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DLN: 93493105007494

# Form **990**

Department of the Treasury

## **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)

OMB No 1545-0047

Open to Public

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Current Year
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63,973,69 51,866,02 152,279,10 2,197,38 End of Year
63,973,69 51,866,02 152,279,10 2,197,38 End of Year 601,491,69

1 01111	330 (2012)				Page a
Par	Statement of Program Check if Schedule O contain				
1	Briefly describe the organization's	mission			
gradı guıdı ıntell	ation and Public Service Mission Ro uates to pursue meaningful lives and ng principles are excellence, innovat ectual, spiritual and aesthetic traditi hment, social resonsibility and envir	productive careers We tion and community We tons We are dedicated	e are committed to lib provide opportunities	eral arts ethos and guided by for students and the commur	its values and ideals. Our nity to explore diverse
2	Did the organization undertake any the prior Form 990 or 990-EZ? .			which were not listed on	
	If "Yes," describe these new service				
3	Did the organization cease conduct services?		changes in how it co	nducts, any program	
	If "Yes," describe these changes or	n Schedule O			
4	Describe the organization's program expenses Section 501(c)(3) and 5 the total expenses, and revenue, if	01(c)(4) organizations	are required to report		
	(Code ) (Expense:	s \$ 108,145,665	ıncludıng grants of \$	36,439,386 ) (Revenue \$	98,015,082 )
	Rollins College provided liberal arts and gi undergraduate and 243 graduate degrees year ended May 31, 2013				
4b	(Code ) (Expense:	s \$ 21,241,861	ıncludıng grants of \$	) (Revenue \$	17,839,801 )
	Rollins College operated various auxiliary staff	enterprises including dining,	housing and bookstore se	rvices for the convenience and well-	being of its students, faculty and
<b>4</b> c	(Code ) (Expense:	s \$	including grants of \$	) (Revenue \$	)
4d	Other program services (Describe				
	(Expenses \$	including grants of	\$	) (Revenue \$	)
4e	Total program service expenses 🟲	129,387,526			

Part IV	Checklist of	Required	<b>Schedules</b>

			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	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Νo
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		Νo
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 $IV^{\square}$	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, 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
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
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		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 🚨	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, 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	Yes	
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		

Par	t IV Checklist of Required Schedules (continued)			
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
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		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
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		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

	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   4,608		res	INC
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0	-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
٠	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered			
L	by this return	<u>'</u>		
D	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	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		
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	Yes	
b	If "Yes," enter the name of the foreign country AS			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	F		
6-	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a	Yes	$\vdash$
Oa	organization solicit any contributions that were not tax deductible as charitable contributions?	Oa	165	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
7	Organizations that may receive deductible contributions under section 170(c).			
а	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			١.,
	file Form 8282?	7c		N
u	The rest, indicate the number of Forms 6262 filed during the year	<u>'</u>		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		N
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		N
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		N
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		N
9	Sponsoring organizations maintaining donor advised funds.	0-		,,
	Did the organization make any taxable distributions under section 4966?	9a 9b		N N
О	Section 501(c)(7) organizations. Enter	90		IN
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
.1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
<b>3</b> -		12-		<u>,</u> ,
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the	12a		N
3	year	1		
	Is the organization licensed to issue qualified health plans in more than one state?			
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		N
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			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		l N

Se	ection 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			
	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			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	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		Νo
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo
6	Did the organization have members or stockholders?	6		Νo
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		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod <b>Yes</b>	e.) No
	Did the organization have local chapters, branches, or affiliates?	evenu 10a		
10a			Yes	
10a b	Did the organization have local chapters, branches, or affiliates?	10a	<b>Yes</b> Yes	
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes Yes Yes	
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a	Yes Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?  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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10a 10b 11a 12a 12b	Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?  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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?  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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?  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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes	
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?  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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10a 10b 11a 12a 12b 12c 13 14	Yes	
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?  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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes	No

- 17 List the States with which a copy of this Form 990 is required to be filed►FL
- 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)
- 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 ►William Short 1000 Holt Avenue CB 2715 Winter Park, FL (407)646-2125

Form	990	(2012)	
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#### Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation 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

	1	1								
(A) Name and Title	(B) A verage hours per week (list any hours	more t perso and	(C) Position (do not check nore than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
See Additional Data Table										
	•	•	•							Form <b>990</b> (2012)

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

	<b>(A)</b> Name and Title	Name and Title  A verage hours per week (list any hours							(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-		(F) Estima mount of compens from t	ted f other ation he
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)		ganizati relate organiza	ed
	Sub-Total			•				<b>•</b>					
	Total from continuation sheet Total (add lines 1b and 1c)  .				٠.	٠.			2,832,717				711,221
	otal number of individuals (in 100,000 of reportable compe						d abov	'e) w	ho received more th	ian			
												Yes	No
	Old the organization list any <b>fo</b> on line 1a? <i>If "Yes," complete S</i>					key •	emplo	yee,	, or highest compen	sated employee	3		No
o	For any individual listed on line organization and related organ										4	Yes	
	Did any person listed on line 1 services rendered to the organ									or individual for	5		No
Sec	tion B. Independent Co	ntractors											
	Complete this table for your five compensation from the organization from the organizati											ax year	

(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation
UCC Group Inc 7380 Sand Lake Road Ste 500 Orlando FL 32819	Construction	671,870
Einhorn Yaffee Prescott Architecture & Engine NanoFab East 257 Fuller Rd Albany NY 12203	Architect & Engineer	793,925
Company PartnersLLC 968 Lake Baldwin Ln Orlando FL 32814	Construction	2,180,799
Collage Design & Construction Group Inc 585 Technology Park Lake Mary FL 32746	Construction	786,515
Brasfield & Gorrie LLC 200 Colonial Ctr Pkwy Ste 200 Lake Mary FL 32751	Construction	7,936,540
Takal annulus and the day of the same and th	value and a second and a second black	

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶40

			of Revenue ule O contains a respor	nse to any question	in this Part VIII .	(B)	(C)	
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512,513,or 514
s ts	1a	Federated cam	paigns 1a					
Contributions, Giffs, Grants and Other Similar Amounts	b	Membership du	ies <b>1b</b>	66,303				
	С	Fundraising eve	ents <b>1c</b>	230,006				
	d	Related organiz	zations 1d					
s, G mil	е	Government grant	s (contributions) <b>1e</b>	1,242,156				
tributions Other Si	f	All other contribution	ons, gifts, grants, and <b>1f</b> ot included above	16,263,867				
	g	Noncash contribution 1a-1f \$	ons included in lines			ĺ		
Cont	h		s 1a-1f		17,802,332			
an				Business Code				
ven	2a	Student tuition			96,112,041	96,112,041		
Program Serwce Revenue	b	Philanthropy/oth p	orograms		796,540	796,540		122.551
	C C	Other revenue			423,551			423,551
Ser	d e	Auxiliary income Athletic programs	_		17,839,801	450.022		17,839,801
ranı	f		am service revenue		459,932 223,018	459,932 182,938		40,080
<b>۲</b> og⊩	•				223,018	102,930		40,080
<u> </u>	g		s 2a – 2f		115,854,883			
	3		ome (including dividen ar amounts)		6,414,036	48,726	-18,849	6,384,159
	4	Income from inves	stment of tax-exempt bond	proceeds	0			
	5	Royalties			2,679	2,679		
	-	Cross rents	(ı) Real 4,255,712	(II) Personal				
	6a h	Gross rents Less rental	2,441,334					
	c	expenses Rental income	1,814,378					
	d	or (loss)	me or (loss)		1,814,378			1,814,378
	u	Net rental inco	(i) Securities		1,011,370			1,011,570
	7a	Gross amount from sales of assets other than inventory	77,037,988	(11)				
	b	Less cost or other basis and	64,471,179					
	С	sales expenses Gaın or (loss)	12,566,809					
	d	Net gain or (los	ss)		12,566,809			12,566,809
nue	8a	events (not inc	from fundraising luding 1,006					
Other Revenue		of contributions See Part IV, lin	s reported on line 1c) ne 18 a	165,479				
)th	Ь		penses <b>b</b>	144,109	24 270			24 270
)	c 9a	Gross income f	(loss) from fundraising from gaming activities ne 19	events 🛌	21,370			21,370
	ь		penses b					
	с 10а	Net income or in		vities	0			
	ь		oods sold b					
			(loss) from sales of inv	entory <b>.</b>	0			
		Miscellaneous	s Revenue	Business Code				
	11a							
	b							
	С							
	d		ue					
	е	Total. Add lines	s 11a-11d		0			
	12	Tatal savanus	See Instructions .	🗩		97,602,856	-18,849	

