

November 15, 2010

# MEMORANDUM

TO:

District Board of Trustees

FROM:

Barbara R. Sloan, President

SUBJECT:

**Direct Support Organizations - Audit Reports** 

# Item Description:

All Direct Support Organizations (DSO) affiliated with Tallahassee Community College must have annual Financial Audits conducted.

# Overview:

These financial audits are provided to the Board for their review annually.

# Salient Facts:

The audits are conducted in compliance with Section 11.45(8), Florida Statutes.

# **Past Actions:**

The Board last reviewed the DSO Financial Audits on November 16, 2009 for the previous fiscal year.

# **Future Actions:**

The Board will be provided Financial Audits for future years.

# Funding/Financial Matters:

No funding required.

# Staff Resource:

Teresa Smith

# Recommended Action:

For information only.

# PUBLIC SAFETY ACADEMY HOUSING, INC. Tallahassee, Florida

FINANCIAL STATEMENTS Years Ended March 31, 2010 and 2009

# CONTENTS

| INDEPENDENT AUDITORS' REPORT   | 1 - 2   |
|--|---------|
| MANAGEMENT'S DISCUSSION AND ANALYSIS   | 3       |
| FINANCIAL STATEMENTS   |         |
| Statements of Financial Position   | 4       |
| Statements of Activities and Change in Net Deficits  | 5       |
| Statements of Cash Flows   | 6       |
| Notes to Financial Statements  | 7 - 9   |
| INDEPENDENT AUDITORS' REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS | 10 - 11 |
| Schedule of Findings.  | 12      |

### **MEMBERS**

AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

FLORIDA INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS



Certified Public Accountants and Business Advisors

HAROLD A. BROCK, JR., C.P.A. FRED C. LUGER, C.P.A. MATTHEW R. HANSARD, C.P.A. ANN MARIE BACHMAN, C.P.A.

> LINDA V. SIMPSON, C.P.A. KESZIA E. COX, C.P.A. CHRISTINA J. WILL, C.P.A.

OF COUNSEL W. FREDERICK THOMSON, C.P.A.

# INDEPENDENT AUDITORS' REPORT

Board of Directors Public Safety Academy Housing, Inc. Tallahassee, Florida

We have audited the accompanying statements of financial position of Public Safety Academy Housing, Inc. as of March 31, 2010 and 2009, and the related statements of activities and change in net deficits and cash flows for the years then ended. These financial statements are the responsibility of the Public Safety Academy Housing, Inc.'s management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement. An audit includes examining on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and the significant estimates made by management, as well as evaluating the overall financial presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Public Safety Academy Housing, Inc. as of March 31, 2010 and 2009 and the change in net deficits and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

In accordance with *Government Auditing Standards*, we have also issued a report dated September 27, 2010 on our consideration of Public Safety Academy Housing, Inc.'s internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal controls over financial reporting and compliance and



the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* and should be considered in assessing the result of our audit.

The management's discussion and analysis on page 3 is not a required part of the basic financial statements but is supplementary information required by accounting principles generally accepted in the United States of America. We have applied certain limited procedures, which consisted principally of inquiries of management regarding the methods of measurement and presentation of the required supplementary information. However, we did not audit the information and express no opinion on it.

Thousan Block huge + Company September 27, 2010

# PUBLIC SAFETY ACADEMY HOUSING, INC. Management's Discussion and Analysis

The discussion and analysis of Public Safety Academy Housing Inc.'s (PSAH) financial statements provides an overview of the financial activities for the year ended March 31, 2010. Management has prepared the financial statements and the related footnote disclosures along with the discussion and analysis. Responsibility for the completeness and fairness of this information rests with the preparers. The discussion and analysis contains activities of the PSAH for fiscal years 2009 and 2010.

PSAH was incorporated on February 26, 2003, as a direct support organization of Tallahassee Community College for the purpose of financing and construction a housing facility at the College's Pat Thomas Law Enforcement Academy. The housing facility was financed by a \$9 million mortgage note and was completed on January 4, 2006. Upon completion, PSAH executed an agreement with the College whereby the College leases the housing facility from PSAH and is responsible for operating and maintaining the facility. All revenues generated by the facility are retained by the College. In exchange, PSAH receives a monthly lease payment in the amount of its mortgage payment (\$61,659).

By design, PSAH was limited in its establishment to obtaining the financing and constructing the housing facility, with all post completion activities to be the responsibility of the College. Accordingly, 2010 financial activities consist of monthly lease receipts, mortgage payments and the recognition of certain costs (depreciation, amortization) incurred during prior years but recognized as current year expenses. The nature of PSAH's future activities can be expected to remain consistent with those of the 2010 fiscal year.

# PUBLIC SAFETY ACADEMY HOUSING, INC. STATEMENTS OF FINANCIAL POSITION March 31, 2010 and 2009

| ASSETS   | •   | 2000                                      |
|--|---|---|
| CURRENT ASSETS Cash Other receivable Lease receivable TOTAL CURRENT ASSETS                                       | 2010<br>\$ 2,889<br>6,868<br>61,659<br>71,416                                   | \$ 10,912<br>5,868<br>61,659<br>78,439    |
| PROPERTY AND EQUIPMENT, Net  | 7,293,218   | 7,616,470                                 |
| OTHER ASSETS Organizational costs, net Deferred loan cost, net   | 1<br>141,760<br>\$ <u>7,506,395</u>   | 113<br>                                   |
| LIABILITIES AND N  | ET DEFICIT  |   |
| CURRENT LIABILITIES Accrued interest payable Current portion of mortgage notes payable TOTAL CURRENT LIABILITIES | \$ 36,222<br><u>323,186</u><br>359,408  | \$ 37,516<br>306,025<br>343,541           |
| LONG-TERM LIABILITIES  Mortgage note payable  TOTAL LIABILITIES  | 7,365,121<br>7,724,529  | 7,688,194<br>8,031,735                    |
| NET DEFICIT Invested in capital assets, net of related debt Unrestricted   | $ \begin{array}{r} ( 253,328) \\ \underline{35,194} \\ ( 218,134) \end{array} $ | ( 226,539)<br><u>41,036</u><br>( 185,503) |
|  | \$ <u>7,506,395</u>   | \$ <u>7,846,232</u>                       |

# PUBLIC SAFETY ACADEMY HOUSING, INC. STATEMENTS OF ACTIVITIES AND CHANGE IN NET DEFICITS Years Ended March 31, 2010 and 2009

|   | 2010                                       | 2009                                       |
|---|--|--|
| OPERATING REVENUE  Lease income   | \$ 739,913                                 | \$ 739,913                                 |
| OPERATING EXPENSES Depreciation Amortization Contractual services Bank fees | 323,252<br>9,562<br>6,961<br>62<br>339,837 | 323,250<br>9,563<br>6,603<br>47<br>339,463 |
| OPERATING INCOME  | 400,076                                    | 400,450                                    |
| NONOPERATING INCOME (EXPENSE) Interest expense                              | ( <u>432,707</u> )<br>( <u>432,707</u> )   | ( <u>449,492</u> )<br>( <u>449,492</u> )   |
| CHANGE IN NET ASSETS  | ( 32,631)                                  | ( 49,042)                                  |
| BEGINNING NET DEFICITS  | (_185,503)                                 | (_136,461)                                 |
| ENDING NET DEFICIT  | \$( <u>218,134</u> )                       | \$( <u>185,503</u> )                       |

# PUBLIC SAFETY ACADEMY HOUSING, INC. STATEMENTS OF CASH FLOWS Years Ended March 31, 2010 and 2009

| 2010 2009  |              |
|--|--------------|
| CASH FLOWS FROM OPERATING ACTIVITIES  Rents and fees collected \$ 739,913 \$ 678,  | 254          |
| The second secon | 650)         |
| Payments for interest expense (434,001) (450,  |              |
| <u>( :: :: :: : : : : : : : : : : : : : : </u>   |              |
| NET CASH PROVIDED BY   |              |
| OPERATING ACTIVITIES 297,889 220,  | <u>753</u>   |
|  |              |
| CASH FLOWS FROM CAPITAL  |              |
| AND RELATED FINANCING ACTIVITIES   | 0(2)         |
| Principal payments on long-term debt ( <u>305,912</u> ) ( <u>289,</u>  | <u>003</u> ) |
| NET CASH USED IN FINANCING ACTIVITIES (_305,912) (_289,  | 063)         |
| 1121 CASH COLD IN THANKS ( 303,512) ( 205,   | 005)         |
| NET DECREASE IN CASH (8,023) (68,  | 310)         |
|  |              |
| CASH AT BEGINNING OF YEAR 10,912 79,   | <u>222</u>   |
| CACH ATTEND OF VEAD  | 010          |
| CASH AT END OF YEAR \$   | 912          |
| RECONCILIATION OF CHANGES IN NET ASSETS TO   |              |
| CASH PROVIDED BY OPERATING ACTIVITIES  |              |
|  | 042)         |
| Adjustments to reconcile change in net assets  |              |
| to cash provided by operating activities:  |              |
| Depreciation and amortization 332,814 332,   | 813          |
| (Increase) decrease in:  |              |
| Company of the Company of TE   | 659)         |
| Other receivable (1,000)   | -            |
| (Decrease) increase in:  | 2.50\        |
| Accrued interest payable (1,294) (1,   | <u>358</u> ) |
| NET CASH PROVIDED BY   |              |
| OPERATING ACTIVITIES \$ _ 297,889 \$ _ 220,  | <u>754</u>   |

