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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

OMB No 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 06-01-2012 , 2012, and ending 05-31-2013

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

C Name of organization
FLORIDA SOUTHERN COLLEGE

Doing Business As

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

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

D Employer identification number
59-0624401

E Telephone number
(863)680-4148

G Gross receipts $ 164,623,687

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

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

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

H(c) Group exemption number ▶

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

J **Website:** ▶ WWW FLSOUTHERN EDU

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1885

M State of legal domicile FL

Part I Summary

Activities & Governance

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	36
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	35
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	1,421
6	Total number of volunteers (estimate if necessary)	6	96
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	48,148
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-102,308

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	8,079,063	16,666,969
	9	Program service revenue (Part VIII, line 2g)	67,889,821	72,333,988
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,483,764	1,832,885
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,466,804	2,204,220
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	79,919,452	93,038,062
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	21,328,661	23,404,621
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	28,251,920	29,680,781
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	57,183	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,343,068		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	26,172,614	28,768,916
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	75,810,378	81,854,318
	19	Revenue less expenses Subtract line 18 from line 12	4,109,074	11,183,744

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	180,563,797	214,334,243
	21	Total liabilities (Part X, line 26)	40,512,673	56,498,315
	22	Net assets or fund balances Subtract line 21 from line 20	140,051,124	157,835,928

Part II Signature Block

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

Sign Here

****** 2014-04-11
Signature of officer Date

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
XIAOYAN LUO				P01305207
Firm's name ▶ CLIFTONLARSONALLEN LLP			Firm's EIN ▶ 41-0746749	
Firm's address ▶ 1715 NORTH WESTSHORE BLVD STE 950 TAMPA, FL 33607			Phone no (813) 384-2700	

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

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 67,465,292 including grants of $ 23,404,621) (Revenue $ 72,333,988)

FLORIDA SOUTHERN COLLEGE IS A PRIVATE, COMPREHENSIVE COLLEGE DEDICATED TO TEACHING EXCELLENCE IN 53 PROGRAMS OF STUDY FOR UNDERGRADUATE STUDENTS THE COLLEGE IS ACCREDITED BY THE SOUTHERN ASSOCIATION OF COLLEGES AND SCHOOLS COMMISSION ON COLLEGES THE COLLEGE'S 2012 ENTERING FRESHMAN CLASS OF 536 IS THE FOURTH LARGEST IN OUR 127-YEAR HISTORY AND WE HAD THE HIGHEST SAT SCORE OF AN ENTERING CLASS THE COLLEGE'S 1,987 FULLTIME UNDERGRADUATE STUDENTS COME FROM 45 STATES AND 40 COUNTRIES, WITH 70% OF THEM RESIDING IN CAMPUS HOUSING MORE THAN 98% RECEIVE SOME FORM OF FINANCIAL ASSISTANCE, INCLUDING 39% WHO RECEIVE PELL GRANTS (SEE SCHEDULE O)

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

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

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

4e **Total program service expenses** ▶ 67,465,292

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	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 United States? *If "Yes," complete Schedule F, Parts 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 United States? *If "Yes," complete Schedule F, Parts 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 (see instructions)*	17		No
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 hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		No
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 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 lines 24b through 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		No
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	108			
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	1,421			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b**	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			**4a**		No
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			**8**		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			**9a**		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12	**10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			**14b**		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . .	1a	36		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent . . .	1b	35		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . .	2		Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . .	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5			No
6	Did the organization have members or stockholders? . . .	6		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . .	7a		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . .	7b		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body? . . .	8a		Yes	
b	Each committee with authority to act on behalf of the governing body? . . .	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O* . . .	9			No

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

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

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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 during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

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

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

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

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

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

1b	**Sub-Total** . . . . ▶			
c	**Total from continuation sheets to Part VII, Section A** . . . . ▶			
d	**Total (add lines 1b and 1c)** . . . . ▶	1,896,663	0	313,670

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶21

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
RODDA CONSTRUCTION INC 250 EAST HIGHLAND DR LAKELAND FL 33813	CONTRACTOR	4,175,350
GUEST SERVICES INC PO BOX 931841 ATLANTA GA 31193	CAFETERIA MANAGEMENT	4,138,180
FOLSOM CONSTRUCTION INC PO BOX 24988 LAKELAND FL 33801	CONTRACTOR	1,405,223
HENKELMAN CONSTRUCTION INC 1830 NORTH CRYSTAL LAKE DR LAKELAND FL 33801	CONTRACTOR	809,618
BW COMMUNICATIONS 8900 EDGEWORTH DR STE G CAPITOL HEIGHTS MD 20743	COMMUNICATIONS SERVICES	649,927

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 ▶15

Part VIII **Statement of Revenue**

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

Section	Line	Description	Sub-line	Amount / Business Code	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	114,683				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	490,872				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	16,061,414				
	g	Noncash contributions included in lines 1a-1f $		485,401				
	h	**Total.** Add lines 1a-1f ▶			16,666,969			
Program Service Revenue				Business Code				
	2a	TUITION AND FEES		611600	57,883,478	57,883,478		
	b	DORMITORY & FOOD SERVICE		611710	12,912,554	12,912,554		
	c	RENTALS		611710	1,453,057	1,453,057		
	d	OTHER STUDENT FEES		611710	84,899	84,899		
	e							
	f	All other program service revenue						
	g	**Total.** Add lines 2a–2f ▶			72,333,988			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶			1,383,625			1,383,625
	4	Income from investment of tax-exempt bond proceeds ▶						
	5	Royalties ▶						
			(i) Real	(ii) Personal				
	6a	Gross rents	679,224					
	b	Less rental expenses	377,705					
	c	Rental income or (loss)	301,519					
	d	Net rental income or (loss) ▶			301,519			301,519
			(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory	71,469,631	61,865				
	b	Less cost or other basis and sales expenses	71,020,206	62,030				
	c	Gain or (loss)	449,425	-165				
	d	Net gain or (loss) ▶			449,260			449,260
	8a	Gross income from fundraising events (not including $ 114,683 of contributions reported on line 1c) See Part IV, line 18	a	87,390				
	b	Less direct expenses	b	98,789				
	c	Net income or (loss) from fundraising events ▶			-11,399			-11,399
	9a	Gross income from gaming activities See Part IV, line 19	a					
	b	Less direct expenses	b					
	c	Net income or (loss) from gaming activities ▶						
	10a	Gross sales of inventory, less returns and allowances	a	55,180				
	b	Less cost of goods sold	b	26,895				
	c	Net income or (loss) from sales of inventory ▶			28,285			28,285
		Miscellaneous Revenue		Business Code				
	11a	STUDENT INSURANCE PREMIUMS		524292	458,991			458,991
	b	ADMISSIONS TO FAIRS/EVENTS		900099	142,796			142,796
	c	LESSONS/MEMBERSHIPS		900099	48,148		48,148	
	d	All other revenue			1,235,880			1,235,880
	e	**Total.** Add lines 11a–11d ▶			1,885,815			
	12	**Total revenue.** See Instructions ▶			93,038,062	72,333,988	48,148	3,988,957