	750 (2012)				Page 10
	Statement of Functional Expenses			laha aaluman (A.)	
Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns. All				
	Check if Schedule O contains a response to any question in this Pa		(B)	(c)	 (D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	0			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	36,299,763	36,299,763		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	139,623	139,623		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	2,242,354		1,912,634	329,720
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	46,042,857	38,883,100	4,597,211	2,562,546
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,527,714	2,949,274	363,614	214,826
9	Other employee benefits	8,848,858	7,151,356	1,129,298	568,204
10	Payroll taxes	3,311,909	2,640,984	455,978	214,947
11	Fees for services (non-employees)				_
а	Management	0			
b	Legal	178,976	4,435	174,541	_
c	Accounting	104,900		104,900	
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	1,291,222		1,291,222	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,819,866	2,186,575	501,597	131,694
12	Advertising and promotion	1,045,373	574,375	291,466	179,532
13	Office expenses	6,329,057	4,051,392	· · ·	374,782
14	Information technology	3,192,078	1,815,985	1,239,213	136,880
15	Royalties	8,972	8,972	1,233,213	130,000
16	Occupancy	9,398,787	8,018,933	1,285,322	94,532
17	Travel	5,058,920	4,034,506	380,587	643,827
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	1,031,300	300,307	013,027
19	Conferences, conventions, and meetings	1,212,504	1,064,490	75,186	72,828
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	9,958,324	9,566,580	305,145	86,599
23	Insurance	336,405	202,870	118,528	15,007
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)				
а	Miscellaneous	1,605,176	999,187	518,654	87,335
b	Facility maint , repairs , supp	2,011,361	1,696,803	294,145	20,413
c	Off campus tuition,room,board	2,102,019	2,102,019		
d	Food purchases	4,996,304	4,996,304		
e	All other expenses	215,778		359,887	-144,109
25	Total functional expenses. Add lines 1 through 24e	152,279,100	129,387,526	17,302,011	5,589,563
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 Pa	rt X		• •	
				(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing		3,434,808	1	7,999,155
	2	Savings and temporary cash investments		44,938,148	2	11,430,144
	3	Pledges and grants receivable, net		23,287,006	3	22,766,603
	4	Accounts receivable, net		1,440,642	4	1,235,465
	5	Loans and other receivables from current and former officers, direct employees, and highest compensated employees Complete Part II Schedule L	ors, trustees, key of		5	0
Assets	6	Loans and other receivables from other disqualified persons (as def $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and contraind sponsoring organizations of section $501(c)(9)$ voluntary emploorganizations (see instructions) Complete Part II of Schedule L	ibuting employers		6	0
Š	7	Notes and loans receivable, net		2,484,904	7	2,221,107
ď	8	Inventories for sale or use		113,324	8	145,819
	9	Prepaid expenses and deferred charges		2,219,673	9	2,180,564
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	314,576,279	, .	-	2,100,004
	Ь	Less accumulated depreciation 10b	112,602,560	156,113,140	10c	201,973,719
	11	Investments—publicly traded securities		317,668,226	11	332,869,188
	12	Investments—other securities See Part IV, line 11			12	0
	13	Investments—program-related See Part IV, line 11		1,745,680	13	1,728,392
	14	Intangible assets		, ,	14	0
	15	Other assets See Part IV, line 11		15,287,427	15	16,941,535
	16	Total assets. Add lines 1 through 15 (must equal line 34)		568,732,978	16	601,491,691
	17	Accounts payable and accrued expenses		9,669,313	17	11,770,615
	18	Grants payable		-,,	18	,
	19	Deferred revenue		2,176,892	19	1,882,511
	20	Tax-exempt bond liabilities		109,641,451	20	109,068,447
	21	Escrow or custodial account liability Complete Part IV of Schedule		100,011,101	21	
lities	22	Loans and other payables to current and former officers, directors, they employees, highest compensated employees, and disqualified				
Liabilit		persons Complete Part II of Schedule L			22	
ï	23	Secured mortgages and notes payable to unrelated third parties .		24,591,293	23	23,681,610
	24	Unsecured notes and loans payable to unrelated third parties .			24	
	25	Other liabilities (including federal income tax, payables to related t and other liabilities not included on lines 17-24) Complete Part X (	hird parties,			
		D		9,759,311	25	8,339,994
	26	Total liabilities. Add lines 17 through 25		155,838,260	26	154,743,177
Fund Balances		Organizations that follow SFAS 117 (ASC 958), check here ▶ ▽ ar lines 27 through 29, and lines 33 and 34.	nd complete			
<u>a</u>	27	Unrestricted net assets		119,148,498	27	100,479,332
<u> </u>	28	Temporarily restricted net assets		100,858,114	28	143,375,689
Ξ	29	Permanently restricted net assets		192,888,106	29	202,893,493
r Fu		Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34.	- ┌─ and			
9	30	Capital stock or trust principal, or current funds			30	
Assets or	31	Paid-in or capital surplus, or land, building or equipment fund .			31	
Ą	32	Retained earnings, endowment, accumulated income, or other funds			32	
Zet Vet	33	Total net assets or fund balances		412,894,718	33	446,748,514
_	34	Total liabilities and net assets/fund balances		568,732,978	34	601,491,691

Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				৮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		154,4	476,487
2	Total expenses (must equal Part IX, column (A), line 25)	2		152,7	279,100
3	Revenue less expenses Subtract line 2 from line 1	3			 197,387
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			394,718
5	Net unrealized gains (losses) on investments	5			021,844
6	Donated services and use of facilities	6			<u> </u>
7	Investment expenses	7		1,;	291,222
8	Prior period adjustments	8			-
9	Other changes in net assets or fund balances (explain in Schedule O)	9		1,3	343,343
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		446,	748,514
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. Г
				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 rev a separate basis, consolidated basis, or both	ewed or	1		
	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 sepass, consolidated basis, or both	arate			
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of th	2 <b>c</b>	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t Single Audit Act and OMB Circular A-133?	he	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	require	d <b>3b</b>	Yes	

**Software ID:** 12000229 **Software Version:** 2012v2.0

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

Form 990, Part VII - Compensation of Compensated Employees, and Independent	Officers, Dir	ectors	,Tru	uste	ees,	, Key	/ En	nployees, Highe	st	
<b>(A)</b> Name and Title	(B) Average hours per week (list any	Positio more unless an dire	than	not one on is ran trust	box s bot d a tee)	, th		(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
	hours for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organizations
Victor A Zollo Jr Trustee	2 00 0 00	Х						0	0	0
Kurt M Wells Trustee	2 00 0 00	Х						0	0	0
Winifred Martin Warden Trustee	2 00 0 00	X						0	0	0
Harold A Ward III Trustee	2 00 0 00	×						0	0	0
Erın J Wallace Trustee	2 00 0 00	x						0	0	0
Stacy Sharp Van Praagh Secretary	2 00 0 00	×						0	0	0
Philip E Tiedtke Trustee	2 00 0 00	x						0	0	0
R Michael Strickland Trustee	2 00 0 00	×						0	0	0
Sam Stark Trustee	2 00 0 00	x						0	0	0
Dianne Rice Trustee	2 00 0 00	x						0	0	0
Robert B Ourisman Trustee	2 00 0 00	х						0	0	0
Michael P O'Donnell Trustee	2 00 0 00	x						0	0	0
John C Myers III Trustee	2 00 0 00	x						0	0	0
David H Lord Trustee	2 00 0 00	×						0	0	0
Anthony J LeVecchio Trustee	2 00 0 00	x						0	0	0
Gerald F Ladner Trustee	2 00 0 00	X						0	0	0
Thomas G Kuntz Trustee	2 00 0 00	Х						0	0	0
Allan E Keen Trustee	2 00 0 00	Х						0	0	0
Susan Whealler Johnston Trustee	2 00 0 00	Х						0	0	0
Samuel W Hocking Jr Trustee	2 00 0 00	х						0	0	0
Rick Goings Trustee	2 00 0 00	Х						0	0	0
Alan H Gınsburg Trustee	2 00 0 00	х						0	0	0
Ronald G Gelbman Trustee	2 00 0 00	х						0	0	0
Jon W Fuller Trustee	2 00 0 00	х						0	0	0
Lewis M Duncan President	80 00	х		х				346,153	0	194,936

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (A) (C) (D) (E) (F) Average Position (do not check Reportable Name and Title Reportable Estimated amount more than one box, hours compensation compensation of other unless person is both from the from related compensation per week an officer and a organization (Worganizations (Wfrom the director/trustee) 2/1099-MISC) 2/1099-MISC) organization and (lıst anv related

	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			related organizations
Andrew J Czekaj Sr Trustee	2 00 0 00	х						0	0	0
James E Chanin Trustee	2 00 0 00	х						0	0	0
William H Bieberbach Trustee	2 00 0 00	х						0	0	0
Clay M Biddinger Trustee	2 00 0 00	х						0	0	0
Bruce A Beal Trustee	2 00 0 00	х						0	0	0
Francis H Barker Trustee	2 00 0 00	х						0	0	0
Theodore B Alfond Trustee	2 00 0 00	х						0	0	0
Rodney C Adkıns Vıce Chaırman	2 00 0 00	х						0	0	0
F Duane Ackerman Trustee	2 00 0 00	х						0	0	0
Donna M Tucker Asst Secretary	40 00 0 00			х				42,848	0	19,730
Lorraine M Kyle Asst Secretary	60 00 0 00			х				121,869	0	33,301
William H Short Asst Treasurer	50 00 0 00			х				130,227	0	28,796
Ronald J Korvas Vice President	50 00 0 00			х				290,196	0	42,807
Jeffrey G Eisenbarth Vice President	50 00 0 00			х				297,094	0	35,363
Carol M Bresnahan Vice President	50 00 0 00			х				236,419	0	33,575
David Erdmann Dean of Enrollment	50 00 0 00				х			194,490	0	37,139
Craig McAllaster Dean of Crummer Graduate School	50 00 0 00				х			227,898	0	43,811
Henrique L Correa Professor	50 00 0 00					х		175,346	0	73,288
Greg W Marshall Professor	50 00 0 00					х		208,690	0	35,263
Mark W Johnston Professor	50 00 0 00					х		201,878	0	40,918
Ilan Alon Professor	50 00 0 00					х		170,348	0	56,641
Jordan C Singleton Professor	50 00 0 00					х		189,261	0	35,653