# PUBLIC SAFETY ACADEMY HOUSING, INC. NOTES TO FINANCIAL STATEMENTS March 31, 2010 and 2009

# NOTE 1 - NATURE OF BUSINESS AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

# **Formation and Nature of Business**

Public Safety Academy Housing, Inc. (the "Organization") was incorporated on February 26, 2003 as a direct support organization of Tallahassee Community College (College), within the meaning of Section 240.331, Florida Statutes, or any successor provision. The Organization was formed, among other purposes, to make available housing to participants in programs affiliated with the Pat Thomas Law Enforcement Academy. At the direction of the Board of Trustees of Tallahassee Community College, income derived by the Organization, subject to the assignment of revenue and other amounts derived from the operation of the facility, may be transferred to the Tallahassee Community College.

A summary of significant accounting policies follows:

<u>Basis of Accounting</u> - The Organization follows financial reporting requirements for enterprise funds, which use the accrual basis of accounting. Under this method, revenue is recorded when earned and expenses are recognized when incurred.

<u>Property and Equipment</u> - Cost directly associated with the construction of the housing complex including interest incurred from financing during the construction period is capitalized to the cost of the building and depreciation is provided over the building's estimated life of 39 years on a straight line basis.

Equipment is recorded at cost and depreciated over its estimated useful lives of five to seven years on a straight line basis.

<u>Income Taxes</u> - The Public Safety Academy Housing, Inc. has been granted tax exempt status under a four year advance ruling period by the Internal Revenue Service as a 501(c)(3) entity. Accordingly, no provision has been made for income taxes.

<u>Cash Equivalents</u> - For purposes of the statement of cash flows all highly liquid instruments with a maturity of three months or less are considered to be cash equivalents.

<u>Use of Estimates</u> - The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

# PUBLIC SAFETY ACADEMY HOUSING, INC. NOTES TO FINANCIAL STATEMENTS March 31, 2010 and 2009

# NOTE 1 - NATURE OF BUSINESS AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

<u>Election to Apply FASB Statements</u> - The Organization has elected to apply all FASB Statements and interpretations issued after November 30, 1989, except for those that conflict with GASB pronouncements, as permitted by GASB Statement No. 20, "Accounting and Financial Reporting for Proprietary Funds and Other Governmental Entities That Use Proprietary Fund Accounting."

<u>Subsequent Events</u> – Management has performed an analysis of the activities and transactions subsequent to March 31, 2010 to determine the need for any adjustments to and/or disclosures within the audited financial statements for the year ended March 31, 2010. Management has performed their analysis through the date of this report.

# **NOTE 2 - RELATED PARTY TRANSACTIONS**

On May 21, 2004, Tallahassee Community College entered into a long-term lease to rent ten acres of land to Public Safety Academy Housing, Inc. in order to build the housing complex. Terms of the lease grants Public Safety Academy Housing, Inc. the use of the land for a 99 year term at less than fair market value rates of \$1 each year, paid in advance.

In November 2005, Public Safety Academy Housing, Inc. executed an agreement with Tallahassee Community College to operate the housing complex. Terms of the agreement include monthly lease revenue amounting to \$61,659 through June 30, 2009; with automatic annual lease renewals unless thirty day prior notice of cancellation is given by either party. Total lease income carned amounted to \$739,913 for each of the years ended March 31, 2010 and 2009, respectively.

# NOTE 3 - PROPERTY AND EQUIPMENT

Property and equipment as of March 31, 2010 and 2009, is summarized as follows:

|                          | 2010                 | 2009                 |
|--------------------------|----------------------|----------------------|
| Building                 | \$ 8,098,760         | \$ 8,098,760         |
| Furniture and equipment  | 577,950              | 577,950              |
|                          | 8,676,710            | 8,676,710            |
| Accumulated depreciation | ( <u>1,383,492</u> ) | ( <u>1,060,240</u> ) |
|                          | \$_7,293,218         | \$_7,616,470         |

Depreciation expense for the years ended March 31, 2010 and 2009 amounted to \$323,252 and \$323,250, respectively.

# PUBLIC SAFETY ACADEMY HOUSING, INC. NOTES TO FINANCIAL STATEMENTS March 31, 2010 and 2009

# **NOTE 4 - MORTGAGE NOTE PAYABLE**

Mortgage note payable as of March 31, 2010 and 2009 was as follows:

|   | 2010                                      | 2009                                      |
|---|---|---|
| \$9,000,000 mortgage note payable executed May 21, 2004 with Gadsden County, Florida and assigned to a commercial lender; bearing interest at 5.45%; payable interest only for initial twelve months then monthly installments of principal and interest in the amount of \$61,659; maturing May 21, 2025. Note is collateralized by a leasehold mortgage in real |   |   |
| estate and first priority security interest in all personal property located at the facility. Note is also collateralized by assignment of rents and leases related to housing facility.  | \$ 7,688,307                              | \$ 7,994,219                              |
| Less current portion  | ( <u>323,186</u> )<br>\$ <u>7,365,121</u> | ( <u>306,025</u> )<br>\$ <u>7,688,194</u> |

As of March 31, 2010, the scheduled maturities of the mortgage note payable was as follows:

| March 31, 2011 | \$ 323,186          |
|----------------|---------------------|
| 2012           | 340,316             |
| 2013           | 360,672             |
| 2014           | 381,115             |
| 2015           | 402,715             |
| Thereafter     | 5,880,303           |
|                | \$ <u>7,688,307</u> |

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OF COUNSEL
W. FREDERICK THOMSON, C.P.A.

# INDEPENDENT AUDITORS' REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS

Board of Directors Public Safety Academy Housing, Inc. Tallahassee, Florida

We have audited the financial statements of Public Safety Academy Housing, Inc. as of and for the years ended March 31, 2010 and 2009, and have issued our report thereon dated September 27, 2010. We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States.

# Internal Control over Financial Reporting

In planning and performing our audit, we considered Public Safety Academy Housing, Inc.'s internal control over financial reporting as a basis for designing our auditing procedures for the purpose of expressing our opinion on the financial statements but not for the purpose of expressing an opinion on the effectiveness of Public Safety Academy Housing, Inc.'s internal control over financial reporting. Accordingly we do not express an opinion on the effectiveness of Public Safety Academy Housing, Inc.'s internal control over financial reporting.

Our consideration of internal control over financial reporting was for the limited purpose described in the preceding paragraph and would not necessarily identify all deficiencies in internal control over financial reporting that might be significant deficiencies or material weaknesses. However, as discussed below, we identified certain deficiencies in internal control over financial reporting that we consider to be significant deficiencies.



A control deficiency exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect misstatements on a timely basis. A significant deficiency is a control deficiency, or a combination of control deficiencies, that adversely affects the organization's ability to initiate, authorize, record, process or report financial data reliably in accordance with generally accepted accounting principles such that there is more than an a remote likelihood that a misstatement of the organization's financial statements is more than inconsequential will not be prevented or detected by the organization's internal control. We consider the deficiency in the accompanying schedule of findings to be a significant deficiency in internal control over financial reporting. (2009-1)

A material weakness is a significant deficiency, or combination of significant deficiencies, that results in more than a remote likelihood that a material misstatement of the financial statements will not be presented or detected by the organization's internal control.

Our consideration of the internal control over financial reporting was for the limited purpose described in the first paragraph of this section and would not necessarily identify all deficiencies in the internal control that might be significant deficiencies and accordingly, would not necessarily disclose all significant deficiencies that are also considered to be material weaknesses. However, we believe that none of the significant deficiencies described above is a material weakness.

# Compliance

As part of obtaining reasonable assurance about whether the financial statements of Public Safety Academy Housing, Inc. are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grants, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances on noncompliance that are required to be reported under *Government Auditing Standards*.

This report is intended solely for the information and use of the audit committee, management, others within the organization and state regulatory bodies and is not intended to be and should not be used by anyone other than these specified parties.