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2 Grants and other assistance to individuals in the United States See Part IV, line 22	23,404,621	23,404,621		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,356,336	88,997	872,345	394,994
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	21,906,619	18,278,475	3,169,535	458,609
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,320,271	1,147,137	173,134	
9 Other employee benefits	3,580,789	1,648,349	1,799,444	132,996
10 Payroll taxes	1,516,766	1,297,250	191,519	27,997
11 Fees for services (non-employees)				
a Management				
b Legal	49,864		49,864	
c Accounting	112,000		112,000	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	9,320		9,320	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,819,723	1,294,084	476,311	49,328
12 Advertising and promotion	1,178,822	1,001,331	177,491	
13 Office expenses	1,745,572	1,091,192	581,662	72,718
14 Information technology				
15 Royalties . .				
16 Occupancy	4,529,402	4,247,279	267,418	14,705
17 Travel	418,241	307,327	72,061	38,853
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	23,622	23,622		
20 Interest	1,301,524	20,999	1,280,525	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,618,117	4,234,576	383,541	
23 Insurance	1,803,361	115,000	1,688,361	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a PROGRAM EXPENSES	4,609,255	4,000,174	495,013	114,068
b FOOD EXPENSE	3,670,558	3,670,558		
c TAXES, LICENSES, PERMIT	365,646	269,542	96,104	
d BAD DEBT EXPENSE	141,356		141,356	
e All other expenses	2,372,533	1,324,779	1,008,954	38,800
25 **Total functional expenses.** Add lines 1 through 24e	81,854,318	67,465,292	13,045,958	1,343,068
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		2,619,309	1	10,437,622
	2	Savings and temporary cash investments		551,699	2	717,567
	3	Pledges and grants receivable, net		14,736,258	3	13,494,788
	4	Accounts receivable, net		3,489,589	4	2,906,521
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		3,339,572	7	3,481,932
	8	Inventories for sale or use		76,159	8	197,835
	9	Prepaid expenses and deferred charges		283,527	9	299,766
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 173,114,128			
	b	Less accumulated depreciation	10b 63,011,780	96,116,119	10c	110,102,348
	11	Investments—publicly traded securities		48,400,494	11	60,616,101
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		10,951,071	15	12,079,763
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		180,563,797	16	214,334,243
Liabilities	17	Accounts payable and accrued expenses		5,337,933	17	4,739,897
	18	Grants payable			18	
	19	Deferred revenue		1,622,755	19	2,165,069
	20	Tax-exempt bond liabilities		22,535,000	20	39,510,000
	21	Escrow or custodial account liability Complete Part IV of Schedule D		62,280	21	62,280
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		303,841	23	202,620
	24	Unsecured notes and loans payable to unrelated third parties		840,000	24	1,738,338
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		9,810,864	25	8,080,111
	26	**Total liabilities.** Add lines 17 through 25		40,512,673	26	56,498,315
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		68,853,479	27	81,285,666
	28	Temporarily restricted net assets		41,197,089	28	39,805,959
	29	Permanently restricted net assets		30,000,556	29	36,744,303
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		140,051,124	33	157,835,928
	34	Total liabilities and net assets/fund balances		180,563,797	34	214,334,243

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	93,038,062
2	Total expenses (must equal Part IX, column (A), line 25)	2	81,854,318
3	Revenue less expenses Subtract line 2 from line 1	3	11,183,744
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	140,051,124
5	Net unrealized gains (losses) on investments	5	5,479,165
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	2
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,121,893
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	157,835,928

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other ______________ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Additional Data