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As Filed Data -

DLN: 93493105007494

**Employer identification number** 

OMB No 1545-0047

## **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Rollins College

## **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.

2012

Open to Public Inspection

									59-0624		
Pai				blic Charity Sta				•	<u> </u>	ınstruction	S
The o	rganı:			e foundation becaus			=				
1				on of churches, or as				section 170	(b)(1)(A)(i)	•	
2	<u> </u>	A scho	ol described	in <b>section 170(b)(1</b>	. <b>)(A)(ii).</b> (At	tach Sched	ule E)				
3				perative hospital se							
4	Г			n organization operat	ted ın conjun	ction with a	hospital des	scribed in <b>s</b> e	ection 170(b	)(1)(A)(iii).	Enter the
5	_	hospita	al's name, ci	ty, and state erated for the benefi	t of a college	or universi	ty owned or	operated by	, a governme	ntal unit dos	cribed in
,	,			A)(iv). (Complete P		or universi	ty owned of	operated by	a governine	iitai uiiit des	Cribed III
6	$\vdash$		. , . , .	local government or	•	al unit desc	rihed in <b>sec</b> l	ion 170(h)	(1)(A)(v)		
7	<u>'</u>			at normally receives	_					from the ge	neral nublic
8	' 	describ	oed in <b>sect ic</b>	on 170(b)(1)(A)(vi).  described in section	(Complete P	art II )		-	rental unit of	nom the ger	rerar public
9			-	at normally receives			-	-	ıbutıons, mei	mbership fee	s, and gross
		receipt	s from activ	ities related to its ex	xempt function	ons—subjec	t to certain	exceptions,	and (2) no n	nore than 33	1/3% of
		ıts sup	port from gr	oss investment inco	me and unrel	ated busine	ess taxable ı	ncome (less	s section 51	1 tax) from b	usinesses
		acquire	ed by the org	janızatıon after June	30,1975 S	ee <b>section</b>	509(a)(2).(	Complete Pa	art III )		
10	Γ	An org	anızatıon or	ganized and operated	dexclusively	to test for	public safety	See <b>secti</b>	on 509(a)(4)		
11	Γ	one or the box	more public that descr	ganized and operated ly supported organiz bes the type of supp <b>b</b> Type II <b>c</b>	ations descr orting organ	ıbed ın sect ızatıon and	ion 509(a)(1 complete lin	.) or sectiones es 11e th <u>ro</u>	n 509(a)(2) ugh 11h	See <b>section</b>	<b>509(a)(3).</b> Check
e	Γ	other t		ox, I certify that the on managers and otl							
f		If the c		received a written de	etermination	from the IR	S that it is a	Type I, Ty	pe II, or Typ	e III suppor	ting organization,
g		followir	ng persons?	2006, has the organi irectly or indirectly o					•	u.\	Yes No
				governing body of th	· ·		_	, persons a		_	g(i)
				er of a person descri		_					g(ii)
			•	lled entity of a perso			above?				g(iii)
h				ng information about						<u></u> :	
(i) Nan suppo organiz		rted	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see	(iv) Is the organization in col (i) listed in your governing document?		(v) Did yo the organ in col (i) suppo	ızatıon of your	(vi) Is organiza col (i) or in the	ation in rganized	(vii) A mount of monetary support
				instructions))	Yes	No	Yes No		No Yes M		
Total											

Sch	edule A (Form 990 or 990-EZ) 2012							Page <b>2</b>
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation faile	ed to q	
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	iplete Pa	rt III.)	
	ection A. Public Support endar year (or fiscal year beginning					1		
	in) ►	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2	312	(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	<b>Total.</b> 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							
6	(f) <b>Public support.</b> Subtract line 5 from							
	line 4							
S	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 20	)12	(f) Total
_	in) ► A mounts from line 4		. ,		. ,	, ,		. ,
7 8	Gross income from interest,							
0	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar							
9	sources Net income from unrelated							
9	business activities, whether or not							
	the business is regularly carried							
	on							
10	Other income Do not include gain or loss from the sale of capital							
	assets (Explain in Part IV )							
11	Total support (Add lines 7 through							
4.0	10)		<u> </u>					
12	Gross receipts from related activitie					12		
13	<b>First five years.</b> If the Form 990 is this box and <b>stop here</b>							ization, check
	ection C. Computation of Pub				<u> </u>	<u> </u>		
14	Public support percentage for 2012			11, column (f))		14		
15	Public support percentage for 2011			, , , , , , ,		15		
	33 1/3% support test—2012. If the o	· ·	•	on line 13 and l	ine 14 is 33 1/20%		chack ti	nie hov
104	and <b>stop here.</b> The organization qua				me 1 1 13 33 1/3/0	or more,	JIICCK CI	<b>►</b> □
b	<b>33</b> 1/3% support test—2011. If the				and line 15 is 33	3 1/3% or n	nore, ch	eck this
	box and <b>stop here.</b> The organization						. 4 4	▶□
1/a	10%-facts-and-circumstances test- is 10% or more, and if the organizat							•
	in Part IV how the organization mee							
	organization				4	r	,rF3	<b>▶</b> □
b	10%-facts-and-circumstances test-							
	15 is 10% or more, and if the organ Explain in Part IV how the organizat							lv
	supported organization	ion meets the T	acts-ana-cncum:	stances test III	ic organization qu	uiiiiE5 45 i	a public	·y ▶□
18	Private foundation. If the organizat	on did not check	c a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s box and	see	·
	instructions							<b>▶</b> ┌

Schedule A (Form 990 or 990-EZ) 2012 Page 3 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 (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt

	purpose						
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						
3	furnished by a governmental unit to						
	the organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
	Amounts included on lines 1, 2,						
<i>7</i> a	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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6 )						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	<b>(b)</b> 2009	(c) 2010	( <b>d)</b> 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	Unrelated business taxable income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
11	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)			Liberal Counties and	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,		
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

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

Schedule A (Form 990 or 990-EZ) 2012

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DLN: 93493105007494

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

## **Supplemental Financial Statements**

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

ciriai	Tevende Service P Attach to Foli	ii 990. F See Separate ilistructions.			Inspect	
	ne of the organization ns College			oloyer identific	cation numbe	er
Pa	Organizations Maintaining Donor Advorganization answered "Yes" to Form 990,				ts. Complet	e if the
		(a) Donor advised funds		(b) Funds and	d other accou	ints
	Total number at end of year					
2	Aggregate contributions to (during year)					
	Aggregate grants from (during year)					
	Aggregate value at end of year					
	Did the organization inform all donors and donor adviso funds are the organization's property, subject to the org		nor adv	ısed	┌ Yes	┌ No
	Did the organization inform all grantees, donors, and do used only for charitable purposes and not for the benefit conferring impermissible private benefit?				┌ Yes	┌ No
aı	t II Conservation Easements. Complete if	the organization answered "Yes" t	to Forr	n 990, Part I	IV, line 7.	
	Purpose(s) of conservation easements held by the organization of land for public use (e.g., recreation in Protection of natural habitat  Preservation of open space  Complete lines 2a through 2d if the organization held a	or education) Preservation of a	certifie	d historic stru	ıcture	
	easement on the last day of the tax year			1		
	Tabel acceptance of a constraint and a constraint			Held at th	e End of the	Year
3	Total number of conservation easements		2a			
	Total acreage restricted by conservation easements  Number of conservation easements on a certified history	ric structure included in (2)	2b			
ı	Number of conservation easements included in (c) acqu	• •	2c			
•	historic structure listed in the National Register		2d			
	Number of conservation easements modified, transferre	ed, released, extinguished, or terminat	ea by ti	ne organizatio	n auring	
	the tax year ▶					
	Number of states where property subject to conservation	on easement is located ►				
	Does the organization have a written policy regarding the enforcement of the conservation easements it holds?	he periodic monitoring, inspection, han	ıdlıng ot	f violations, ar	nd <b>Yes</b>	┌ No
	Staff and volunteer hours devoted to monitoring, inspec	ting, and enforcing conservation ease	ments (	during the yea	r	
	Amount of expenses incurred in monitoring, inspecting,	, and enforcing conservation easement	s durın	g the year		
	<b>▶</b> \$					
	Does each conservation easement reported on line 2(d and section $170(h)(4)(B)(II)$ ?	) above satisfy the requirements of se	ction 1	70(h)(4)(B)(ı)	┌ Yes	┌ No
	In Part XIII, describe how the organization reports con balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the organization's financiants	ıl stateı	ments that des	scribes	
3 F	Complete if the organization answered "Ye		or Ot	her Similaı	Assets.	
1	If the organization elected, as permitted under SFAS 1: works of art, historical treasures, or other similar asset service, provide, in Part XIII, the text of the footnote to	16 (ASC 958), not to report in its reverse held for public exhibition, education,	orrese	earch in furthe		
o	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asset service, provide the following amounts relating to these	16 (ASC 958), to report in its revenue is held for public exhibition, education,	statem	nent and balan		ıc
	(i) Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$		
	(ii) Assets included in Form 990, Part X			<b>►</b> \$		
	If the organization received or held works of art, historic following amounts required to be reported under SFAS 1					
•	Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$		
b	Assets included in Form 990, Part X			<u></u>		
				· · · · ·		