Thomson Block huge + Company September 27, 2010

# PUBLIC SAFETY ACADEMY HOUSING, INC. SCHEDULE OF FINDINGS Year Ended March 31, 2010

# SIGNIFICANT DEFICIENCIES

Finding Number 2009-1

# Segregation of Duties and Timely Preparation of the Monthly Bank Reconciliation

<u>Finding:</u> Because of a limited number of available personnel, it is not always possible to adequately segregate incompatible duties so that no one person has access to both physical assets and the related accounting records, or to all phases of a transaction. In addition, we noted during our audit that the bank reconciliations of the operating account was not being performed on a timely basis. Sound internal controls require timely reconciliation of the monthly bank statements by management and reviewed by someone independent of the person performing the reconciliation.

<u>Recommendation:</u> Whenever possible, duties should be segregated so that no one person has access to all phases of a transaction. To mitigate management's inability to adequately segregate its financial duties, we recommend the Board should consider the use of its Treasurer or College Business office staff to timely examine the monthly bank statement and bank reconciliation after the reconciliation has been prepared by management and agreed to its financial ledger.

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

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

Open to Public Inspection

| A                       | For th                | e 2009 calendar year, or tax year beginning APR 1, 2009 and ending   | MAR 31, 20   | 10   |  |  |  |  |
|-------------------------|-----------------------|--|--|--|--|--|--|--|
| В                       | Check if applicat     | ole: Please use IRS C Name of organization   | D Employer ider  | ntification number                               |  |  |  |  |
| Г                       | Addr                  |  | 1  |  |  |  |  |  |
| Ē                       | Name                  | ge type. Doing Business As   |  | 36-4549759                                       |  |  |  |  |
|                         | Initial<br>return     | 1 See 1 Number and street for P 11 hoy if mail is not delivered in street andress). I ROOM/  |  |  |  |  |  |  |
|                         | Term<br>ated          |  | (8   | 50)201-8590                                      |  |  |  |  |
| L                       | Amer                  | City or town, state or country, and ZIP + 4  | G Gross receipts \$  | 739,913.   |  |  |  |  |
| L                       | Appli<br>tion<br>pend |  | H(a) Is this a grou  |  |  |  |  |  |
|                         | pend                  | F Name and address of principal officer: JAMES MURDAUGH  | for affiliates?  |  |  |  |  |  |
|                         |                       | 85 ACADEMY DRIVE, HAVANA, FL 32333   |  | s included? Yes No                               |  |  |  |  |
|                         |                       | tempt status: X 501(c) ( 3 ) ◀ (insert no.) 4947(a)(1) or 527  |  | ch a list. (see instructions)                    |  |  |  |  |
|                         |                       | ite: N/A   | H(c) Group exem  |  |  |  |  |  |
|                         | Form o                | Marie Carlotte Control of the Contro | Year of formation: 200   | 3 M State of legal domicile: FL                  |  |  |  |  |
| -                       | 1                     | Briefly describe the organization's mission or most significant activities: OWN AND  | OPERATE LAW  | ENFORCEMNT                                       |  |  |  |  |
| ည                       | 1                     | ACADEMY HOUSING FACILITY FOR STUDENTS ATTENI   | ING THE PAT  | THOMAS LAW                                       |  |  |  |  |
| E.                      | 2                     | Check this box  if the organization discontinued its operations or disposed of   |  |  |  |  |  |  |
| Ş                       | 3                     | PRODUCTION OF THE PRODUCT OF THE PRO |  | 3 6  |  |  |  |  |
| Ö                       | 4                     | Number of independent voting members of the governing body (Part VI, line 1b)  | ACTION OF THE PARTY OF THE PART | 4 4  |  |  |  |  |
| S<br>S                  | 5                     | Total number of employees (Part V, line 2a)  |  | 5 0  |  |  |  |  |
| itie                    | 6                     | Total number of volunteers (estimate if necessary)   |  | 6 0  |  |  |  |  |
| Activities & Governance | 1000                  | Total gross unrelated business revenue from Part VIII, column (C), line 12   | ATT THE RESIDENCE OF THE PROPERTY OF THE PROPE | 7a 0.  |  |  |  |  |
| ⋖                       |                       | Net unrelated business taxable income from Form 990-T, line 34   |  | 7ь 0.  |  |  |  |  |
|                         |                       |  | Prior Year   | Current Year                                     |  |  |  |  |
| 6)                      | 8                     | Contributions and grants (Part VIII, line 1h)  |  |  |  |  |  |  |
| Revenue                 | 9                     | Program service revenue (Part VIII, line 2g)   |  |  |  |  |  |  |
|                         | 10                    | Investment income (Part VIII, column (A), lines 3, 4, and 7d)  |  |  |  |  |  |  |
| ď                       |                       | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | <49,04   | 2.> <32,630.>                                    |  |  |  |  |
|                         | The beautiful to      | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | 10 01  |  |  |  |  |  |
|                         | 1.55                  | Grants and similar amounts paid (Part IX, column (A), lines 1-3)   |  |  |  |  |  |  |
|                         |                       | Benefits paid to or for members (Part IX, column (A), line 4)  |  |  |  |  |  |  |
| ç                       |                       | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  |  |  |  |  |  |  |
| Expenses                |                       | Professional fundraising fees (Part IX, column (A), line 11e)  |  |  |  |  |  |  |
| be                      |                       | Total fundraising expenses (Part IX, column (D), line 25)  |  |  |  |  |  |  |
| ũ                       |                       | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)   |  |  |  |  |  |  |
|                         |                       | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  |  |  |  |  |  |  |
|                         | 19                    | Revenue less expenses. Subtract line 18 from line 12   | <49,04   | 2.> <32,630.>                                    |  |  |  |  |
| sets or lances          |                       |  | Beginning of Current Ye  | ear End of Year                                  |  |  |  |  |
| sets                    | 20                    | Total assets (Part X, line 16)   | 7,846,23   | 2. 7,506,395.                                    |  |  |  |  |
| AB                      | 21                    | Total liabilities (Part X, line 26)  | 8,031,73   | 5. 7,724,529.                                    |  |  |  |  |
| Net Ass<br>Fund Ba      | 22                    | Net assets or fund balances. Subtract line 21 from line 20   | <185,50  | 3. > < 218, 134. >                               |  |  |  |  |
|                         | art II                | Signature Block  |  |  |  |  |  |  |
|                         |                       | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statem and complete. Declaration of preparer (other than office) is based on all information of which preparer has any know   | ents, and to the best of my kno<br>ledge   | wledge and belief, it is true, correct,          |  |  |  |  |
|                         |                       |  |  | 1-1.   |  |  |  |  |
| Sig                     | n                     | mo I though  | 10/  | 5/10   |  |  |  |  |
| Her                     | e                     | Signature of officer   | Date /   | /  |  |  |  |  |
|                         |                       | JAMES MURDAUGH, BOARD DIRECTOR   |  |  |  |  |  |  |
|                         |                       | Type or print name and title   | Lobert 1   | 1.14-16.1  |  |  |  |  |
| Paid                    | ı                     | Preparer's Markey of House Oc O1 Date 100 Holos  | Check if Pr  | reparer's identifying number<br>ee instructions) |  |  |  |  |
|                         | '<br>oarer's          | signature Marken K. Hansund, C.P.A. 10 H/10  | employed   |  |  |  |  |  |
|                         | Only                  | Firm's name (or yours if THOMSON BROCK LUGER & COMPANY   | EIN ▶  |  |  |  |  |  |
| 200                     | Janj                  | self-employed), 3375-G CAPITAL CIRCLE, N. E.   |  | 10=0\00= =111                                    |  |  |  |  |
|                         |                       | ZIP+4 TALLAHASSEE, FLORIDA 32308   | Phone no.  | <u> </u>   |  |  |  |  |
| May                     | the II                | RS discuss this return with the preparer shown above? (see instructions)   |  | X Yes No   |  |  |  |  |