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERT L FRYER JR CHAIRMAN	10 00 0 00	X		X				0	0	0
RICHARD T FULTON VICE CHAIRMAN	1 00 0 00	X		X				0	0	0
ROBERT E PUTERBAUGH SECRETARY	1 00 0 00	X		X				0	0	0
MARCENE CHRISTOVERSON ASST SECRETARY	1 00 0 00	X		X				0	0	0
HOYT ROBINSON BARNETT TREASURER	1 00 0 00	X		X				0	0	0
ROBERT J ADAMS TRUSTEE	1 00 0 00	X						0	0	0
RALPH C ALLEN TRUSTEE - PARTIAL YEAR	1 00 0 00	X						0	0	0
SUSAN E BAXA TRUSTEE - PARTIAL YEAR	1 00 0 00	X						0	0	0
J STEPHEN BUCK TRUSTEE	1 00 0 00	X						0	0	0
ANN EDWARDS TRUSTEE	1 00 0 00	X						0	0	0
BISHOP ROBERT E FANNIN TRUSTEE	1 00 0 00	X						0	0	0
ANN H HANSEN TRUSTEE	1 00 0 00	X						0	0	0
JEFFREY K HEARN TRUSTEE	1 00 0 00	X						0	0	0
M CLAYTON HOLLIS JR TRUSTEE	1 00 0 00	X						0	0	0
RICHARD C JENSEN TRUSTEE - PARTIAL YEAR	1 00 0 00	X						0	0	0
GENERAL DONALD L KERRICK TRUSTEE - PARTIAL YEAR	1 00 0 00	X						0	0	0
BERNARD L LITTLE JR TRUSTEE - PARTIAL YEAR	1 00 0 00	X						0	0	0
REVEREND W DAVID MCENTIRE TRUSTEE	1 00 0 00	X						0	0	0
SARAH D MCKAY TRUSTEE	1 00 0 00	X						0	0	0
EDWIN MCMULLEN TRUSTEE - PARTIAL YEAR	1 00 0 00	X						0	0	0
EDWARD L MYRICK TRUSTEE - PARTIAL YEAR	1 00 0 00	X						0	0	0
MAIDA BADCOCK POU TRUSTEE	1 00 0 00	X						0	0	0
DANIEL R RICHEY TRUSTEE	1 00 0 00	X						0	0	0
MARJORIE H ROBERTS TRUSTEE	1 00 0 00	X						0	0	0
JOHN A RODDA TRUSTEE	1 00 0 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
GEORGE W ROGERS TRUSTEE	1 00 0 00	X						0	0	0
ARTHUR J ROWBOTHAM TRUSTEE	1 00 0 00	X						0	0	0
JOE P RUTHVEN TRUSTEE	1 00 0 00	X						0	0	0
LOUIS S SACO TRUSTEE	1 00 0 00	X						0	0	0
HONORABLE E J SALCINES TRUSTEE	1 00 0 00	X						0	0	0
RAY L SANDHAGEN TRUSTEE	1 00 0 00	X						0	0	0
ROBERT W SCHARAR TRUSTEE	1 00 0 00	X						0	0	0
ROBERT R SHARP TRUSTEE	1 00 0 00	X						0	0	0
EVETT L SIMMONS TRUSTEE	1 00 0 00	X						0	0	0
G BARRY SKITSKO TRUSTEE - PARTIAL YEAR	1 00 0 00	X						0	0	0
CHAS P SMITH TRUSTEE - PARTIAL YEAR	1 00 0 00	X						0	0	0
ROBERT S TRINKLE TRUSTEE	1 00 0 00	X						0	0	0
R HOWARD WIGGS TRUSTEE	1 00 0 00	X						0	0	0
ANNE B KERR PRESIDENT	75 00 0 00			X				380,007	0	45,837
V TERRY DENNIS VP OF FINANCE & ADMINISTRATION	55 00 0 00			X				186,840	0	28,073
KYLE FEDLER PROVOST	50 00 0 00			X				143,840	0	34,153
JOHN GRUNDIG VP OF ENROLLMENT MANAGEMENT	50 00 0 00			X				181,840	0	37,953
ROBERT H TATE VP ADVANCEMENT	40 00 0 00			X				130,840	0	21,045
MATTHEW R THOMPSON VP ADVANCEMENT	45 00 0 00			X				148,144	0	34,053
JOHN M WELTON DEAN OF NURSING & HEALTH SCIENCES	40 00 0 00					X		195,225	0	33,519
WILLIAM L RHEY DEAN OF BUSINESS & ECONOMICS	40 00 0 00					X		174,675	0	20,500
THOMAS SHAFER ASST VP FOR ADVANCEMENT	40 00 0 00					X		121,750	0	17,269
JAMES T BYRD DEAN OF ARTS & SCIENCES	40 00 0 00					X		119,664	0	33,479
WILLIAM C QUILLIAM PROFESSOR	40 00 0 00					X		113,838	0	7,789

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
FLORIDA SOUTHERN COLLEGE

Employer identification number
59-0624401

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

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

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

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

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

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

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

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

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

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

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

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

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

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Non-functionally integrated

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

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

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

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

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

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)** (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) | 14 |

15 Public support percentage for 2011 Schedule A, Part II, line 14 | 15 |

16a **33 1/3% support test—2012.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2012.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2011** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

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

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

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

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

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

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
FLORIDA SOUTHERN COLLEGE	59-0624401

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ 0

3 Volunteer hours 0

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ 0

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ 0

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		

If the amount on line 1e, column (a) or (b) is:	**The lobbying nontaxable amount is:**
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

	(a)	(b)
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2009	**(b)** 2010	**(c)** 2011	**(d)** 2012	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B **Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		3,002
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		
j	Total Add lines 1c through 1i			3,002
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV **Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Identifier	Return Reference	Explanation
EXPLANATION OF LOBBYING ACTIVITIES	PART II-B, LINE 1	FLORIDA SOUTHERN COLLEGE ONLY ENGAGES IN LOBBYING ACTIVITY WHICH DIRECTLY AFFECT THE OPERATION OF THE COLLEGE, ARE FOR THE BENEFIT OF ITS STUDENTS, AND WHICH FOSTER ITS EDUCATIONAL MISSION

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
FLORIDA SOUTHERN COLLEGE

Employer identification number
59-0624401

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

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

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

(ii) Assets included in Form 990, Part X ▶ $ 259,873

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

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

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

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

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

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

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☑ No

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . ☑

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	76,031,050	78,071,688	55,850,492	52,752,217	69,148,978
b	Contributions	6,337,591	3,471,287	16,218,534	1,332,943	1,291,431
c	Net investment earnings, gains, and losses	10,280,561	-1,170,124	8,397,511	4,246,516	-10,393,777
d	Grants or scholarships					
e	Other expenditures for facilities and programs	12,102,429	4,341,801	2,394,869	2,481,184	7,294,415
f	Administrative expenses					
g	End of year balance	80,456,773	76,031,050	78,071,688	55,850,492	52,752,217

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ▶ 21 630 %

b Permanent endowment ▶ 45 620 %

c Temporarily restricted endowment ▶ 32 750 %

The percentages in lines 2a, 2b, and 2c should equal 100%

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	152,583	5,173,762		5,326,345
b Buildings		112,803,708	38,677,610	74,126,098
c Leasehold improvements		28,144,307	9,053,949	19,090,358
d Equipment		20,097,490	13,429,762	6,667,728
e Other		6,742,278	1,850,459	4,891,819
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				110,102,348