ling the organization's acquisition, access llection items (check all that apply)  Public exhibition  Scholarly research	ion, and other recor	rds, ch <b>d</b>			llowing that a		significant	use of	ıts	
Scholarly research		d	<b>▽</b> L	oan or ex	change progra	ams				
,										
D		e	$\Gamma$ 0	ther						
Preservation for future generations										
ovide a description of the organization's c rt XIII	ollections and expla	aın hov	w they fo	urther the	organization	's ex	empt purpo	se in		
							ıılar	_		_
										✓ No
					on answered	1 "Y	es" to For	n 990	),	
the organization an agent, trustee, custoo					or other ass	ets r	not	Г	Yes	┌ No
"Yes," explain the arrangement in Part XI $^{\circ}$	II and complete the	follov	vıng tab	le	_					
					_			Amou	ınt	
ginning balance					_	1c				
dditions during the year					_	1d				
stributions during the year					<b>⊢</b>					
nding balance						1f				
d the organization include an amount on F	orm 990, Part X, lın	ie 21?						Γ	Yes	┌ No
"Yes," explain the arrangement in Part XII	I Check here if the	expla	nation	has been	provided in P	art >	KIII			$\sqcap$
Endowment Funds. Complete										
		(b)			·	<b>(d)</b> ⊺	•	_		
	, ,				, ,					1,619,076
<b>†</b>	7,549,135		2,361	,692	22,451,930		1,566,4	180		2,520,986
t investment earnings, gains, and losses	48,665,309		-10,729	,721	59,984,368		34,493,4	<del>1</del> 71	-10	9,426,666
ants or scholarships	6,062,043		5,981	,461	5,188,499		5,038,	509		4,911,812
	30,849,330		9,615	,105	9,210,918		8,751,0	046		8,546,447
ministrative expenses	1,460,567		1,376	,210	1,297,271		1,231,	280		1,433,268
d of year balance	350,104,294		332,261	,790	357,600,595		290,860,9	985	26	9,821,869
ovide the estimated percentage of the cur	rent year end balan	ce (lın	e 1g, co	olumn (a)	) held as					
ard designated or quasi-endowment ▶	15 040 %									
rmanent endowment ► 84 960 %										
	uld equal 100%									
e there endowment funds not in the posse	ssion of the organiz	ation	that are	held and	administered	for	the			
•							г		Yes	No
<u>-</u>						•			Yes	N.a
,						•	[		 	No No
						•	[	JU		110
Description of property	<b></b> 500 (61111 33	, , , ,	(a) Co	st or other					( <b>d</b> ) Boo	ok value
d				6,243,916	32,260.	067			3	8,503,983
dings				15,949,615		-	68,048	3,995		4,881,490
sehold improvements				3,175,961	, , ,		2,445	<del>  </del>		730,436
•			$\vdash$		<del>                                     </del>	-	•			
ıpment				472,170	23,815,	357 <b> </b>	19,588	3,610		4,698,917
ıpment				472,170 633,400	<u> </u>	-	19,588 22,519	· +		4,698,917 3,158,893
	Escrow and Custodial Arrang Part IV, line 9, or reported an ar the organization an agent, trustee, custod cluded on Form 990, Part X? "Yes," explain the arrangement in Part XII eginning balance diditions during the year inding balance diditions during the year inding balance diditions during the arrangement in Part XII  Endowment Funds. Complete  ginning of year balance ginning of year balance intributions intributions intributions intributions intributions intributions did investment earnings, gains, and losses ants or scholarships her expenditures for facilities diprograms difference of the curtary ard designated or quasi-endowment interpolations intributions intributions  All part XIII  Part XIII  Land, Buildings, and Equipment Description of property	Escrow and Custodial Arrangements. Completed an amount on Form 9  Part IV, line 9, or reported an amount on Form 9  the organization an agent, trustee, custodian or other intermoluded on Form 990, Part X?  "Yes," explain the arrangement in Part XIII and complete the end of the organization include an amount on Form 990, Part X, line arrangement in Part XIII Check here if the organization include an amount on Form 990, Part X, line arrangement in Part XIII Check here if the organization include an amount on Form 990, Part X, line arrangement in Part XIII Check here if the organization include an amount on Form 990, Part X, line arrangement Funds. Complete if the organization include an amount on Form 990, Part X, line arrangement in Part XIII Check here if the organization include an amount on Form 990, Part X, line arrangement in Part XIII Check here if the organization include an amount on Form 990, Part X, line arrangement in Part XIII Check here if the organization include an amount on Form 990, Part X, line arrangement in Part XIII check here if the organization by a unrelated organizations in the possession of the organization by a unrelated organizations in the possession of the organization by a unrelated organizations in the possession of the organization by a unrelated organizations in the possession of the organization by a unrelated organizations in the possession of the organization by a unrelated organizations in the possession of the organization by a unrelated organizations in the possession of the organization by a unrelated organizations in the possession of the organization by a unrelated organizations in the possession of the organization by a unrelated organizations in the possession of the organization by a unrelated organizations in the possession of the organization by a unrelated organizations in the possession of the organization by a unrelated organizations in the possession of the organization by a unrelated organization by a unrelated organization by a unrelated organization by a unr	Sets to be sold to raise funds rather than to be maintained as part of Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part Victoded on Form 990, Part X?  "Yes," explain the arrangement in Part XIII and complete the following balance diditions during the year astributions during the year diding balance diditions during the year astributions during the year diding balance diditions during the year astributions during the year diding balance did the organization include an amount on Form 990, Part X, line 21?  "Yes," explain the arrangement in Part XIII Check here if the explain the arrangement in Part XIII Check here if the explain the arrangement in Part XIII Check here if the explain the intervent of the organization and the strip of the organization of the estimated percentage of the current year end balance (line and designated or quasi-endowment late of the organization of the organization by the endowment funds not in the possession of the organization granization by the component of the organization of the organi	Sets to be sold to raise funds rather than to be maintained as part of the or Part IV, line 9, or reported an amount on Form 990, Part X, it the organization an agent, trustee, custodian or other intermediary for concluded on Form 990, Part X?  "Yes," explain the arrangement in Part XIII and complete the following table againing balance diditions during the year introduced an amount on Form 990, Part X, line 21?  "Yes," explain the arrangement in Part XIII Check here if the explanation include an amount on Form 990, Part X, line 21?  "Yes," explain the arrangement in Part XIII Check here if the explanation in the organization answered (a)Current year (b)Pror year ginning of year balance (a)Current year (b)Pror year ginning of year balance (a)Current year (b)Pror year and say, 261,790 (a)Current year (b)Pror year ginning of year balance (a)Current year (b)Pror year and sor scholarships (c)Pror year and scholarships (c)Pror year and scholarships (c)Pror year and scholarships (c)Pror year and scholarships (c)Pror	Sets to be sold to raise funds rather than to be maintained as part of the organization.    Escrow and Custodial Arrangements. Complete if the organization Part IV, line 9, or reported an amount on Form 990, Part X, line 21.    The organization an agent, trustee, custodian or other intermediary for contributions sluded on Form 990, Part X?    Yes," explain the arrangement in Part XIII and complete the following table	Sets to be sold to raise funds rather than to be maintained as part of the organization's collection of Escrow and Custodial Arrangements. Complete if the organization answered Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  the organization an agent, trustee, custodian or other intermediary for contributions or other assituded on Form 990, Part X?  "Yes," explain the arrangement in Part XIII and complete the following table  ginning balance diditions during the year stributions during the year diding balance did the organization include an amount on Form 990, Part X, line 21?  "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in P  Indowment Funds. Complete if the organization answered "Yes" to Form 990,  ginning of year balance (a)Current year (b)Prior year (b)Cilvio years back ginning of year balance (a)Current year (b)Prior year (b)Cilvio years back intributions . 7,549,135 2,361,692 22,451,930  it investment earnings, gains, and losses 48,665,309 -10,729,721 59,984,368 ants or scholarships . 6,662,043 5,981,461 5,188,499 her expenditures for facilities do programs . 1,460,567 1,376,210 1,297,271 do fyear balance . 330,104,294 332,261,790 357,600,595  ovide the estimated percentage of the current year end balance (line 1g, column (a)) held as 15 040 %  armanent endowment ► 84 960 %  armanent endowment Finds not in the possession of the organization that are held and administered ganization by  nurrelated organizations	Sets to be sold to raise funds rather than to be maintained as part of the organization's collection?    Escrow and Custodial Arrangements. Complete if the organization answered "Y Part IV, line 9, or reported an amount on Form 990, Part X, line 21.    The organization an agent, trustee, custodian or other intermediary for contributions or other assets reluded on Form 990, Part X?    Yes," explain the arrangement in Part XIII and complete the following table   It   It	Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Forn Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  The organization an agent, trustee, custodian or other intermediary for contributions or other assets not cluded on Form 990, Part X?  "Yes," explain the arrangement in Part XIII and complete the following table  aginning balance diditions during the year diding balance did the organization include an amount on Form 990, Part X, line 21?  "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII  Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line:  (a)Current year (b)Proryear b (c)Troy oyears back (d)Three years be ginning of year balance (a)Current year (b)Proryear b (c)Troy oyears back (d)Three years be ginning of year balance  (a)Current year (b)Proryear b (c)Troy oyears back (d)Three years be ginning of year balance (a)Current year (b)Proryear b (c)Troy oyears back (d)Three years be ginning of year balance  (a)Current year (b)Proryear b (c)Troy oyears back (d)Three years be ginning of year balance (b)Proryear b (c)Troy oyears back (d)Three years be ginning of year balance (b)Proryear b (c)Troy oyears back (d)Three years be ginning of year balance (a)Color of the current year end balance (line 1g, column (a) held as a single year back (b) the property (c) Agent back (c) Accumulty be given the extended programization to the property (c) Accumulty back (myestment) back (myestment) back (myestment) back (c) Accumulty back (myestment) back (my	## Sers to be sold to raise funds rather than to be maintained as part of the organization's collection?  ## Serow 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.  ## Serow and Custodial Arrangement in Port XIII and complete the following table the organization an agent, trustee, custodian or other intermediary for contributions or other assets not judged in Form 990, Part X, line 21.  ## Serow and Custodial Arrangement in Port XIII and complete the following table	## Serse to be sold to raise funds rather than to be maintained as part of the organization's collection?  ## 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.  ## Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  ## Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  ## Amount 1 c