|     | n 990 (2009)   | PUBLIC SAFETY AC   |                            | , INC.            | 36-454                   | 9759    | Page 2    |
|-----|--|--|----------------------------|-------------------|--------------------------|---------|-----------|
| 1   | Briefly describe the org   | f Program Service Accomplemization's mission: PROVIDE DORMITORY ENFORCEMENT ACADEM   | HOUSING FOR                | STUDENTS          | ATTENDING T              | HE PA   | <u>T</u>  |
|     |  |  |                            |                   |                          |         |           |
| 3 4 | the prior Form 990 or 9 If "Yes," describe these Did the organization ce If "Yes," describe these Describe the exempt po | dertake any significant program sen<br>90-EZ?<br>e new services on Schedule O.<br>ase conducting, or make significant<br>e changes on Schedule O.<br>urpose achievements for each of the<br>01(c)(4) organizations and section 4 | changes in how it conducts | est program servi | services?                | ☐ Yes   |           |
|     | allocations to others, th  | ne total expenses, and revenue, if an  | y, for each program servi  | ce reported.      |                          |         |           |
| 4a  |  | )(Expenses\$ PROVIDE DORMITORY ENFORCEMENT ACADEMY   |                            | STUDENTS          | )(Revenue \$ ATTENDING T | HE PA   | T         |
|     |  |  |                            |                   |                          |         |           |
|     |  |  |                            |                   |                          |         |           |
|     |  |  |                            |                   |                          |         |           |
| 4b  | (Code:   | ) (Expenses \$   | including grants of \$     |                   | ) (Revenue \$            |         |           |
|     |  |  |                            |                   |                          |         |           |
|     |  |  |                            |                   |                          |         |           |
| 4c  | (Code:   | ) (Expenses \$   | including grants of \$     |                   | ) (Revenue \$            |         | )<br>     |
|     |  |  |                            |                   |                          |         |           |
|     |  |  |                            |                   |                          |         |           |
|     |  |  |                            |                   |                          |         |           |
| 4d  | (Expenses \$   | (Describe in Schedule O.) including grants of \$   | ) (R                       | levenue \$        | )                        |         |           |
| 4e  | Total program service  | expenses ► \$  |                            |                   |                          | Form 99 | 90 (2009) |

| Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If 'Yes,' complete Schedule A  Is the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public officer of If 'Yes,' complete Schedule C, Part I  Section 501(c)(4), 501(c)(5), and 501(c)(5) organization engage in lobbying activities on behalf of or in opposition to candidates for public officer) If 'Yes,' complete Schedule C, Part II  Section 501(c)(4), 501(c)(5), and 501(c)(5) organizations. It be organization subject to the section 603(c)(4), 501(c)(6), 501(c)(6              | 1 4 | Officerial of required officeries  |            | Yes    | No   |  |  |  |  |
|---|-----|--|------------|--------|------|--|--|--|--|
| If Yes, *complete Schedule A   1   X   2   2   X   3   5   5   5   5   5   5   5   6   5   6   5   6   6  | 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  |            | 162    | 140  |  |  |  |  |
| 2 Is the organization required to complete Schedule B, Schedule of Contributoria?  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 II 4  4 Section 50 (Folk) 60 (Fo              | •   | 16 Non II gammata Cahadula A   | 1          | Х      |      |  |  |  |  |
| 3   | 2   | THE ASSET AS | 2          |        | X    |  |  |  |  |
| public office? If "Yes," complete Schedule C, Part I Section 501(c)3 organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III Did the organization may be not investment of amounts in such funds or accounts where 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 II Did the organization report an amount in Part X, line 21; serve as a custodian for amounts assets of the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide oredit consensing, debt management, credit repair, or debt negliation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V, Is the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V, 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 VI. 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 X. 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 X. 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              |     |  |            |        |      |  |  |  |  |
| Section 501(c)(3), 501(c)(5), and 501(c)(6) organization engage in lobbying activities? If "Yes," complete Schedule C, Part III   5   Section 501(c)(4), 501(c)(5), and 501(c)(6) organization, engage in lobbying activities? If "Yes," complete Schedule C, Part III   6   Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part III   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 III   7   X   Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III   7   X   Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV   Did the organization in easement in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV   St. to complete Schedule D, Part V   V   Did the organization answer to any of the following questions "Yes"? If so, complete Schedule D, Part X, line 10? If "Yes," complete Schedule D, Part X, line 10? If "Yes," complete Schedule D, Part X, line 10? If "Yes," complete Schedule D, Part X, line 10? If "Yes," complete Schedule D, Part X, line 10? If "Yes," complete Schedule D, Part X, line 10? If "Yes," complete Schedule D, Part X, line 10? If "Yes," complete Schedule D, Part X, line 10? If "Yes," complete Schedule D, Part X, line 10? If "Yes," complete Schedule D, Part X, line 10? If "Yes," complete Schedule D, Part X, line 10? If "Yes," complete Schedule D,              |     |  | 3          |        |      |  |  |  |  |
| 5 Section 501(c)(A), 501(c)(B), and 501(c)(B) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part II Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part I Did the organization report an amount in Part X, line 10 states as a custodian for amounts in such tunds or accounts? If "Yes," complete Schedule D, Part II Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide schedule D, Part II Side the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit consensing, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Side the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part IV Side the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI Side the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI Side the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI Side the organization report an amount for investments - other securities 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 VII Side 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 X VII Side 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 X VII Side the organization organization organizatio              | 4   |  | 4          |        | X    |  |  |  |  |
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| provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I I  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 I  8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV II  9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV II Is the organization, debt than agement, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV II Is the organization report an amount for fland, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part X, II I I I I I I I I I I I I I I I I I   | 6   |  |            |        |      |  |  |  |  |
| the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  | •   |  | 6          |        | Х    |  |  |  |  |
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| 9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization delicety for through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Part VI, VIII, VIII, IX, or X as applicable  | 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete   | 8          |        | х    |  |  |  |  |
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| <ul> <li>Did the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part VI.</li> <li>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 167 If "Yes," complete Schedule D, Part VII.</li> <li>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 167 If "Yes," complete Schedule D, Part VIII.</li> <li>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 167 If "Yes," complete Schedule D, Part XI.</li> <li>Did the organization report an amount for other liabilities in Part X, line 257 If "Yes," complete Schedule D, Part X.</li> <li>Did the organization is liability for uncertain tax positions under IFIN 487 If "Yes," complete Schedule D, Part X.</li> <li>Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X, IXI, and XIII.</li> <li>Bid the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X, IXI, and XIII.</li> <li>Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E</li> <li>Id the organization maintain an office, employees, or agents outside of the United States?</li> <li>If "Yes," complete Schedule F, Part II</li> <li>Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part II</li> <li>Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III</li> <li>Did the organization r</li></ul>  | *   |  | 11         | Х      |      |  |  |  |  |
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|   |     | complete Schedule G, Part III  |            |        |      |  |  |  |  |
|   | 20  | Did the organization operate one or more hospitals? If "Yes," complete Schedule H  |            | 000 /  |      |  |  |  |  |

X Form 990 (2009)

37

X

X

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

Note. All Form 990 filers are required to complete Schedule O.

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

If "Yes," complete Schedule R, Part V, line 2

Page 5 Form 990 (2009) 36-4549759 PUBLIC SAFETY ACADEMY HOUSING, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable 1a b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 10 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? X За 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)? X 4a b If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services X provided to the payor? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? X 7c d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 79 h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h 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? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a b Did the organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter: 10 a 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 10b Section 501(c)(12) organizations. Enter: 11 a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b

Form 990 (2009)

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax exempt interest received or accrued during the year .....

Form 990 (2009) PUBLIC SAFETY ACADEMY HOUSING, INC. 36-4549759 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