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

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

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

(a) Description	(b) Book value
(1) HELD BY TRUSTEE	765,314
(2) BENEFICIAL INTEREST IN TRUST	10,697,978
(3) CASH SURRENDER VALUE OF LIFE INSURANCE	178,061
(4) BOND ISSUANCE COSTS, NET	435,128
(5) OTHER ASSETS	3,282
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . ▶	12,079,763

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

1 (a) Description of liability	(b) Book value
Federal income taxes	
POSTRETIREMENT BENEFIT OBLIGATION	3,079,832
GIFT ANNUITY OBLIGATION	2,627,061
DEPOSITS	568,300
ADVANCES FROM FEDERAL AGENCY FOR STUDENT LOANS	1,804,918
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	8,080,111

2. Fin 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

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

1	Total revenue, gains, and other support per audited financial statements			1	80,061,342
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	5,479,165		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	503,389		
e	Add lines **2a** through **2d**			2e	5,982,554
3	Subtract line **2e** from line **1**			3	74,078,788
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	20,819		
b	Other (Describe in Part XIII)	4b	18,938,455		
c	Add lines **4a** and **4b**			4c	18,959,274
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	93,038,062

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

1	Total expenses and losses per audited financial statements			1	63,016,905
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	503,389		
e	Add lines **2a** through **2d**			2e	503,389
3	Subtract line **2e** from line **1**			3	62,513,516
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	20,819		
b	Other (Describe in Part XIII)	4b	19,319,983		
c	Add lines **4a** and **4b**			4c	19,340,802
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	81,854,318

Part XIII Supplemental Information

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

Identifier	Return Reference	Explanation
	PART III, LINE 4	THE COLLEGE'S COLLECTION REPRESENTS AN ACCRETION OF GIFTS ACROSS MANY DECADES WITH THE OLDEST WORK DATING FROM THE LATE 16TH CENTURY THE COLLEGE HAS MANY 18TH AND 19TH CENTURY WORKS, HOWEVER THE MAJORITY OF THE COLLECTION CONSISTS OF WORKS FROM THE 20TH AND NOW THE 21ST CENTURIES THE COLLEGE'S USE OF THE COLLECTION INCLUDES TEACHING AND AESTHETIC EDUCATIONAL DISPLAY THE COLLECTION SUPPORTS THE MISSION OF THE DEPARTMENT OF ART AND ART HISTORY THE COLLEGE'S CAMPUS CONTAINS THE LARGEST SINGLE SITE COLLECTION OF FRANK LLOYD WRIGHT STRUCTURES IN THE WORLD AND IS THE ONLY COLLEGE CAMPUS DESIGNED BY THE MASTER ARCHITECT THE WRIGHT-DESIGNED BUILDINGS ON THE COLLEGE'S CAMPUS HAVE BEEN INCLUDED ON THE WORLD MONUMENT FUND'S LIST OF 100 MOST ENDANGERED SITES IN THE WORLD THE INTERNATIONAL IMPORTANCE OF THE COLLEGE'S WRIGHT ARCHITECTURE AND PRESERVATION EFFORTS HAS RESULTED IN A NUMBER OF GRANTS TO ASSIST IN THESE EFFORTS
	PART IV, LINE 2B	THE COLLEGE HOLDS AGENCY FUNDS AND ADMINISTERS THE FUNDS FOR VARIOUS CAMPUS GROUPS
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE COLLEGE'S ENDOWMENT FUNDS ARE MAINTAINED TO PROVIDE A PREDICTABLE STREAM OF INCOME TO FUND PROGRAMS THAT ARE SUPPORTED BY THE ENDOWMENT
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	THE COLLEGE ADOPTED GUIDANCE ISSUED BY FASB WITH RESPECT TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES AS OF JANUARY 1, 2007 A TAX POSITION IS RECOGNIZED AS A BENEFIT ONLY IF IT IS "MORE LIKELY THAN NOT" THAT THE TAX POSITION WOULD BE SUSTAINED IN A TAX EXAMINATION, WITH A TAX EXAMINATION BEING PRESUMED TO OCCUR THE AMOUNT RECOGNIZED IS THE LARGEST AMOUNT OF THE TAX BENEFIT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED ON EXAMINATION FOR TAX POSITIONS NOT MEETING THE "MORE LIKELY THAN NOT" TEST, NO TAX BENEFIT IS RECORDED THE ADOPTION IN THE PRIOR YEAR HAD NO EFFECT ON THE COLLEGE'S FINANCIAL STATEMENTS THE COLLEGE IS NO LONGER SUBJECT TO EXAMINATION BY TAXING AUTHORITIES FOR YEARS BEFORE MAY 31, 2008 THE COLLEGE DOES NOT EXPECT THE TOTAL AMOUNT OF UNRECOGNIZED TAX BENEFIT TO SIGNIFICANTLY CHANGE IN THE NEXT 12 MONTHS THE COLLEGE RECOGNIZES INTEREST AND/OR PENALTIES RELATED TO INCOME TAX MATTERS IN INCOME TAX EXPENSE THE COLLEGE DID NOT HAVE ANY AMOUNT ACCRUED FOR INTEREST AND PENALTIES AT MAY 31, 2013 AND 2012
PART XI, LINE 2D - OTHER ADJUSTMENTS		COST OF GOODS SOLD 26,895 SPECIAL EVENT EXPENSES 98,789 RENTAL EXPENSES 377,705
PART XI, LINE 4B - OTHER ADJUSTMENTS		STUDENT FINANCIAL AID AND SCHOLARSHIPS 18,938,455
PART XII, LINE 2D - OTHER ADJUSTMENTS		COST OF GOODS SOLD 26,895 SPECIAL EVENT EXPENSES 98,789 RENTAL EXPENSES 377,705
PART XII, LINE 4B - OTHER ADJUSTMENTS		STUDENT FINANCIAL AID AND SCHOLARSHIPS 18,938,455 PAYMENT TO ANNUITY BENEFICIARIES 381,528

SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
FLORIDA SOUTHERN COLLEGE

Employer identification number
59-0624401

Part I

		Line	YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II	3	Yes	
4	Does the organization maintain the following?			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Part II			
5	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	5a		No
b	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		No
e	Educational policies?	5e		No
f	Use of facilities?	5f		No
g	Athletic programs?	5g		No
h	Other extracurricular activities?	5h		No
	If you answered "Yes" to any of the above, please explain If you need more space, use Part II			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		No
	If you answered "Yes" to either line 6a or line 6b, explain on Part II			
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	7	Yes	

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

Identifier	Return Reference	Explanation
EXPLANATION OF NONDISCRIMINATORY POLICY PUBLICATION	SCHEDULE E, PART I, LINE 3	THE COLLEGE'S NON-DISCRIMINATORY POLICY HAS BEEN PUBLISHED IN THE TAMPA TRIBUNE AND THE LAKELAND LEDGER THE COLLEGE CATALOG ALSO INCLUDES THE POLICY
EXPLANATION OF GOVERNMENT FINANCIAL ASSISTANCE	SCHEDULE E, PART I, LINE 6	THE COLLEGE RECEIVES FINANCIAL AID FROM FEDERAL AND STATE GOVERNMENTAL AGENCIES

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
FLORIDA SOUTHERN COLLEGE

Employer identification number
59-0624401

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

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

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

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(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 and investments in region
EUROPE (INCLUDING ICELAND & GREENLAND) -	0	0	PROGRAM SERVICES	STUDY ABROAD	8,860
EAST ASIA AND THE PACIFIC -	0	0	PROGRAM SERVICES	STUDY ABROAD	55,240
EUROPE (INCLUDING ICELAND & GREENLAND) -	0	0	PROGRAM SERVICES	STUDY ABROAD	563,265
SOUTH ASIA	0	0	PROGRAM SERVICES	STUDY ABROAD	63,412
NORTH AMERICA	0	0	PROGRAM SERVICES	STUDY ABROAD	25,245
3a Sub-total	0	0			716,022
b Total from continuation sheets to Part I	0	0			0
c **Totals** (add lines 3a and 3b)	0	0			716,022

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

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

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

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

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

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

Part V **Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	ReturnReference	Explanation

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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. Form 990-EZ filers are not required to complete this part.

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
FLORIDA SOUTHERN COLLEGE

Employer identification number
59-0624401

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

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

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

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

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total . . . . ▶						

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

			(a) Event #1 GOLF TOURNAMENT (event type)	(b) Event #2 GOLF TOURNAMENT (event type)	(c) Other events 3 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1	Gross receipts	62,350	45,900	93,823	202,073
	2	Less Contributions	38,240	38,210	38,233	114,683
	3	Gross income (line 1 minus line 2)	24,110	7,690	55,590	87,390
Direct Expenses	4	Cash prizes			1,000	1,000
	5	Noncash prizes	4,155		11,150	15,305
	6	Rent/facility costs	11,650	13,216	18,343	43,209
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	20,552	2,500	16,223	39,275
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶				(98,789)
	11	Net income summary Combine line 3, column (d), and line 10 ▶				-11,399

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

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

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

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

b If "No," explain ______

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

b If "Yes," explain ______

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

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

13 Indicate the percentage of gaming activity operated in

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

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ ____________ and the amount of gaming revenue retained by the third party ▶ $ ____________

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
FLORIDA SOUTHERN COLLEGE

Employer identification number
59-0624401

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

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

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

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

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) TUITION DISCOUNTS/CREDITS	1925	18,938,455	0	N/A	N/A
(2) SCHOLARSHIPS	761	4,466,166		N/A	N/A

Part IV **Supplemental Information.**

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 GRANTS ARE APPLIED DIRECTLY TO STUDENT ACCOUNTS THE COLLEGE MONITORS STUDENT TUITION ACCOUNTS FOR ANY STUDENT WHO RECEIVED A SCHOLARSHIP OR TUITION CREDIT THE BURSAR'S OFFICE AND THE ADMISSIONS OFFICE ENSURE THAT STUDENTS WHO RECEIVE SCHOLARSHIPS OR TUITION CREDITS MAINTAIN FULL-TIME OR PART-TIME STUDENT STATUS AND MEET ALL OTHER REQUIREMENTS, AS REQUIRED BY THE AWARDED SCHOLARSHIP, SO THAT THE FUNDS ARE USED FOR THEIR INTENDED PURPOSE

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
FLORIDA SOUTHERN COLLEGE

Employer identification number
59-0624401

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☑ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☑ Health or social club dues or initiation fees ☐ Discretionary spending account ☑ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☑ Compensation committee ☑ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	**4c**		No
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization? If "Yes," to line 5a or 5b, describe in Part III	**5b**		No
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization? If "Yes," to line 6a or 6b, describe in Part III	**6b**		No
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)ANNE B KERR PRESIDENT	(i)	376,606	0	3,401	25,000	20,837	425,844	0
	(ii)	0	0	0	0	0	0	0
(2)V TERRY DENNIS VP OF FINANCE & ADMINISTRATION	(i)	186,840	0	0	18,600	9,473	214,913	0
	(ii)	0	0	0	0	0	0	0
(3)KYLE FEDLER PROVOST	(i)	143,840	0	0	14,300	19,853	177,993	0
	(ii)	0	0	0	0	0	0	0
(4)JOHN GRUNDIG VP OF ENROLLMENT MANAGEMENT	(i)	181,840	0	0	18,100	19,853	219,793	0
	(ii)	0	0	0	0	0	0	0
(5)ROBERT H TATE VP ADVANCEMENT	(i)	130,840	0	0	13,000	8,045	151,885	0
	(ii)	0	0	0	0	0	0	0
(6)MATTHEW R THOMPSON VP ADVANCEMENT	(i)	148,144	0	0	13,000	21,053	182,197	0
	(ii)	0	0	0	0	0	0	0
(7)JOHN M WELTON DEAN OF NURSING & HEALTH SCIENCES	(i)	195,225	0	0	13,666	19,853	228,744	0
	(ii)	0	0	0	0	0	0	0
(8)WILLIAM L RHEY DEAN OF BUSINESS & ECONOMICS	(i)	174,675	0	0	12,227	8,273	195,175	0
	(ii)	0	0	0	0	0	0	0
(9)JAMES T BYRD DEAN OF ARTS & SCIENCES	(i)	119,664	0	0	11,936	21,543	153,143	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