Part VIII Investments—Other Securities. See	<u>Form 990, Part X, line 12</u>	2.	
<ul><li>(a) Description of security or category</li></ul>	(b)Book value		d of valuation
(including name of security)		Cost or end-o	f-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
	_		
(2) (2)	<b>F</b>		
Part VIII Investments—Program Related. Se			
(a) Description of investment type	(b) Book value		od of valuation
		Cost or end-o	f-year market value
Tabel (Caluma (b) much aqual Farm 000 Part V cal (B) Inc. 12)	<b>F</b>		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)  Part IX Other Assets. See Form 990, Part X, I			
(a) Descr			(b) Book value
(4)			(-)
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1	5.)		
Other Liebilities Cos Faura 000 Part	V June 2E		
Part X Other Liabilities. See Form 990, Part	<u>, iiile 25</u>		
1 (a) Description of liability	(b) Book value		
1 (a) Description of liability			
(a) Description of liability  Federal income taxes	(b) Book value		
(a) Description of liability  Federal income taxes  SWAP value liability			
(a) Description of liability  Federal income taxes  SWAP value liability  Rounding	(b) Book value 4,295,000		
(a) Description of liability  Federal income taxes  SWAP value liability  Rounding	(b) Book value		
(a) Description of liability  Federal income taxes  SWAP value liability  Rounding  Government advances for student loans	(b) Book value 4,295,000		
(a) Description of liability  Federal income taxes  SWAP value liability  Rounding  Government advances for student loans	(b) Book value 4,295,000 1 1,398,645		
(a) Description of liability  Federal income taxes  SWAP value liability  Rounding  Government advances for student loans  Capital lease payable	(b) Book value  4,295,000  1 1,398,645 448,305		
(a) Description of liability  Federal income taxes  SWAP value liability  Rounding  Government advances for student loans  Capital lease payable	(b) Book value  4,295,000  1 1,398,645 448,305		
(a) Description of liability  Federal income taxes  SWAP value liability  Rounding  Government advances for student loans  Capital lease payable	(b) Book value  4,295,000  1 1,398,645 448,305		
(a) Description of liability  Federal income taxes  SWAP value liability  Rounding  Government advances for student loans  Capital lease payable	(b) Book value  4,295,000  1 1,398,645 448,305		
1 (a) Description of liability Federal income taxes SWAP value liability Rounding Government advances for student loans Capital lease payable	(b) Book value  4,295,000  1 1,398,645 448,305		
1 (a) Description of liability Federal income taxes SWAP value liability Rounding Government advances for student loans Capital lease payable	(b) Book value  4,295,000  1 1,398,645 448,305		
(a) Description of liability  Federal income taxes  SWAP value liability  Rounding  Government advances for student loans  Capital lease payable	(b) Book value  4,295,000  1 1,398,645 448,305		
(a) Description of liability  Federal income taxes  SWAP value liability  Rounding  Government advances for student loans  Capital lease payable	(b) Book value  4,295,000  1 1,398,645 448,305 2,198,043		

Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Return
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments	
b	Donated services and use of facilities	
c	Recoveries of prior year grants	
d	Other (Describe in Part XIII )	
e	Add lines <b>2a</b> through <b>2d</b>	2e
3	Subtract line <b>2e</b> from line <b>1</b>	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	
b	Other (Describe in Part XIII )	
c	Add lines <b>4a</b> and <b>4b</b>	4c
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return
1	Total expenses and losses per audited financial statements	1
2	A mounts included on line 1 but not on Form 990, Part IX, line 25	
а	Donated services and use of facilities	
b	Prior year adjustments	
c	Other losses	
d	Other (Describe in Part XIII )	
e	Add lines <b>2a</b> through <b>2d</b>	2e
3	Subtract line <b>2e</b> from line <b>1</b>	3
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII )	]
c	Add lines <b>4a</b> and <b>4b</b>	4c
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18 )	5
Part	XIII Supplemental Information	
Com	plete this part to provide the descriptions required for Part II lines 3.5, and 9. Part III lines 1a and 4. Pa	art IV lines 1 h and 2 h

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.

I dentifier	Return Reference	Explanation
Part X	Part X FIN48 Footnote	The College's policy is to record a liability for any tax position taken that is beneficial to the College, including any related interest and penalties, when it is more likely than not the position taken by management with respect to a transaction or class of transactions will be overturned by a taxing authority upon examination Management believes there are no such positions as of May 31, 2013 and, accordingly, no liability has been accrued
Part V , Line 4	Part V, Line 4 Intended uses of the endowment fund	Endowment distribution supports expenditures such as Scholarships, Professor Salaries & Faculty Development, Library Resources, the Athletic Program, the Cornell Fine Arts Museum, Academic Program Support and Plant Maintenance
Part III, Line 4	Part III, Line 4 Description of organization's collections and how it furthers its purpose	Cornell Fine Arts Museum collection The Cornell Fine Arts Museum (CFAM) has more than 5,000 objects from antiquity to the contemporary Major collection works include Renaissance and Old Masters with additional strengths in landscape and portraiture and a collection of work from the Bloomsbury Circle CFAM mission and how accomplished CFAM educates, enriches and engages students and the public through exhibitions and an array of programs Curatorial and educational staff members illustrate links between works of art and a variety of curricula CFAM enhances traditional classroom learning across all disciplines with docent-led tours, teacher workshops, films, public programs including lectures by Distinguished Visiting Scholars and Artists, and other activities such as CFAMilies, an art project for children of all ages and adults to enjoy together. The museum offers free admission to all visitors
Part III, Line 1a	Part III, Line 1a If organization elected under SFAS 116 to not report are, historical treasures, o	The College does not record or capitalize its collections of works of art, historical treasures or similar assets. These collections are held for public exhibition, education and research in furtherance of the College's educational and public service mission. The collections are appropriately cared for and preserved and are subject to a College policy that requires the proceeds from sales, if any, of collection items to be used to acquire other items for the collection.

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493105007494

# **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

Internal Revenue Service

Name of the organization
Rollins College

**SCHEDULE E** 

(Form 990 or 990-EZ)

Department of the Treasury

Employer identification number

	59-0624440			
Pa	rtI		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	
	Does the organization maintain the following?			
	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			
	Does the organization discriminate by race in any way with respect to Students' rights or privileges?	5a		No
b	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		Νo
d	Scholarships or other financial assistance?	5d		No
е	Educational policies?	5e		Νo
f	Use of facilities?	5f		Νo
g	Athletic programs?	5g		Νo
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II	5h		No
	Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	6a 6b	Yes	No
ט	If you answered "Yes" to either line 6a or line 6b, explain on Part II	400		INU
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	i

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

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

Schedule E (Form 990 or 990-EZ) 2012

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493105007494

OMB No 1545-0047

2012

Open to Public Inspection

# SCHEDULE F (Form 990)

Statement of Activities Outside the United States

• Complete if the organization answered "Yes" to Form 990,

Part IV, line 14b, 15, or 16.

Department of the Treasury Internal Revenue Service ► Attach to Form 990. ► See separate instructions.

	e of the organization ns College				Employer ident	ification number
					59-0624440	
Pa	rt I General Information "Yes" to Form 990, Pai			ne United States. Co	omplete if the organiz	ation answered
1	For grantmakers. Does the d	rganization m	aıntaın record	s to substantiate the a	amount of the grants o	or
	assistance, the grantees' elig	jibility for the 🤉	grants or assis	tance, and the selecti	on criteria used to awa	ırd
	the grants or assistance?					✓ Yes
2	<b>For grantmakers.</b> Describe in the United States.	n Part V the or	ganızatıon's pı	rocedures for monitori	ng the use of grant fu	nds outside
3	Activites per Region (The follow	ing Part I, line 3	table can be du	uplicated if additional spa	ace is needed )	
	(a) Region	<b>(b)</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	<b>(f)</b> Total expenditures for and investments in region
	See Add'l Data			,		
За	Sub-total		2			2,227,85
Ь	Total from continuation sheets to Part I					617,21
c	Totals (add lines 3a and 3b)		2			2,845,07

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	<b>(f)</b> Manner of cash disbursement	(g) Amount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2				ted above that are r e or counsel has pro					
3	Enter total nu	mher of other or	nanizations or en	tities					

Schedule F (Form 990) 2012

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	( <b>d)</b> A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	( <b>g)</b> Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other
Scholarships	Europe	5	·	'	105,938	Scholarship	FMV
Scholarship	East Asia/Pacific	2			33,685	Scholarship	FMV
			<del> </del>		<u> </u>		
				<u> </u>	<b></b> '		
			ſ	<u> </u>	<del> </del> '		
			ı———		<del>                                     </del>	<del> </del>	
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		†		1			
			<u> </u>	,	<u> </u>		
			1	'	'		

### Part IV Foreign Forms

1	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)	<b>~</b>	Yes	Г	Νo
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)	Γ	Yes	দ	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Г	Yes	<u>\script</u>	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	<u> </u>	Yes	Γ	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	Γ	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).	Г	Yes	<u> </u>	Νo