| Sec  | ction A. Governing Body and Management  |            |          |  |  |  |  |  |  |
|------|---|------------|----------|--|--|--|--|--|--|
|      |   | <u></u>    | Yes      | No   |  |  |  |  |  |
| 1a   | Enter the number of voting members of the governing body  | 0          |          | 200  |  |  |  |  |  |
| b    |   | -4         |          | <b>基</b>   |  |  |  |  |  |
| 2    | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other          | 2          | 1.0      | х  |  |  |  |  |  |
| 200  | officer, director, trustee, or key employee?  |            | _        | 47   |  |  |  |  |  |
| 3    | Did the organization delegate control over management duties customarily performed by or under the direct supervision             | 3          |          | х  |  |  |  |  |  |
| 147  | of officers, directors or trustees, or key employees to a management company or other person?                                     |            |          | X  |  |  |  |  |  |
| 4    | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?             | 5          |          | X  |  |  |  |  |  |
| 5    | Did the organization become aware during the year of a material diversion of the organization's assets?                           |            |          | X  |  |  |  |  |  |
| 6    |   |            |          |  |  |  |  |  |  |
| 7a   | Does the organization have members, stockholders, or other persons who may elect one or more members of the                       | 70         | х        |  |  |  |  |  |  |
| 200  | governing body?   |            | X        | -  |  |  |  |  |  |
| b    | Are any decisions of the governing body subject to approval by members, stockholders, or other persons?                           | - 76       | A        | TO 419   |  |  |  |  |  |
| 8    | Did the organization contemporaneously document the meetings held or written actions undertaken during the year                   |            |          | から<br>を<br>は<br>を<br>に<br>に<br>に<br>に<br>に<br>に<br>に<br>に<br>に<br>に<br>に<br>に<br>に |  |  |  |  |  |
|      | by the following:   | 8a         | 7        | X  |  |  |  |  |  |
| - 27 | The governing body?   |            | <b>-</b> | X  |  |  |  |  |  |
| b    | Each committee with authority to act on behalf of the governing body?   | On         |          | - 21   |  |  |  |  |  |
| 9    | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the              | 9          |          | х  |  |  |  |  |  |
| Can  | organization's mailing address? If "Yes," provide the names and addresses in Schedule O   | 9          |          | 41   |  |  |  |  |  |
| Sec  | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)                  |            | Yes      | No   |  |  |  |  |  |
| 40-  | Does the comprisation have lead about on househor as affiliates?  | 10a        | 103      | X  |  |  |  |  |  |
|      | Does the organization have local chapters, branches, or affiliates?   | iou        |          |  |  |  |  |  |  |
| р    | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,       | 10b        |          |  |  |  |  |  |  |
|      | and branches to ensure their operations are consistent with those of the organization?  |            |          | X  |  |  |  |  |  |
| 11   | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?                |            | 7.0      | 112.00   |  |  |  |  |  |
|      | Describe in Schedule O the process, if any, used by the organization to review this Form 990.                                     |            |          | x  |  |  |  |  |  |
| 12a  |   | 124        |          |  |  |  |  |  |  |
|      | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | . 12b      |          |  |  |  |  |  |  |
| C    | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe               | Townson .  |          |  |  |  |  |  |  |
|      | in Schedule O how this is done  | 12c        | - 20-    | 77   |  |  |  |  |  |
| 13   | Does the organization have a written whistleblower policy?  | 100000     |          | X  |  |  |  |  |  |
| 14   | Does the organization have a written document retention and destruction policy?   | 14         | (00 kg   | X  |  |  |  |  |  |
| 15   | Did the process for determining compensation of the following persons include a review and approval by independent                |            |          |  |  |  |  |  |  |
|      | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                                 | 1.3-6      | 100000   | 100,000  |  |  |  |  |  |
| а    | The organization's CEO, Executive Director, or top management official  | 15a        |          | X  |  |  |  |  |  |
| b    | Other officers or key employees of the organization   | 15b        | 38.050   | X  |  |  |  |  |  |
|      | If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)  |            |          |  |  |  |  |  |  |
| 16a  | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a             | 0.45 40    | 100000   | 77   |  |  |  |  |  |
|      | taxable entity during the year?   | 16a        | 305.8    | X  |  |  |  |  |  |
| b    | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation     | 10.0       |          |  |  |  |  |  |  |
|      | in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's                   | 11.1       | 0.80480  | 37 # 1   |  |  |  |  |  |
| _    | exempt status with respect to such arrangements?  | 16b        |          |  |  |  |  |  |  |
|      | tion C. Disclosure  |            |          |  |  |  |  |  |  |
|      | List the states with which a copy of this Form 990 is required to be filed NONE   | bla for    |          |  |  |  |  |  |  |
| 18   | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available. | nie ioi    |          |  |  |  |  |  |  |
|      | public inspection. Indicate how you make these available. Check all that apply.   |            |          |  |  |  |  |  |  |
| 200  | Own website Another's website X Upon request  |            | malal    |  |  |  |  |  |  |
| 19   | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy      | , and fina | ıncıaı   |  |  |  |  |  |  |
|      | statements available to the public.   | inntin. b  |          |  |  |  |  |  |  |
| 20   | State the name, physical address, and telephone number of the person who possesses the books and records of the organ             | nzauon: 🅦  |          |  |  |  |  |  |  |
|      | CYNTHIA JONES - (850) 201-7002  |            |          |  |  |  |  |  |  |
| -    | 85 ACADEMY DRIVE, HAVANA, FL 32333  | Form       | aan      | (2009)   |  |  |  |  |  |

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

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

X Check this box if the organization did not compensate any current officer, director, or trustee.

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. Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of "key employees."
- 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, and 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.

| (A)  Name and Title           | (B)<br>Average<br>hours |                                |                       | (o<br>Pos | C)<br>itior  |                              |        | (D)<br>Reportable<br>compensation              | (E) Reportable compensation                      | (F)<br>Estimated<br>amount of   |
|-------------------------------|-------------------------|--------------------------------|-----------------------|-----------|--------------|------------------------------|--------|--|--|---|
|                               | per<br>week             | Individual trustee or director | institutional trustee | Officer   | Key employee | Highest compensated employee | Former | from<br>the<br>organization<br>(W-2/1099-MISC) | from related<br>organizations<br>(W-2/1099·MISC) | other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
| JOHN PAYNE                    |                         |                                |                       |           |              |                              |        |  |  |   |
| DIRECTOR                      | 1.00                    | X                              |                       |           |              |                              |        | 0.   | 0.   | 0.  |
| JAMES SEWELL                  | 2 202                   |                                |                       |           |              |                              |        |  | ^  | ^   |
| DIRECTOR                      | 1.00                    | X                              |                       |           | _            | _                            |        | 0.   | 0.   | 0.  |
| STEVE MCARTHUR                | 4 00                    |                                |                       |           |              |                              |        | _  | ^  | 0.  |
| DIRECTOR                      | 1.00                    | Х                              |                       |           |              | _                            |        | 0.   | 0.   | 0;  |
| JAMES MURDAUGH                | 1 00                    | ,,                             |                       |           |              |                              |        | 0.   | 0.   | 0.  |
| EX OFFICIO                    | 1.00                    | X                              | -                     |           |              | -                            |        | 0.   | U •  | <u> </u>  |
| WILIAM D. LAW, JR. EX OFFICIO | 1.00                    | v                              |                       |           |              |                              |        | 0.   | 316,091.   | 46,728.   |
| FRANK MESSERSMITH             | 1.00                    | Λ                              |                       |           | -            |                              | _      | 0.   | 310,031.   | 20,720.   |
| EX OFFICIO                    | 1.00                    | х                              |                       |           |              |                              |        | 0.   | 0.   | 0.  |
|                               |                         |                                |                       |           |              |                              |        |  |  |   |
|                               |                         |                                |                       |           |              |                              |        |  |  |   |
|                               |                         |                                |                       |           |              |                              |        |  |  | 5 000 (0000)  |

Form 990 (2009)

932008 02-04-10

Form 990 (2009)

| Part VII             | II Statement of Reven  |                           | (A)<br>Total revenue                    | (B) Related or exempt function revenue         | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
|----------------------|--|---------------------------|---|--|---|---|
| 1 a                  | Federated campaigns  | . 1a                      |   |  | , <del>7</del> 11/2                     |   |
| <b>50</b> ~          | Membership dues  |                           |   |  |   |   |
|                      | Fundraising events   |                           |   |  |   |   |
|                      |  | 1d                        |   |  |   |   |
| E e                  | Government grants (contribution  |                           |   |  |   |   |
| j t                  | All other contributions, gifts, grants   |                           |   |  |   |   |
| <del>b</del>         | similar amounts not included above   |                           |   |  | 100                                     |   |
|                      | Noncash contributions included in lines 1  Total, Add lines 1a-1f  |                           | 1 |  |   |   |
|                      | Totally and med ta 11  | Business Code             |   |  | GANG SEE                                |   |
| 2 a                  |  |                           |   |  |   |   |
| ø b                  |  |                           |   |  |   |   |
| o c                  |  |                           |   |  |   |   |
| d 🧟                  |  | I                         |   |  |   |   |
| Revenue 7            |  |                           |   |  |   |   |
| 1                    | All other program service reven  |                           |   | 2.5-9-0.06 (17.10-101)                         |   | Specific sections (6)   |
| 100                  | Total. Add lines 2a-2f   |                           |   | Walter Allette of Children                     | B 0,41 18 C MM 22 MAX                   |   |
| 3                    | Investment income (including dother similar amounts)   |                           |   |  |   | 1   |
| 4                    | Income from investment of tax-   |                           |   |  |   |   |
| 5                    | Royalties  |                           |   |  |   |   |
| *                    |  | (i) Real (ii) Personal    |   |  | \$ 1 A 1888                             | SEE SEE   |
| 6 a                  | Gross Rents  | 739913.                   |   | and the same                                   | <b>用型元字件</b>                            |   |
| b                    | PRODUCTION OF THE PRODUCT OF THE PRO | 772543.                   |   |  |   |   |
|                      | and the second s | <32630.>                  |   |  |   |   |
| d                    | Net rental income or (loss)  | <b>&gt;</b>               | <32,630.                                | >  |   | <32,630   |
| 7 a                  | Gross amount from sales of   | (i) Securities (ii) Other |   |  | # <b>1</b> 440)                         |   |
|                      | assets other than inventory  |                           |   |  | 1400                                    |   |
| Ь                    | Less: cost or other basis  |                           |   |  |   |   |
|                      | and sales expenses   |                           |   |  |   |   |
|                      | Gain or (loss)   |                           | A 100 or formal and a section           | 195 19 - 12 - 12 - 10 - 10 - 10 - 10 - 10 - 10 | E-X/III (B-y-XIEI)                      | The second of the second second                               |
| 1 0 -                | Gross income from fundraising  |                           |   |  | La la difficia                          | La caracterio   |
| 3                    | including \$   |                           |   |  |   |   |
|                      | contributions reported on line 1   | c). See                   |   |  |   |   |
| b b                  | Part IV, line 18   | a                         |   |  |   |   |
| 5 b                  | Less: direct expenses  |                           | ALERY PARTY SHEET                       |  |   | A Property of   |
| С                    | Net income or (loss) from fundra   | ~                         | 1 2 2 2 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |  |   |   |
| 9 a                  | Gross income from gaming activ   |                           |   |  |   |   |
|                      | Part IV, line 19   |                           |   |  |   |   |
|                      | Less: direct expenses  Net income or (loss) from gamin   |                           |   |  | , 4 H JEBUST                            | * # 1981-40 Th We   |
|                      | Gross sales of inventory, less re  |                           | The second                              |  | Timera - List                           |   |
|                      | and allowances   |                           |   |  |   |   |
| b                    | Less: cost of goods sold   | b                         |   |  |   |   |
|                      | Net income or (loss) from sales  | of inventory              |   |  |   |   |
|                      | Miscellaneous Revenue  | Business Code             |   | gov parecognogosta Motherin                    |   |   |
| 11 a                 |  |                           |   |  |   |   |
| b                    |  |                           |   |  |   |   |
| C                    | An eathers were the  |                           |   |  |   |   |
|                      | All other revenue  |                           |   |  |   | Part Parts etc.   |
|                      |  |                           | -32 630                                 | > 0.   | 0.                                      | <32,630   |
| 12<br>2009<br>-04-10 | Total revenue. See instructions  | <u> </u>                  | <32,630.                                | > U.   | U •                                     | Form <b>990</b> (20   |