Identifier	Return Reference	Explanation
	PART I, LINE 1A	THE COLLEGE PRESIDENT, ANNE B KERR, IS PROVIDED A RESIDENCE ON THE CAMPUS OF THE COLLEGE THE VALUE OF HOUSING PROVIDED IS EXCLUDED FROM THE DETERMINATION OF TAXABLE COMPENSATION UNDER SECTION 119 OF THE INTERNAL REVENUE CODE BECAUSE 1) THE LODGING IS FURNISHED ON THE BUSINESS PREMISES OF THE COLLEGE, 2) THE LODGING IS FURNISHED AT THE CONVENIENCE OF THE EMPLOYER THE RESPONSIBILITIES OF THE PRESIDENT REQUIRE HER PRESENCE ON CAMPUS THE PRESIDENT HOLDS MANY FACULTY AND STUDENT MEETINGS AT HER RESIDENCE, AND 3) THE EMPLOYEE IS REQUIRED TO ACCEPT SUCH LODGING AS A CONDITION OF HER EMPLOYMENT THE VALUE OF THE LODGING IS NOT INCLUDED IN TAXABLE COMPENSATION THE COLLEGE PAYS DUES AT A SOCIAL CLUB FOR THE COLLEGE PRESIDENT, ANNE B KERR, THE VICE PRESIDENTS OF ADVANCEMENT, ROBERT H TATE AND MATTHEW R THOMPSON THIS BENEFIT IS NOT TREATED AS TAXABLE COMPENSATION TO THE INDIVIDUALS BECAUSE CLUB USE IS LIMITED TO BUSINESS PURPOSES

Additional Data

Return to Form

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

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
ANNE B KERR	(i)	376,606	0	3,401	25,000	20,837	425,844	0
	(ii)	0	0	0	0	0	0	0
V TERRY DENNIS	(i)	186,840	0	0	18,600	9,473	214,913	0
	(ii)	0	0	0	0	0	0	0
KYLE FEDLER	(i)	143,840	0	0	14,300	19,853	177,993	0
	(ii)	0	0	0	0	0	0	0
JOHN GRUNDIG	(i)	181,840	0	0	18,100	19,853	219,793	0
	(ii)	0	0	0	0	0	0	0
ROBERT H TATE	(i)	130,840	0	0	13,000	8,045	151,885	0
	(ii)	0	0	0	0	0	0	0
MATTHEW R THOMPSON	(i)	148,144	0	0	13,000	21,053	182,197	0
	(ii)	0	0	0	0	0	0	0
JOHN M WELTON	(i)	195,225	0	0	13,666	19,853	228,744	0
	(ii)	0	0	0	0	0	0	0
WILLIAM L RHEY	(i)	174,675	0	0	12,227	8,273	195,175	0
	(ii)	0	0	0	0	0	0	0
JAMES T BYRD	(i)	119,664	0	0	11,936	21,543	153,143	0
	(ii)	0	0	0	0	0	0	0

Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
FLORIDA SOUTHERN COLLEGE

Employer identification number
59-0624401

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased Yes	(g) Defeased No	(h) On behalf of issuer Yes	(h) On behalf of issuer No	(i) Pool financing Yes	(i) Pool financing No
A	CITY OF LAKELAND FLORIDA	59-6000354	511664AN4	09-11-2012	31,289,524	FINANCE/REFINANCE COSTS OF ACQUISITION, CONSTRUCTION EQUIPPING EDUC FACILITI		X		X		X
B	CITY OF LAKELAND FLORIDA	59-6000354	511664AP9	09-11-2012	10,000,000	REFINANCE COSTS OF ACQUISITION		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	31,289,524	10,000,000		
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows	12,650,023	9,884,977		
7	Issuance costs from proceeds	398,043	99,523		
8	Credit enhancement from proceeds	15,500	15,500		
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	17,493,512			
11	Other spent proceeds				
12	Other unspent proceeds	747,946	17,368		
13	Year of substantial completion				

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
14	Were the bonds issued as part of a current refunding issue?	X		X					
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?		X		X				
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?		X		X				

Part III Private Business Use

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X				

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X				
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?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
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 00000%		0 00000%		%		%	
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 ▶	0 00000%		0 00000%		%		%	
6	Total of lines 4 and 5	0 00000%		0 00000%		%		%	
7	Does the bond issue meet the private security or payment test?		X		X				
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	%		%		%		%	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X					

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X				
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		X					
b	Exception to rebate?		X		X				
c	No rebate due?		X		X				
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X	X					
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X				
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X					

Part V Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X					

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

Identifier	Return Reference	Explanation
SCHEDULE K, PART II, LINE 17, COLUMNS A AND B		THE COLLEGE MAINTAINED ADEQUATE BOOKS AND RECORDS TO SUPPORT ALL ALLOCATIONS OF PROCEEDS FROM THE BONDS THROUGH THE END OF THE TAX YEAR, HOWEVER, IS ANSWERING LINE 17 AS "NO" SINCE THE FINAL ALLOCATION OF THE PROCEEDS HAS YET TO BE MADE
SCHEDULE K, PART II, LINE 2A, COLUMNS A AND B		A REBATE IS NOT CONSIDERED DUE YET, AS THE FINAL ALLOCATION OF THE PROCEEDS HAS YET TO BE MADE AND THE ISSUE IS WITHIN ITS FIVE YEAR PERIOD PRIOR TO A REBATE CALCULATION BEING REQUIRED FOLLOWING THE FINAL ALLOCATION OF PROCEEDS, THE COLLEGE WILL DETERMINE IF AN EXCEPTION TO REBATE APPLIES OR IF A REBATE CALCULATION IS REQUIRED WITH THE BOND TRUSTEE

Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
FLORIDA SOUTHERN COLLEGE

Employer identification number
59-0624401

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

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

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

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

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
(1) RODDA CONSTRUCTION	JOHN RODDA, TRUSTEE OWNS RODDA CONSTRUCTION	4,531,328	CONSTRUCTION SERVICES		No
(2) LYNN DENNIS	FAMILY MEMBER OF V TERRY DENNIS, VP FINANCE & ADMINISTRATION	66,600	EMPLOYMENT COMPENSATION		No

Part V Supplemental Information

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

Identifier	Return Reference	Explanation

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization	Employer identification number
FLORIDA SOUTHERN COLLEGE	59-0624401

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art	X	1	5,200	ESTIMATED
2 Art—Historical treasures .				
3 Art—Fractional interests . .				
4 Books and publications . .	X		23	VALUED AT $1 EACH
5 Clothing and household goods	X		3	VALUED AT $1 EACH
6 Cars and other vehicles . .				
7 Boats and planes				
8 Intellectual property . . .				
9 Securities—Publicly traded .	X	10	450,606	STOCK MARKET QUOTES
10 Securities—Closely held stock .				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous . .				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other . . .				
15 Real estate—Residential .				
16 Real estate—Commercial . .				
17 Real estate—Other . . .				
18 Collectibles				
19 Food inventory . . .				
20 Drugs and medical supplies .				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens . .				
24 Archeological artifacts . . .				
25 Other ▶ (VARIOUS ITEMS)	X	36	7,640	COST
26 Other ▶ (FURNITURE)	X	3	21,929	COST
27 Other ▶( )				
28 Other ▶ ( )				

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

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b If "Yes," describe the arrangement in Part II			
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		No
b If "Yes," describe in Part II			
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
METHOD FOR DETERMINING NUMBER OF CONTRIBUTIONS	PART I, COLUMN (B)	NUMBER OF CONTRIBUTORS

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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

2012

Open to Public Inspection

Name of the organization
FLORIDA SOUTHERN COLLEGE

Employer identification number
59-0624401

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

Identifier	Return Reference	Explanation
PROGRAM SERVICE STATEMENT	FORM 990, PART III, LINE 4A	FLORIDA SOUTHERN IS NATIONALLY RECOGNIZED FOR ITS ENGAGED LEARNING FORMAT WHERE STUDENTS ARE CHALLENGED TO APPLY KNOWLEDGE THEY ACQUIRE IN THEIR CLASSES IN REAL-WORLD SITUATIONS WE ARE PROUD OF THE QUALITY OF OUR STUDENT-FACULTY COLLABORATIVE RESEARCH, STUDENT MUSICAL PERFORMANCES, SERVICE LEARNING, CIVIC ENGAGEMENT, INTERNSHIPS, PRACTICUM PROJECTS, AND STUDY-ABROAD OPPORTUNITIES, ALL OF WHICH SUPPORT THE ENGAGED LEARNING PEDAGOGY STUDENTS ARE TAUGHT BY DYNAMIC PROFESSORS, INCLUDING 111 FULL-TIME FACULTY THAT RESULTS IN AN 13 1 STUDENT-FACULTY RATIO THE FACULTY HAVE OUTSTANDING CREDENTIALS, WITH 80% WHO HAVE EARNED THEIR TERMINAL DEGREE IN THEIR FIELD OF EXPERTISE FLORIDA SOUTHERN ALSO EMPHASIZES WHOLE-STUDENT DEVELOPMENT AND HAS A VIBRANT EXTRA-CURRICULAR AGENDA THAT SUPPORTS BOTH CLASSROOM AND OUT-OF-CLASSROOM PERSONAL GROWTH EXPERIENCES A WELL-TRAINED STAFF OF PROFESSIONALS LEAD THESE ACTIVITIES THAT FOSTER NOT ONLY ACADEMIC, BUT ALSO PHYSICAL, SPIRITUAL, AND SOCIAL DEVELOPMENT FLORIDA SOUTHERN IS RANKED AS THE #1 REGIONAL COLLEGE IN FLORIDA AND THE #2 REGIONAL COLLEGE IN THE SOUTH BY U S NEWS & WORLD REPORT, WAS RANKED AS THE #1 "MOST BEAUTIFUL CAMPUS" IN THE NATION FOR TWO CONSECUTIVE YEARS AND ONCE AGAIN HONORED AS ONE OF THE COUNTRY'S BEST INSTITUTIONS FOR UNDERGRADUATE EDUCATION BY THE PRINCETON REVIEW IT IS INCLUDED IN THE PRINCETON REVIEW'S BEST 378 COLLEGES AND UNIVERSITIES, IS INCLUDED AS A BEST VALUE IN THE PRESTIGIOUS FISKE GUIDE TO COLLEGES, AND IS LISTED BY BARRON'S AS A BEST BUY INSTITUTION THE COLLEGE'S 110-ACRE CAMPUS INCLUDES ACADEMIC BUILDINGS, RESIDENCE HALLS, ATHLETIC FACILITIES, STUDENT LIFE ACTIVITY SPACES, ADMINISTRATIVE OFFICES, STUDENT SUPPORT LEARNING SPACES, A PERFORMING ARTS CENTER, OTHER AUDITORIA FOR BOTH MUSICAL AND ALL-COLLEGE PROGRAMS, CHAPELS FOR CAMPUS MINISTRIES, AND MAINTENANCE AND WORKSHOP FACILITIES

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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	FLORIDA SOUTHERN COLLEGE HAS ONE MEMBER, WHICH IS THE FLORIDA CONFERENCE OF THE UNITED METHODIST CHURCH THE FLORIDA CONFERENCE OF THE UNITED METHODIST CHURCH HAS THE RIGHT TO ELECT UP TO THIRTY-SEVEN TRUSTEES TO THE BOARD IN ADDITION, ANY CHANGE TO THE COLLEGE'S CHARTER MUST BE APPROVED BY THE FLORIDA CONFERENCE OF THE UNITED METHODIST CHURCH