Schedule F (Form 990) 2012

#### 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).

as applicable. Also comp	plete this part to provide any	addıtıonal ınformatıon (see ınstructions).
Identifier	ReturnReference	Explanation
Grantmaker's Description of How Grants are Used in Foreign Country		Potential grant recipients complete application forms specific to particular grant funding sources. The Financial Aid office reviews applications to assure that eligibility requirements such as GPA, credit hours, residency and enrollment status are met. Student applicants receive an award letter identifying the funding programs and award amounts are applied as non-cash credit to student accounts receivable to further assure that proceeds are utilized for the intended purposes. The Registrar's office provides information such as withdrawal notices to facilitate the Financial Aid office in periodically monitoring eligibility criteria and assuring that funds not utilized for the intended purpose are returned to the original funding program.
+		
		Schedule F (Form 990) 2012

#### **Additional Data**

**Software ID:** 12000229

**Software Version:** 2012v2.0

**EIN:** 59-0624440

Name: Rollins College

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
East Asia and the Pacific	0	0	Program-Tibet	Study abroad	37,242
Europe	0	0	Program-Switzerland	Study abroad	21,556
Europe	0	0	Program-France	S-T study abroad	24,440

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Sub-Saharan Africa	0	0	Program-Morocco	S-T study abroad	40,734
South Asia	0	0	Program-India	S-T study abroad	31,679
East Asia and the Pacific	0	0	Program-Japan	S-T study abroad	41,915

Form 990 Schedule F	<u> Part I - Activit</u>	<u>ties Outside T</u>	he United States	_	
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
East Asia and the Pacific	0	0	Program-China	S-T study abroad	14,330
Europe	0	0	Program-turkey	S-T study abroad	15,088
South Asia	0	0	Program-Nepal	Making Lives Better	915

Form 990 Schedule F P	art I - Activiti	es Outside Th	e United States		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Central America/Caribbean	0	0	Program-Carıbbean	S-T study abroad	12,435
Central America/Caribbean	0	0	Program-Bahamas	S-T study abroad	16,325
Central America/Caribbean	0	0	Program-Costa Rica	S-T study abroad	112,140

Form 990 Schedule F Part I - Activities Outside The United States								
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region			
Europe	0	0	Program- London/EnglishArt	FS study abroad	36,851			
Europe	0	0	Program-Spain	Summer study abroad	193,611			
East Asia and the Pacific	0	0	Program-Samoa	Study abroad	17,957			

Form 990 Schedule F Part I - Activities Outside The United States								
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region			
Sub-Saharan Africa	0	0	Program-Rwanda and Tanzan	Study abroad	35,180			
Central America and Carib	0	0	Program-Panama	Study abroad	34,366			
South Asia	0	0	Program-Nepal	Study abroad	17,971			

Form 990 Schedule F	Part I - Activi	ties Outside T	he United States		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Middle East and N. Africa	0	0	Program-Morocco	Study abroad	17,109
South Asia	0	0	Program-India	Study abroad	36,119
East Asia and the Pacific	0	0	Program-Japan	Study abroad	2,547

Form 990 Schedule F	<u>Part I - Activit</u>	<u>ies Outside T</u>	he United States	_	
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
East Asia and the Pacific	0	0	Program-Shanghaı, Chına	Study abroad	246,079
Europe	0	0	Program-Greece	Study abroad	74,717
East Asia and the Pacific	0	0	Program-Hong Kong	Study abroad	2,066

Form 990 Schedule F	<u> Part I - Activit</u>	<u>ies Outside T</u>	he United States		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Europe	0	0	Program-Hollins, France	Study abroad	44,343
Europe	0	0	Program-Lancaster, U K	Study abroad	30,573
Europe	0	0	Program-RAP Trinity,Italy	Study abroad	273,737

Form 990 Schedule F Part I - Activities Outside The United States							
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region		
South America	0	0	Program-Argentina	Study abroad	24,610		
Europe	0	0	Program-Germany	Study abroad	203,668		
Europe	0	0	Program-London	Study abroad	604,425		

Form 990 Schedule F I	<u> Part I - Activit</u>	<u>ties Outside T</u>	he United States	_	
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Europe	0	1	Program-Asturias, Spain	Study abroad	132,242
East Asia and the Pacific	0		Program-Sydney, Australia	Study abroad	448,105

DLN: 93493105007494

OMB No 1545-0047

**SCHEDULE G** (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

**Supplemental Information Regarding** 

Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

	ne of the organization ins College						Employer iden	tification number
KOII	ins College						59-0624440	
Pa	art I Fundraising Act	<b>ivities.</b> Complete	e if the oi	rganızatı	ion answered "Yes"	to Forn	າ 990, Part IV	, line 17.
1	Indicate whether the organ	ızatıon raısed funds	through aı	-	<del>-</del>			
a	Mail solicitations				Solicitation of nor	_	=	
b	Internet and email solid	citations		f	Solicitation of gov		_	
c d	Phone solicitations In-person solicitations			g	Special fundraisin	ig event	S	
2a	Did the organization have a or key employees listed in	written or oral agre Form 990, Part VII)	ement witl ) or entity	h any indi in connec	vidual (including office ction with professional f	rs, dırec fundraısı	tors, trustees ing services?	┌ Yes ┌ N
b	If "Yes," list the ten highes to be compensated at least			undraiser	rs) pursuant to agreeme	ents und	ler which the fur	ndraiser is
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or crol of outions?	(iv) Gross receipts from activity	(or	mount paid to retained by) aiser listed in col <b>(i)</b>	(vi) A mount paid to (or retained by) organization
			Yes	No				
Tota								
<b>3</b>	List all states in which the o	organization is regis	tered or li	censed to	o solicit funds or has be	en notif	ied it is exempt	from registration or

Sche	edule	G (Form 990 or 990-EZ) 2012				Page 2
Pa	rt II	Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts g	aising event contributi			
			(a) Event #1  Starry, Starry Night (event type)	(b) Event #2  Legends Golf Tournament (event type)	(c) O ther events  1 (total number)	(d) Total events (add col (a) through col (c))
Ę	1	Gross receipts	348,001	31,594	15,890	395,485
Revenue	2	Less Contributions	191,627	25,789	12,590	230,006
<u>~</u>	3	Gross income (line 1 minus line 2)	156,374	5,805	3,300	165,479
	4	Cash prizes		25		25
ဟ	5	Noncash prizes				
Expenses	6	Rent/facility costs				
ă	7	Food and beverages .		6,994	2,800	9,794
Direct	8	Entertainment				
ā	9	Other direct expenses .	133,722	568		134,290
	10	Direct expense summary Add lir	nes 4 through 9 ın column	(d)		(144,109)
	11	Net income summary Combine li	ne 3, column (d), and line	10	$(x_1, x_2, x_3, x_4, x_4, \bullet) \blacktriangleright ($	21,370
Par	t II	<b>Gaming.</b> Complete if the oil \$15,000 on Form 990-EZ, lii	rganization answered ' ne 6a	'Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more than
Revenue		<del></del>	(a) Bingo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<u>~</u>	1	Gross revenue				
enses	2	Cash prizes				
cben	3	Non-cash prizes				
Direct Exp	4	Rent/facility costs				
돌	5	Other direct expenses				
	6	Volunteerlabor	☐ Yes	┌ Yes	│ Yes │ No	
	7	Direct expense summary Add line	s 2 through 5 in column (	d)		
	8	Net gaming income summary Com	nbine lines 1 and 7 in colu	mn (d)		
9		ter the state(s) in which the organize				
a b	Ist	the organization licensed to operate  No," explain	gaming activities in each	of these states?		. Fyes FNo
10a b		re any of the organization's gaming Yes," explain	licenses revoked, suspen	ded or terminated during	the tax year?	

70ES	the organization operate gaming	activities with nonlinelinders		· · I Yes I No
.2		neficiary or trustee of a trust or a men		
	formed to administer charitable of	gaming?		· · · · Fyes F No
.3	Indicate the percentage of gamir	ng activity operated in		
а	The organization's facility			13a
b	An outside facility			13b
.4	Enter the name and address of th	ne person who prepares the organizati	on's gaming/special events books	and records
	Name ►			
	Address 🟲			
	revenue?	ntract with a third party from whom the		
	amount of gaming revenue retain	ed by the third party 🟲 \$		
C	If "Yes," enter name and address	s of the third party		
	Name 🟲			
	Address ►			
<b>.6</b>	Gaming manager information			
	Name 🟲			
	Gaming manager compensation <b>I</b>	<b>\$</b> \$		
	Description of services provided	<b>&gt;</b>		
	☐ Director/officer	Employee	Independent contractor	
.7	Mandatory distributions			
а	Is the organization required unde	er state law to make charitable distrib	utions from the gaming proceeds to	
	retain the state gaming license?			Г <sub>Yes</sub> Г <sub>No</sub>
b	Enter the amount of distributions	required under state law distributed t	to other exempt organizations or sp	ent
	<u> </u>	activities during the tax year 🟲 💲		
Par	columns (III) and (v), a	<b>mation.</b> Complete this part to pr and Part III, lines 9, 9b, 10b, 15b ditional information (see instructi	, 15c, 16, and 17b, as applical	
	Identifier	Return Reference	Explana	tion