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

|    | All other organizations must comp<br>not include amounts reported on lines 6b,   | (A) but are (A) Total expenses | (B)<br>Program service | (C)<br>Management and | (D)<br>Fundraising<br>expenses |
|----|--|--------------------------------|------------------------|-----------------------|--------------------------------|
|    | 8b, 9b, and 10b of Part VIII.  |                                | expenses               | general expenses      | evherings                      |
| 1  | Grants and other assistance to governments and   |                                |                        |                       |                                |
| •  | organizations in the U.S. See Part IV, line 21   |                                |                        |                       |                                |
| 2  | Grants and other assistance to individuals in  |                                |                        |                       |                                |
| _  | the U.S. See Part IV, line 22  |                                |                        |                       |                                |
| 3  | Grants and other assistance to governments,  |                                |                        |                       |                                |
|    | organizations, and individuals outside the U.S.<br>See Part IV, lines 15 and 16  |                                |                        |                       |                                |
| 4  | Benefits paid to or for members  |                                |                        |                       |                                |
| 5  | Compensation of current officers, directors,   |                                |                        |                       |                                |
|    | trustees, and key employees  |                                |                        |                       |                                |
| 6  | Compensation not included above, to disqualified   |                                |                        |                       |                                |
|    | persons (as defined under section 4958(f)(1)) and  |                                |                        |                       |                                |
|    | persons described in section 4958(c)(3)(B)   |                                |                        |                       |                                |
| 7  | Other salaries and wages   |                                |                        |                       |                                |
| 8  | Pension plan contributions (include section 401(k)   |                                |                        |                       |                                |
|    | and section 403(b) employer contributions)   |                                |                        |                       |                                |
| 9  | Other employee benefits  |                                |                        |                       |                                |
| 10 | Payroll taxes  |                                |                        |                       |                                |
| 11 | Fees for services (non-employees):   |                                |                        |                       |                                |
| а  | Management   |                                |                        |                       |                                |
| b  | Legal  |                                |                        |                       |                                |
| С  | Accounting   |                                | 5                      |                       |                                |
| d  | Lobbying   |                                |                        |                       |                                |
| е  | Professional fundraising services. See Part IV, line 17  |                                |                        |                       |                                |
| f  | Investment management fees   |                                |                        |                       |                                |
| g  | Other  |                                |                        |                       |                                |
| 12 | Advertising and promotion  |                                |                        |                       |                                |
| 13 | Office expenses  |                                |                        | 1000                  |                                |
| 14 | Information technology   |                                |                        |                       |                                |
| 15 | Royalties  |                                |                        |                       |                                |
| 16 | Occupancy  |                                |                        |                       |                                |
| 17 | Travel   |                                |                        |                       |                                |
| 18 | Payments of travel or entertainment expenses   |                                |                        |                       |                                |
|    | for any federal, state, or local public officials  |                                | 1/20                   |                       |                                |
| 19 | Conferences, conventions, and meetings   |                                |                        |                       |                                |
| 20 | Interest   |                                |                        |                       |                                |
| 21 | Payments to affiliates   |                                |                        |                       |                                |
| 22 | Depreciation, depletion, and amortization  |                                |                        |                       |                                |
| 23 | Insurance  |                                |                        |                       |                                |
| 24 | Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)  |                                |                        |                       |                                |
| а  |  |                                |                        |                       |                                |
| b  | <u> </u>   |                                |                        |                       |                                |
| C  | Market Company (Company)   |                                |                        |                       |                                |
| d  | A STATE OF THE STA |                                |                        |                       |                                |
| е  |  |                                |                        |                       |                                |
|    | All other expenses   |                                |                        | ^                     | ^                              |
| 25 | Total functional expenses. Add lines 1 through 24f   | 0.                             | 0.                     | 0.                    | 0.                             |
| 26 | Joint costs. Check here  if following  |                                |                        |                       |                                |
|    | SOP 98-2. Complete this line only if the organization  |                                |                        |                       |                                |
|    | reported in column (B) joint costs from a combined   |                                |                        |                       |                                |
|    | educational campaign and fundraising solicitation  |                                |                        |                       | 5 000 (2020)                   |

Part X Balance Sheet (A) Beginning of year End of year 2,889. 10,912. Cash - non-interest-bearing Savings and temporary cash investments 2 Pledges and grants receivable, net Accounts receivable, net 67,527 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 1,431,302 7,434,979. 10c Investments - publicly traded securities 11 11 12 Investments - other securities. See Part IV, line 11 12 Investments · program-related. See Part IV, line 11 13 13 Intangible assets 14 14 Other assets. See Part IV, line 11 15 15 Total assets. Add lines 1 through 15 (must equal line 34) 7,846,232 7,506,395. 16 16 17 17 Accounts payable and accrued expenses Grants payable 18 18 Deferred revenue 19 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 7,688,307. 7,994,219. 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 36,222. 37,516 25 25 Other liabilities. Complete Part X of Schedule D 7,724,529. 8,031,735 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances Unrestricted net assets 27 Temporarily restricted net assets Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here complete lines 30 through 34. 0. Capital stock or trust principal, or current funds 0. 31 Paid-in or capital surplus, or land, building, or equipment fund 0. 31 0. <32,630.> Retained earnings, endowment, accumulated income, or other funds 0. 32 32 <218,134.> <185,503.>33 Total net assets or fund balances 7,506,395. Total liabilities and net assets/fund balances \_\_\_\_\_\_ 7,846,232.

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

932012 02-04-10

Form 990 (2009)