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7A	THE SOLE MEMBER, FLORIDA CONFERENCE OF THE UNITED METHODIST CHURCH ELECTS UP TO THIRTY-SEVEN TRUSTEES FOR A TERM OF THREE YEARS EACH TWO POSITIONS ON THE BOARD ARE HELD BY INDIVIDUALS BASED ON THEIR POSITIONS WITH OTHER ORGANIZATIONS THE BISHOP AND LAY LEADER OF THE FLORIDA CONFERENCE OF THE UNITED METHODIST CHURCH ARE MEMBERS OF THE COLLEGE'S BOARD THE PRESIDENT OF THE COLLEGE'S ALUMNI ASSOCIATION IS A MEMBER OF THE BOARD BASED ON SUCH A POSITION

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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE INFORMATION FOR THE FORM 990 IS COMPILED BY STAFF IN THE FINANCE DEPARTMENT OF THE COLLEGE, WHO THEN INTERACT WITH THE OUTSIDE TAX PROFESSIONALS RESPONSIBLE FOR PREPARING THE RETURN UPON ITS INITIAL COMPLETION, THE DRAFT OF THE RETURN IS COMPLETELY REVIEWED BY INTERNAL STAFF OF THE COLLEGE, INCLUDING THE DEPARTMENTAL STAFF WHO COMPILED THE DATA, THE CONTROLLER, AND THE VP FOR FINANCE & ADMINISTRATION AT THE COMPLETION OF THIS REVIEW, ANY QUESTIONS OR PROPOSED CHANGES ARE DIRECTED TO THE TAX PROFESSIONALS AND RESOLUTION IS AGREED TO THE ADJUSTED DRAFT IS THEN BROUGHT TO THE AUDIT COMMITTEE OF THE FLORIDA SOUTHERN COLLEGE BOARD OF TRUSTEES THE CURRENT COMMITTEE AND INVITED PARTICIPANTS IS COMPRISED OF SEVEN MEMBERS OF THE BOARD, THE CHAIR OF THE TRUSTEES, A FACULTY MEMBER FROM THE COLLEGE OF BUSINESS WHOSE FIELD IS AUDIT, AND THE COLLEGE'S VP FOR FINANCE & ADMINISTRATION EACH MEMBER OF THIS GROUP IS PROVIDED A FULL COPY OF THE 990 FOR THEIR REVIEW THE EXTERNAL TAX PROFESSIONALS PARTICIPATE EITHER IN PERSON OR VIA TELEPHONE WITH THE COMMITTEE DURING THE REVIEW PROCESS THE TAX PROFESSIONALS GUIDE THE COMMITTEE IN THEIR LINE BY LINE REVIEW, ANSWERING ANY QUESTIONS THAT MAY ARISE UPON COMPLETION OF THE COMMITTEE REVIEW AND PROPER RESOLUTION OF ANY OPEN ITEMS, THE FINAL COPY OF THE 990 IS PREPARED BY THE TAX PROFESSIONALS AT THIS TIME, PRIOR TO FILING, A COPY OF THE 990 CONTAINING ALL INFORMATION WITH THE EXCEPTION OF DONOR NAMES IS PROVIDED TO ALL MEMBERS OF THE BOARD OF TRUSTEES AFTER APPROPRIATE TIME FOR RESPONSE TO ANY QUESTIONS THAT INDIVIDUAL BOARD MEMBERS MAY HAVE, THE RETURN IS FILED BY COLLEGE ADMINISTRATION

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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE BY-LAWS OF THE COLLEGE REQUIRE THAT "THE CHAIRMAN OF THE BOARD SHALL APPOINT A PRESIDENTIAL COMPENSATION COMMITTEE OF INDEPENDENT TRUSTEES TO EVALUATE THE PRESIDENT'S PERFORMANCE, REVIEW FUTURE GOALS, AND SET COMPENSATION ON AN ANNUAL BASIS " THE COMPENSATION REVIEW IS ACCOMPLISHED ANNUALLY USING NATIONAL COMPARABILITY DATA, PRESIDENTIAL PERFORMANCE AND THE FINANCIAL CONDITION OF THE COLLEGE THE CHAIRMAN OF THE BOARD REPORTS ANNUALLY TO THE FULL BOARD OF TRUSTEES ABOUT THE REVIEW THE PROCESS IS UNDERTAKEN ON AN ANNUAL BASIS AND WAS LAST COMPLETED IN 2013 FOR THE PRESIDENT, DR ANNE B KERR THE COLLEGE PRESIDENT USES COMPARABILITY DATA TO REVIEW AND RECOMMEND COMPENSATION FOR THE OTHER OFFICERS AND KEY EMPLOYEES THE SALARIES ARE REVIEWED AND APPROVED BY THE CHAIRMAN OF THE BOARD OF TRUSTEES THE DECISIONS ARE DOCUMENTED BY THE PRESIDENT AND BOARD CHAIRMAN THE PROCESS IS UNDERTAKEN ON AN ANNUAL BASIS AND WAS LAST COMPLETED IN 2013

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

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	ACTUARIAL CHANGE IN ANNUITY OBLIGATIONS 73,555 ACTUARIAL CHANGE IN POSTRETIREMENT BENEFIT PLAN OBLIGATION 1,048,338

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
FLORIDA SOUTHERN COLLEGE

Employer identification number
59-0624401

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
(1) FLORIDA CONFERENCE OF THE UNITED METHODIST CHURCH 1140 EAST MCDONALD STREET LAKELAND, FL 33801 59-0904361	SUPPORT	FL	501(C)(3)	LINE 1	N/A		No
(2) FLORIDA UNITED METHODIST FOUNDATION INC PO BOX 3549 LAKELAND, FL 33802 59-1148710	INVESTMENT MANAGEMENT	FL	501(C)(3)	LINE 11C, III-FI	FLORIDA CONFERENCE OF THE UNITED METHODIST CHURCH		No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
(1) CHARITABLE REMAINDER UNITRUST (9) 111 LAKE HOLLINGSWORTH DRIVE LAKELAND, FL 33801	INVESTMENT	FL	N/A	T					No
(2) POOLED TRUST (3) 111 LAKE HOLLINGSWORTH DRIVE LAKELAND, FL 33801	INVESTMENT	FL	N/A	T					No

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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 section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Additional Data

Return to Form

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

Part VII **Supplemental Information**

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

Identifier	Return Reference	Explanation

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