DLN: 93493105007494

OMB No 1545-0047

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

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

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

Open to Public Inspection

Name of the organization						Employer identification	on number
Rollins College						59-0624440	
Part I General Information	on on Grants and	d Assistance				•	
<ol> <li>Does the organization maintain the selection criteria used to av</li> <li>Describe in Part IV the organization</li> </ol>	ward the grants or as	sıstance? <b></b> .			the grants or assist	ance, and	✓ Yes
Part II Grants and Other A Form 990, Part IV, lin							es" to
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	( <b>h</b> ) Purpose of gran or assistance
<ul><li>2 Enter total number of section 5</li><li>3 Enter total number of other orga</li></ul>						· · · · • -	0

Schedule I (Form 990) 2012					Page <b>2</b>			
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>b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance			
See Additional Data Table								

Part IV	Supplemental	Informa	tion

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

**Software ID:** 12000229

**Software Version:** 2012v2.0

**EIN:** 59-0624440

Name: Rollins College

#### Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(a)Type of grant or assistance	<b>(b)</b> Number of recipients	(c)A mount of cash grant	<b>(d)</b> A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Scholarships - Hamilton Holt School	29		36,311		Tuition & related expenses
Scholarships - Crummer Graduate School	85		1,186,621		Tuition & related expenses
Rollins grants	725		7,440,107		Tuition & related expenses
Other assistance	58		100,389		Tuition & related expenses
Merit Scholarships	910		11,964,547		Tuition & related expenses
Government grants	205		294,940		Tuition & related expenses
Endowed Scholarships	695		9,645,755		Tuition & related expenses
Donated Scholarships	295		821,516		Tuition & related expenses
Cornell Scholars	30		1,457,865		Tuition & related expenses
Athletic grants	164		3,351,712		Tuition & related expenses

DLN: 93493105007494

OMB No 1545-0047

**Schedule J** (Form 990)

Internal Revenue Service

Department of the Treasury

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

**Compensation Information** 

Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization	Employer identification number
Rollins College	
	59-0624440

Pa	rt 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						
а	Receive a severance payment or change-of-control payment?	4a		Νo			
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes				
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						
_	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						
а	The organization?	5a		Νo			
b	Any related organization?	5b		Νo			
	If "Yes," to line 5a or 5b, describe in Part III						
6	For persons listed in Form 990, Part VII, Section A, line $1a$ , did the organization pay or accrue any compensation contingent on the net earnings of						
а	The organization?	6a		Νo			
b	Any related organization?	6b		Νo			
	If "Yes," to line 6a or 6b, describe in Part III						
7	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						
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						
	ın Part III	8		Νo			
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		No			

### 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)(1)-(111) 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>(B)</b> Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	( <b>D)</b> Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	<b>(F)</b> Compensation
	(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation			reported as deferred in prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2012

#### 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

<b>Ident if ier</b>	Return Reference	Explanation
, ,	Part I, Line 1a Relevant information in regards to selections on 1a	

Schedule J (Form 990) 2012

**Return to Form** 

**Software ID:** 12000229

**Software Version:** 2012v2.0

**EIN:** 59-0624440

Name: Rollins College

Form 990	, Schedule J	, Part II	- Officers	, Directors,	, Irustees,	, Key	Emp	ioyees	, and	Highe	est Comp	ensated	i Empio	yees	

(A) Name		(B) Breakdown o	f W-2 and/or 1099-	-MISC compensation	(C) Deferred	( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
William H Short	(I) (II)				13,396	15,400	159,023	
Ronald J Korvas	(I) (II)				25,000	17,807	333,003	
Mark W Johnston	(I) (II)				16,152	24,766	242,796	
Lorraine M Kyle	(I) (II)	) 121,869 )			8,839	24,462	155,170	
Lewis M Duncan	(I) (II)	) 346,153			121,791	73,145	541,089	
Jordan C Singleton	(I) (II)				15,404	20,249	224,914	
Jeffrey G Eisenbarth	(I) (II)				25,000	10,363	332,457	
Ilan Alon	(I) (II)				17,997	38,644	226,989	
Henrique L Correa	(I) (II)				14,243	59,045	248,634	
Greg W Marshall	(I) (II)	) 208,690			15,149	20,114	243,953	
David Erdmann	(I) (II)	) 194,490 )			19,107	18,032	2 231,629	
Craig McAllaster	(I) (II)	) 227,898 )			23,103	20,708	271,709	
Carol M Bresnahan	(I) (II)	236,419			23,153	10,422	269,994	
1								

DLN: 93493105007494

OMB No 1545-0047

Schedule K (Form 990)

# **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.

Open to Public **Inspection** Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Roll	ins College									59	-06244	40			
P	art I Bond Issues									ı					
	(a) Issuer name	(b) Issuer EIN	<b>(c)</b> CUSIP #	(d) Date issued	(e) Issue p	orice	(f	<b>f)</b> Descriptio	n of purpose	(g) Defeased		(h) O n behalf of ıssuer			Pool ncing
										Yes	No	Yes	No	Yes	No
A	Orange County Educational	59-3445650	684499BV7	09-07-2007	25,58	1,853	Acqu	ııre/construct	t educational		×		x		x
В	Higher Educational Facili	90-0058227	34073TBU0	04-29-2010	37,12	1 260 1	Refund 08 OCEFA/Renovate capit				x		х		х
С	Higher Educational Facili	90-0058227	34073TDT1	03-14-2012	48,63			nd 02 OCEFA vations	. &		х		х		Х
Pa	rt III Proceeds					•				•	•				
					A	<b>L</b>		В			С		D		
1	Amount of bonds retired			1,780,	,000										
2	A mount of bonds legally defe														
3	Total proceeds of issue			25,907,	7,609 37,124,402				5,258						
4	Gross proceeds in reserve fu														
5	Capitalized interest from prod														
6	Proceeds in refunding escrow														
7	Issuance costs from proceed	İs				569,	,012		316,260		43	4,421			
8	Credit enhancement from pro	ceeds													
9	Working capital expenditures	from proceeds													
10	Capital expenditures from pro	oceeds				25,338,597 8,203,142			26,915,054						
11	O ther spent proceeds				_	28,605,	_	2	28,605,000	17,364,884					
12	O ther unspent proceeds					3,920,	_					0,899			
13	Year of substantial completio	on			20			20:	11	2	013				
_					Yes	No		Yes	No	Yes	N	lo	Yes	- 1	No
14	Were the bonds issued as pai					Х		Х			>	<			
15	Were the bonds issued as pai	rt of an advance refu	ındıng ıssue?			Χ			Х	Χ					
16	Has the final allocation of pro	oceeds been made?			Х			Х			>	<b>(</b>			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?							x		X					
Pa	rt IIII Private Business I	Use													
					-		]	В	-	С			D		
					Yes	No	<u> </u>	Yes	No	Yes	N	lo	Yes		No
1	Was the organization a partne	LC, which owned		Х			x		>	<					

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

property financed by tax-exempt bonds?

financed property?

Χ

Χ

Χ

Part Private Business Use (Continued) C D Α В Yes No Yes No Yes No Yes No Are there any management or service contracts that may result in private business use За Х Х Х of bond-financed property? 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 Χ Χ Χ property? Are there any research agreements that may result in private business use of bond-Χ Χ Х financed property? If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside d counsel to review any research agreements relating to the financed property? Enter the percentage of financed property used in a private business use by entities 4 % % 0% other than a section 501(c)(3) organization or a state or local government 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 Total of lines 4 and 5 0% 0/∩ % % Does the bond issue meet the private security or payment test? 7 Х Х Х 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 Χ Х Х issued? If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of h % % % % If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2? Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Х Χ Х Regulations sections 1 141-12 and 1 145-2? Part IV Arbitrage В С D Α Yes No Yes No Yes No Yes No Has the issuer filed Form 8038-T? 1 Χ Χ Χ If "No" to line 1, did the following apply? 2 Rebate not due vet? а Χ Χ Χ Exception to rebate? Χ Х Χ b No rebate due? Х c Х Χ If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed Is the bond issue a variable rate issue? 3 Has the organization or the governmental issuer entered 4a Χ Χ Χ into a qualified hedge with respect to the bond issue? Name of provider Term of hedge C Was the hedge superintegrated? d Was a hedge terminated?

Pa	rt IV Arbitrage (Continued)								
		А		E	3	С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		x		X		Х		
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?		Х		х		Х		
7	Has the organization established written procedures to monitor the requirements of section 148?	х		Х		х			
Pa	rt V Procedures To Undertake Corrective Action								

Part V	Procedures To Undertake Corrective Action	ì
		_

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?

Α		В		С		D		
Yes	No	Yes	No	Yes	No	Yes	No	
X		Х		Х				

Part VI Supplemental	Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).				
Identifier	Return Reference	Explanation			
Supplemental Information	Part VI	Part II, Column A, Line 12 The other spent proceeds relate to the advanced (A) and current (B) refunding proceeds of this issue Part II, Column B & C, Line 3 The difference between the issue price and the total proceeds is the investment earnings of \$3,142 (B) and \$325,756 (C) Part IV, Column B, Line 2 An interim rebate calculation was performed on April 29, 2012 and it was determined that the issue met a spending exception. The College still reserves the right to have a final calculation completed at the end of the 5 year period Part IV, Column C, Line 2. An interim rebate calculation was performed on March 7, 2009 and it was determined that the issue met a spending exception. The College also had a final rebate calculation performed on September 20, 2012.			