# SCHEDULE A

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

Name of the organization

Employer identification number

|            |   | PUBLIC   | SAFETY ACAD                                   | EMY HO          | DUSING   | J, INC   |                            |                      |                          | -4549         | 759      |            |
|------------|---|--|---|-----------------|--|--|----------------------------|----------------------|--------------------------|---------------|----------|------------|
| Part I     | Reason                                  | for Public Cha   | arity Status (All organ                       | izations mu     | ust comple   | ete this par   | rt.) See ins               | tructions.           |                          |               |          |            |
| The organ  | nization is not                         | a private foundation   | n because it is: (For lines                   | 1 through       | 11, check  | only one l   | oox.)                      |                      |                          |               |          |            |
| 1 🖳        | A church, co                            | onvention of church  | es, or association of chu                     | rches desc      | cribed in s  | ection 170   | 0(b)(1)(A)(i               | ).                   |                          |               |          |            |
| 2 🖳        | A school de                             | scribed in section   | <b>170(b)(1)(A)(ii).</b> (Attach S            | chedule E.      | )  |  |                            |                      |                          |               |          |            |
| 3 🖳        | 100 m                                   |  | pital service organization                    |                 |  |  |                            |                      |                          |               |          |            |
| 4 🔲        | A medical re                            | esearch organization   | n operated in conjunction                     | with a hos      | spital desc  | cribed in se   | ection 170                 | (b)(1)(A)(           | iii). Enter th           | e hospita     | i's nam  | ie,        |
|            | city, and sta                           |  |   |                 |  |  |                            | 77 195               |                          |               |          |            |
| 5          |   |  | e benefit of a college or ι                   | ıniversity o    | wned or o  | perated by   | y a govern                 | mental ur            | it described             | d in          |          |            |
|            |   | 0(b)(1)(A)(iv). (Comp  |   |                 |  |  |                            |                      |                          |               |          |            |
| 6          |   |  | ment or governmental un                       |                 |  |  |                            | 2 20                 | 1/2                      |               |          | 000        |
| 7 🗀        |   |  | ceives a substantial part                     | of its supp     | oort from a  | a governm  | ental unit d               | or from the          | e general pi             | ublic desc    | ribed i  | n          |
| • 🗀        |   | (b)(1)(A)(vi). (Comp   |   | <b>6</b>        | D 100  |  |                            |                      |                          |               |          |            |
| 8 L<br>9 X |   |  | section 170(b)(1)(A)(vi).                     |                 |  |  |                            |                      | in food and              | 4 aroon ro    | aalata   | from       |
| 9 []       |   |  | ceives: (1) more than 33                      |                 | 15 50  |  |                            |                      |                          |               |          |            |
|            |   |  | unctions - subject to cert                    |                 |  |  |                            |                      |                          |               |          |            |
|            |   | 509(a)(2). (Comple   | taxable income (less sec                      | HIOH STI LE     | ax) Irom bi  | Jamesses   | acquired L                 | by the org           | anzanonai                | tei oulle c   | , 131    | <b>J</b> . |
| 10         |   |  | operated exclusively to te                    | act for pub     | lic safety   | See coetic   | n 500/a\/                  | 4)                   |                          |               |          |            |
| 11         |   |  | operated exclusively for t                    |                 |  |  |                            |                      | ry out the n             | urooses o     | of one   | or         |
|            |   |  | zations described in sect                     |                 | •  |  |                            |                      |                          |               |          |            |
|            |   |  | g organization and comp                       |                 |  |  | L) 000 00.                 | 011011 000           | ()(0).                   | 190.500       |          |            |
|            | а П Туре                                |  |   |                 |  | ctionally in   | tegrated                   |                      | d 🔲                      | Type III - 0  | Other    |            |
| е 🗔        | By checking                             | this box, I certify th   | nat the organization is no                    |                 |  |  |                            | r more dis           | qualified pe             | ersons oth    | ner tha  | n          |
|            |   |  | than one or more public                       |                 | Decision of the Control of the Contr | Actual and the second s | a something and the second |                      |                          |               |          |            |
| f          | If the organiz                          | ation received a wr  | itten determination from                      | the IRS th      | at it is a Ty  | уре I, Туре  | II, or Type                | e III                |                          |               |          | -          |
|            | supporting of                           | rganization, check   | this box                                      |                 |  |  |                            |                      |                          |               |          |            |
| g          | Since Augus                             | t 17, 2006, has the  | organization accepted a                       | ny gift or c    | ontributio   | n from any   | of the foll                | owing per            | sons?                    |               |          |            |
|            |   |  | directly controls, either a                   |                 | jether with  | persons o  | described                  | in (ii) and          | (iii) below,             |               | Yes      | No         |
|            | vina in the second                      |  | supported organization?                       |                 |  |  |                            |                      |                          | Manager Tours |          |            |
|            |   |  | on described in (i) above?                    |                 |  |  |                            |                      |                          |               | 1        | -          |
|            | (iii) A 35%                             | controlled entity of   | a person described in (i)                     | or (ii) abov    | e?   |  |                            |                      |                          | 11g(iii)      | L        |            |
| h          | Provide the f                           | ollowing information   | n about the supported or                      | ganization      | (s).   |  |                            |                      |                          |               |          |            |
| (!) Nome   | of our norted                           | (m) FIN  | (iii) Type of                                 | Vivi le the     | ranization   | (v) Did yo   | u notify the               | (vi) I               | s the                    | /.:!!\ An     | nount o  | •          |
|            | of supported<br>nization                | (ii) EIN   | organization                                  | in col. (i) lis |  |  | tion in col.               | (vi) l<br>organizati | on in col.               |               | nount of | 1          |
| orgo       | meanon                                  |  | (described on lines 1-9 above or IRC section  |                 |  | (i) of you   |                            | (i) organi<br>U.S    | 5.?                      | ООР           | port     |            |
|            |   |  | (see instructions))                           | Yes             | No   | Yes  | No                         | Yes                  | No                       |               |          |            |
|            |   |  |   |                 |  |  |                            |                      |                          |               |          |            |
|            |   |  |   |                 |  |  |                            |                      |                          |               |          |            |
|            |   |  |   |                 |  |  |                            |                      |                          |               |          |            |
|            | *************************************** |  |   |                 |  |  |                            |                      |                          |               |          |            |
|            |   |  |   | Ì               |  |  |                            | }                    |                          |               |          |            |
|            |   |  |   |                 |  |  |                            |                      | <u> </u>                 |               |          |            |
|            |   |  |   |                 |  |  |                            |                      |                          |               |          |            |
|            |   |  | <u> </u>                                      | ļ               |  |  |                            |                      |                          |               | -        |            |
|            |   |  |   |                 |  |  |                            |                      |                          |               |          |            |
|            |   |  | I   |                 |  | 12.03.00   |                            |                      |                          |               |          |            |
| otal       |   |  |   |                 |  |  |                            |                      | 10 K ±                   |               |          |            |
|            |   | The second secon | ■ Aug. 20 (20 (20 (20 (20 (20 (20 (20 (20 (20 | 1 2 2 22        | <ul> <li>** **********************************</li></ul>   |  | F1 S                       | t s                  | 4 contract of the second |               | _        |            |

932021 02-08-10

Form 990 or 990-EZ.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2009

932022 02-08-10

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

Schedule A (Form 990 or 990-EZ) 2009

| Schedule | Δ | (Form | 990 | or 990. | .F7\ | 2009 |
|----------|---|-------|-----|---------|------|------|
|          |   |       |     |         |      |      |

%

N X

18

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

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

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

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

18 Investment income percentage from 2008 Schedule A, Part III, line 17

# Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

2009
Open to Public Inspection

Employer identification number Name of the organization 36-4549759 PUBLIC SAFETY ACADEMY HOUSING, INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate contributions to (during year) Aggregate grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds Yes No are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II. Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 🕨 \$ \_ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and 9 include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

