,196
Mark Johnston Professor	50 00					Х		230,551	0	37,143
Stephen L Gauthier Professor	50 00					Х		199,514	0	74,617
Ronald Piccolo Professor	50 00					Х		184,956	0	32,695
Jordan Singleton Professor	50 00					Х		206,445	0	31,405
James Gerhardt Vice President	50 00						Х	220,843	0	42,687

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EIN: 59-0624440 **Name:** Rollins College

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the	(c) Number of employees or	(d) Activities conducted in region (by	(e) If activity listed in (d) is a program	(f) Total expenditures for region
	region	agents in region	type) (I e , fundraising, program services, grants to recipients located in the region)	service, describe specific type of service (s) in region	
Europe	0	0	Program-Czech Republic	S-T study abroad	15,670
Europe	0	0	Program-Western Europe	S-T study abroad GM	30,505
Sub-Saharan Africa	0	0	Program-South Africa	S-T study abroad	31,055
East Asia and the Pacific	0	0	Program-Thailand	S-T study abroad	45,812
Middle East	0	0	Program-Israel	S-T study abroad	17,659
East Asia and the Pacific	0	0	Program-China	S-T study abroad	32,349
Europe	0	0	Program-U K	S-T study abroad	20,244
Central America/Caribbean	0	0	Program-Cuba	S-T study abroad	41,853
Europe	0	0	Program-Italy	S-T study abroad	21,119
Central America/Caribbean	0	0	Program-Bahamas	S-T study abroad	22,069
Central America/Caribbean	0	0	Program-Costa rıca	S-T study abroad	63,020
Europe	0	0	Program-London, U K	S-T Study abroad	31,519
Europe	0	0	Program-Spain	Summer study abroad	133,512
East Asia and the Pacific	0	0	Program-Shanghai, China	Study abroad	209,939
Sub-Saharan Africa	0	0	Program-Rwanda and Uganda	SIT Study abroad	33,768
Sub-Saharan Africa	0	0	Program-Tanzania	SIT Study abroad	18,071
Middle East/ North Africa	0	0	Program-O man	SIT Study Abroad	19,121
Sub-Saharan Africa	0	0	Program-Kenya	SIT Study abroad	16,850
South America	0	0	Program-Chile	SIT Study abroad	18,801
South America	0	0	Program-Brazil	SIT Study abroad	88,787
East Asia and the Pacific	0	0	Program-Australia	SIT study abroad	19,269
Europe	0	0	Program-Greece	Study abroad	54,242
East Asia and the Pacific	0	0	Program-Hong Kong	Study abroad	1,277
Europe	0	0	Program-Hollins, France	Study abroad	63,792
Europe	0	0	Program-Lancaster, U K	Study abroad	88,469
Europe	0	0	Program-RAP	Study abroad	149,934
South America	0	0	Trinity,Italy Program-Argentina	Study abroad	12,617
Europe	0	0	Program-Germany	Study abroad	38,411
Europe	0	0	Program-London	Study abroad	333,960
Europe	0	1	Program-Asturias, Spain	Study abroad	121,147
East Asia and the Pacific	0	1	Program-Sydney,	Study Abroad	346,969

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Software Version: 2011v1.5

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Name: Rollins College

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States (a)Type of grant or assistance (b)Number of (c)A mount of (d)A mount of (

(a)Type of grant or assistance	(b)Number of recipients	(c)A mount of cash grant	(d) A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Scholarships - Hamilton Holt School	22		20,189		Tuition & related expenses
Scholarships - Crummer Graduate School	106		1,514,316		Tuition & related expenses
Rollins grants	702		8,394,611		Tuition & related expenses
Other assistance	96		162,235		Tuition & related expenses
Merit Scholarships	773		9,300,482		Tuition & related expenses
Government grants	194		275,300		Tuition & related expenses
Endowed Scholarships	551		7,840,778		Tuition & related expenses
Donated Scholarships	234		552,504		Tuition & related expenses
Cornell Scholars	31		1,444,620		Tuition & related expenses
Athletic grants	148		3,209,304		Tuition & related expenses
ACS Exchange Tuition	2		57,600		Tuition & related expenses