Schedule K (Form 990) 2012

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As Filed Data -

DLN: 93493105007494

DLN: 93493105007494

#### Schedule L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

## **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.

2012

Open to Public Inspection

Name of the organ Rollins College	nızatıon							<b>ploye</b> -0624		fication	number	•
	s Benefit Tra						ganıza	tions	only).			
	te if the organiza of disqualified per			orm 990, Pa oetween dis		<b>(c)</b> Descrip					( <b>d)</b> Corre	ected?
				organizatio		.,					Yes	No
<b>2</b> Enter the am 4958	ount of tax incuri	ed by organiza	ation mana	gers or disq • • •	ualified pers	ons during the	year u	ınder s •	ection <b>&gt;</b> \$ -			
3 Enter the am	ount of tax, if any	, on line 2, ab	ove, reimbi	ursed by the	organizatioi	n			<b>F</b> \$			
Part II Loar	ns to and/or	From Inter	ested Pe	rsons.								
Comp	olete if the organi	zation answere	ed "Yes" or	n Form 990-		line 38a, or Fo	rm 99	0, Par	t IV, lın	e 26, o	r ıf the	
(a) Name of	(b) Relationship				6, 6, or 22 (e) O rigina	l <b>(f)</b> Balance	(g)	In	(h	)	(i)Wri	tten
ınterested	with organizatio		or from t organizati		principal amount	due		ult?	A ppro	oved	agreen	
person			organizati		aillouilt				commi			
			То	From			Yes	No	Yes	No	Yes	No
_		1									_	
											<del>_</del>	
											_ _	
											_	
otal	1		<u></u> ► \$							<u> </u>	٦	
Part IIII Gran	ts or Assista	nce Benefit							1			
(a) Name of inte	rested (b) Re	nization ans elationship bet			m 990, Par assistance	t IV, line 27.		tance	(6)	Purnos	e of assi	stance
person		sted person ar		Announce	assistance	(u) Type of	1 43313	tance	(6)	ruipos	e 01 a331	Stance
		organization										
						_						
						_						
						_						
						_						

Part IV Business Transactions I					
Complete if the organization	<u>n answered "Yes" on F</u>	<del>Form 990, Part IV, lın</del>	e 28a, 28b, or 28c.		
(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sh of organiz reven	f zation's
				Yes	No
(1) Sudie Eisenbarth	Family member	76,337	Employment services		No
(2) Paula Hammer	Family member	39,963	Employment services		No

### Supplemental Information

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

Ident if ier	Return Reference	Explanation
		Schedule I (Form 990 or 990-F7) 2012

Schedule L (Form 990 or 990-EZ) 2012

DLN: 93493105007494

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

**SCHEDULE M** 

(Form 990)

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

**Noncash Contributions** 

Open to Public Inspection

	e of the organization s College				Employer identific	ation nu	mber	
· · · · · ·	o conege				59-0624440			
Pa	rt 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	Method of noncash contr			ts
1	Art—Works of art	Х	2	88,050	)			
2	Art—Historical treasures .							
3	Art—Fractional Interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Χ	10	6,418,889				
LO	Securities—Closely held stock .							
l <b>1</b>	Securities—Partnership, LLC, or trust interests							
L <b>2</b>	Securities—Miscellaneous							
L3	Qualified conservation contribution—Historic structures							
l <b>4</b>	Qualified conservation contribution—Other							
<b>L</b> 5	Real estate—Residential .							
L <b>6</b>	Real estate—Commercial							
L <b>7</b>	Real estate—Other							
<b>18</b>	Collectibles							
L <b>9</b>	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
	Scientific specimens							
24	Archeological artifacts							
25	O ther ▶ ()							
	O ther ▶()							
	O ther ▶()							
	Other ▶ ()				<u> </u>			
	Number of Forms 8283 received for which the organization comple				29			
20-	During the year did the agestin	tion rossiii	a by contribution and are	urty reported in Dant T. I	1_70+6~+,+		Yes	No
ova	During the year, did the organiza							
	must hold for at least three year			•	ed to be used			
-	for exempt purposes for the enti					30a		No
b	If "Yes," describe the arrangement	ent in Part I	[]					
	Does the organization have a gif	·		•		31	Yes	
52a	Does the organization hire or us contributions?	•		to solicit, process, or sell	noncasn	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

Page 2

Schedule M	(Form 990) (201	2
Part II	Supplem	1

**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

Schedule M (Form 990) (2012)

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As Filed Data -

DLN: 93493105007494

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 Rollins College	Employer identification number
	59-0624440

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

ldentifier	Return Reference	Explanation
Form 990, Part XI, Line 9	Other Changes In Net Assets Or Fund Balances - Other Increases	Change in value split interest agreements = \$294930

ldentifier	Return Reference	Explanation
Form 990, Part XI, Line	Other Changes In Net Assets Or Fund Balances - Other	Change in value of pledges receivable = -
9	Decreases	\$69587

ldentifier	Return Reference	Explanation
Form 990, Part XI, Line 9	Other Changes In Net Assets Or Fund Balances - Other Increases	Change in FMV on SWAP agreement = \$1118000

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

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

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

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

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

SCHEDULE R Related Ord

(Form 990)

Department of the Treasury

Internal Revenue Service

Rollins College

Name of the organization

## **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

**Employer identification number** 

59-0624440

2012

DLN: 93493105007494

Open to Public Inspection

Part I Identification of Disregarded Entities (Complete	e if the organization	answered "Yes" to	o Form 990, Pa	art 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) : controlling entity		
See Additional Data Table								
Part II Identification of Related Tax-Exempt Organiza or more related tax-exempt organizations during the	tions (Complete if tax year.)	the organization a	inswered "Yes"	" to Form 990, P	art IV, lin	e 34 because ıt	had or	ne
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sect	tion (e) Public charity (if section 501)	ty status Direct controlling		Section (13) co	<b>g)</b> n 512( ontrolle tity?
							Yes	No
For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat No 501	35Y			Schedule R (Form	າ 990) 2	012

<b>(a)</b> Name, address, and EIN of related organization		<b>(b)</b> Primary activity	(b) mary activity domicile (state or foreign country)		unrelated, excluded from tax under	(f) Share of total income	(g) Share of end-of-yea assets	(h) Dispropitiona r allocations?		tionate Code V—UBI		i) ral or aging ner?	(k) Percentae ownersh
					sections 512- 514)			Yes	No		Yes	No	
V Identification of Related Or line 34 because it had one or r	ganizations Taxa nore related organi	ble as a Corpo zations treated a	ration s a cor	or Trust (poration or	Complete if t	the organi the tax ye	zatıon ar ar.)	swere	ed "Ye	s" to Form	990,	Part	IV,
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domıcıle (state or foreign country)	Legal domicile state or foreign		(e) Type of entro (C corp, S corp, or trust)		otal Share e of	(g) e of end- year ssets		<b>(h)</b> ercentage wnership	Section (b) conti	(13)	
		,,			,						Yes		No

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No			
<b>1</b> Du	ring the tax year, did the orgranization engage in any of the following transactions with one or more rela	ated organizations li	sted in Parts II-IV?							
а	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)										
d	d Loans or loan guarantees to or for related organization(s)									
e	Loans or loan guarantees by related organization(s)				1e		No			
	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	xchange of assets with related organization(s)				1i		No_			
j	ease 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			
I	l Performance of services or membership or fundraising solicitations for related organization(s)									
m	<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)									
n S	haring of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No			
0	Sharing of paid employees with related organization(s)				10		No			
р	Reimbursement paid to related organization(s) for expenses				<b>1</b> p		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	f the answer to any of the above is "Yes," see the instructions for information on who must complete t	his line, including co	overed relationships	and transaction thresholds						
	(a)	(b)	(c)	(d)						
	Name of other organization	Transaction type (a-s)	Amount involved	Method of determining amo	ount in	ivolved				

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

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 re	garding exclu	sion for ce		nent	partnerships				`	,		_	
<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512- 514)	org	(e) all partners section 501(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
												1	

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**EIN:** 59-0624440

Name: Rollins College

Schedule R (Form 990) 2012

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## Part VII Supplemental Information

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

Identifier	Return Reference		Explanation						
Form 990, Schedule R, Part I -	Identification of Disregard	led Entities							
<b>(a)</b> Name, address, and EIN of dı	sregarded entity	<b>(b)</b> Primary Activity	<b>(c)</b> Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	<b>(f)</b> Direct Controlling Entity			
Lawrence Center LLC 1000 Holt Avenue - CB 2715 Winter Park, FL 327894499 46-2088367		Commercial Property Rental	FL	216,295	2,479,222	Rollins College			
400 Park South LLC 1000 Holt Avenue - CB 2715 Winter Park, FL 327894499 46-2075853		Commercial Property Rental	FM	1,426,195	11,854,277	Rollins College			
220 Fairbanks LLC 1000 Holt Avenue - CB 2715 Winter Park, FL 327894499 46-2102091	1000 Holt Avenue - CB 2715 Winter Park, FL 327894499			81,954	821,747	Rollins College			
200 Fairbanks LLC 1000 Holt Avenue - CB 2715 Winter Park, FL 327894499 46-2064681	200 Fairbanks LLC 1000 Holt Avenue - CB 2715 Winter Park, FL 327894499			64,031		Rollins College			
140 Fairbanks LLC 1000 Holt Avenue - CB 2715 Winter Park, FL 327894499 46-2057006		Commercial Property Rental	FL	36,553	1,054,961	Rollins College			
Langford RCI LLC 1000 Holt Avenue - CB 2715 Winter Park, FL 327894499 46-1775419		Hotel and Conference Center	FL		21,843,202	Rollins College			
Holt Properties LLC 1000 Holt Avenue - CB 2715 Winter Park, FL 327894499 46-1788412		Acquire real property	FL	-10,649	2,755,092	Rollins College			