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|        | edule D (Form 990) 2009 PUBLIC rt III   Organizations Maintaining 0  | SAFETY ACA   | DEMY HOUS             | ING, INC                 | r Othe        | 36-45                                 |           |          |  |
|--------|--|--|-----------------------|--------------------------|---------------|---------------------------------------|-----------|----------|--|
| 3      | Using the organization's acquisition, access   |  |                       |                          |               |                                       |           |          |  |
| 3      | (check all that apply):  | ion, and other record  | is, check any or the  | s following that         | alcasi        | igrimoarit doo or no                  | 001100110 |          | 50                                     |
|        | Public exhibition  |  | Loop or ov            | change progra            | me            |                                       |           |          |  |
| а      | Scholarly research   | C  |                       | criange progra           |               |                                       |           |          |  |
| b      |  | 6  | Other                 |                          |               |                                       |           |          |  |
| C      | Preservation for future generations  |  |                       | the evenuination         |               | mat auragga in Da                     | + YIV     |          |  |
| 4      | Provide a description of the organization's c  |  |                       |                          |               |                                       | ( VIA     |          |  |
| 5      | During the year, did the organization solicit of   |  |                       |                          |               |                                       | Yes       |          | No                                     |
| Da     | to be sold to raise funds rather than to be m  |  |                       |                          |               |                                       | -         |          | 1 NO                                   |
| Pa     | rt IV   Escrow and Custodial Arran   |  | ete if organization a | answered "Yes            | " to Fori     | m 990, Part IV, line                  | 9, 01     |          |  |
|        | reported an amount on Form 990, Pa   |  |                       |                          |               |                                       |           |          | <del> </del>                           |
| 1a     | Is the organization an agent, trustee, custod  |  |                       |                          |               |                                       | ٦,,       |          | 1                                      |
|        | on Form 990, Part X?   | and the second s |                       |                          |               | CONTRACT CONTRACTOR                   | Yes       |          | No                                     |
| b      | If "Yes," explain the arrangement in Part XIV  | and complete the fo  | llowing table:        |                          |               | r                                     | 786       |          |  |
|        |  |  |                       |                          |               |                                       | Amoun     | <u>t</u> |  |
| c      | Beginning balance  |  |                       |                          |               | 1c                                    |           |          |  |
| d      | Additions during the year  |  |                       |                          |               |                                       |           |          |  |
| е      | Distributions during the year  |  |                       |                          |               |                                       |           |          |  |
| f      | Ending balance   |  |                       |                          |               |                                       |           |          |  |
| 2a     | Did the organization include an amount on F  | orm 990, Part X, line  | 21?                   |                          |               | <u> </u>                              | Yes       |          | No                                     |
|        | If "Yes," explain the arrangement in Part XIV  |  | Silvernous Au         |                          | TERROR TOURNA |                                       |           |          |  |
|        | t V Endowment Funds. Complete  |  | swered "Yes" to F     | orm 990, Part I          | V, line 1     | 0.                                    |           |          | Duc-ed-104                             |
|        |  | (a) Current year   | (b) Prior year        |                          |               | (d) Three years back                  | (e) Fou   | r years  | back                                   |
| 1a     | Beginning of year balance  | (a) carrotte   | 10/1.11               |                          |               |                                       |           |          | 1.000                                  |
| b      | Contributions  |  |                       |                          |               |                                       | 0. w      |          | 10.110                                 |
| c      | Net investment earnings, gains, and losses   |  |                       |                          |               | er north a                            |           | 7        |  |
| - 12   |  |  |                       | 1-7-2-1-6-2-             |               |                                       |           |          |  |
| d      |  |  |                       | +                        |               |                                       |           |          | 15.15                                  |
| е      | Other expenditures for facilities  |  |                       | 100                      |               |                                       |           |          |  |
|        | and programs   |  |                       |                          |               | 45                                    |           |          | ************************************** |
|        | Administrative expenses  |  |                       | 1 1 186.88.9             |               |                                       |           |          |  |
| g      | End of year balance  |  |                       |                          |               | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 3         | 2244.0   | 15000                                  |
| 2      | Provide the estimated percentage of the year   |  | is:                   |                          |               |                                       |           |          |  |
|        | Board designated or quasi-endowment  |  | _%                    |                          |               |                                       |           |          |  |
|        | Permanent endowment  | %  |                       |                          |               |                                       |           |          |  |
| C      | Term endowment   | %  |                       |                          |               |                                       |           |          |  |
| За     | Are there endowment funds not in the posse   | ssion of the organiza  | ation that are held   | and administer           | ed for the    | he organization                       |           |          |  |
|        | by:  |  |                       |                          |               |                                       |           | Yes      | No                                     |
|        | (i) unrelated organizations  | *************************  |                       | ALEST BOUNDED AND STREET |               | ******                                | 3a(i)     |          |  |
|        |  |  |                       |                          |               |                                       | 3a(ii)    |          |  |
| b      | If "Yes" to 3a(ii), are the related organizations  |  |                       |                          |               |                                       | 3b        |          |  |
| 4      | Describe in Part XIV the intended uses of the  |  |                       |                          |               |                                       |           | 186      |  |
| Par    |  |  |                       | ), Part X, line 1        | 0.            |                                       |           |          |  |
|        | Description of investment  | (a) Cost or o  | ther (b) Cos          | t or other               | (c) A         | ocumulated<br>preciation              | (d) Boo   | k valu   | е                                      |
|        | Part I was a second and a second a second and a second an | basis (investn   | Dasis                 | (other)                  | uet           | Acolation                             |           |          |  |
|        | Land   |  |                       | 0 00                     | - 27          | 000 550                               | 7 01      | 6 2      | 0.2                                    |
|        | Buildings  |  | 8,09                  | 8,760.                   |               | 382,558.                              | 7,21      | 0,2      | 04.                                    |
|        | Leasehold improvements   |  | 12 Disease            |                          |               |                                       |           | - ·      | 1.0                                    |
| d      | Equipment  |  |                       | 77,950.                  |               | 500,934.                              |           | 7,0      |  |
|        | Other  |  |                       | 39,571.                  |               | 47,810.                               |           | 1,7      |  |
| Total. | Add lines 1a through 1e. (Column (d) must e  | qual Form 990, Part  | X, column (B), line   | 10(c).)                  |               |                                       | 7,43      | 4,9      | <u> 79.</u>                            |

Schedule D (Form 990) 2009

932053 02-01-10

|         | edule D (Form 990) 2009 PUBLIC SAFETY ACADEMY HO   |  |  |              | 549759 Page 4 |
|---------|--|--|--|--------------|---------------|
| Pa      | rt XI Reconciliation of Change in Net Assets from Form 99  | 0 to Audited   | Financial State  | ements       |               |
| 1       | Total revenue (Form 990, Part VIII, column (A), line 12)   |  |  |              | <32,630.>     |
| 2       | Total expenses (Form 990, Part IX, column (A), line 25)  |  | 2  |              | 0.            |
| 3       | Excess or (deficit) for the year. Subtract line 2 from line 1  |  | 3  |              | <32,630.>     |
| 4       | Net unrealized gains (losses) on investments   |  |  |              |               |
| 5       | Donated services and use of facilities   |  |  |              |               |
| 6       | Investment expenses  | AND THE PERSON NAMED OF THE PARTY OF T | 6  |              |               |
| 7       | Prior period adjustments   |  | 7  |              |               |
| 8       | Other (Describe in Part XIV.)  |  | 1 12   |              |               |
| 9       | Total adjustments (net). Add lines 4 through 8   |  |  |              | 0.            |
| 10      | Excess or (deficit) for the year per audited financial statements. Combine lines   |  |  |              | <32,630.>     |
|         | t XII Reconciliation of Revenue per Audited Financial Stat   |  |  | leturn       |               |
| 1       | Total revenue, gains, and other support per audited financial statements   |  |  |              | 739,913.      |
| 2       | Amounts included on line 1 but not on Form 990, Part VIII, line 12:  |  |  |              |               |
| a       | Net unrealized gains on investments  | 2a   |  |              |               |
| b       | Donated services and use of facilities   | 2b   |  | 1.750        |               |
|         | Recoveries of prior year grants  |  |  | 1            |               |
| ا<br>ا  |  |  | 772,544.   | 1            |               |
| d       |  |  |  |              | 772,544.      |
| 100     |  |  |  | 2e           | <32,631.>     |
| 3       | Subtract line 2e from line 1   | 1990 1994 <b>X</b> (200 <b>4</b> ) ( <b>X</b> (100) (00)   | 111-11-11-11-11-1  | 3            | <u> </u>      |
| 4       | Amounts included on Form 990, Part VIII, line 12, but not on line 1:   | 1 . 1  |  |              |               |
| a       | Investment expenses not included on Form 990, Part VIII, line 7b   |  |  | -            |               |
| b       | Other (Describe in Part XIV.)  | 4b   |  | 10000        | 0             |
| 32      | Add lines 4a and 4b  |  |  | 4c           | 0.            |
| 5       | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  |  |  | 5            | <32,631.>     |
| Pai     | t XIII Reconciliation of Expenses per Audited Financial Sta  | tements With   | 1 Expenses per   | Return       |               |
| 1       |  |  |  | 1            | 772,544.      |
| 2       | Amounts included on line 1 but not on Form 990, Part IX, line 25:  | 1 1  |  |              |               |
|         | Donated services and use of facilities   |  |  |              |               |
| b       | Prior year adjustments   | 2b   |  |              |               |
| C       | Other losses   | 2c   |  |              |               |
| d       | Other (Describe in Part XIV.)  | 2d   | 772,544.   |              |               |
| е       | Add lines 2a through 2d  |  |  | 2e           | 772,544.      |
| 3       | Subtract line 2e from line 1   |  | 459144749447   | 3            | 0.            |
| 4       | Amounts included on Form 990, Part IX, line 25, but not on line 1:   | 2 2  |  | - 12         |               |
| а       | Investment expenses not included on Form 990, Part VIII, line 7b   | 4a   |  |              |               |
| b       | Other (Describe in Part XIV)   | 4b   |  |              | ,             |
|         | Add lines 4a and 4b  |  | CHANGE BANK - BOWN - BOX BANDA AND AND AND AND AND AND AND AND AND | 4c           | 0.            |
| 5       | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)   |  |  | 5            | 0.            |
|         | t XIV Supplemental Information   |  |  |              |               |
| X, line | elete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Fig. 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also of XII LINE 2D RENTAL EXPENSES ARE NETTE | complete this par  | rt to provide any ad   | ditional int | formation.    |
|         | T XIII LINE 2D RENTAL EXPENSES ARE NETT  | ED AGAIN   | ST RENTAL  | INCOM        | ME FOR 990    |
|         |  |  |  |              |               |

# SCHEDULE J (Form 990)

Department of the Treasury

# **Compensation Information**

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

ployees ered "Yes" to Form 990,

Open to Public Inspection

OMB No 1545-0047

Internal Revenue Service

Name of the organization

Part I Questions Regarding Compensation

Attach to Form 990. See separate instructions.

PUBLIC SAFETY ACADEMY HOUSING, INC. Employer identification number 36-4549759

|    |  |            | 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.  Housing allowance or residence for personal use   |            | 5.7   |                 |
|    | Travel for companions Payments for business use of personal residence  |            |       | 1.7             |
|    | Tax indemnification and gross-up payments  Health or social club dues or initiation fees   |            |       | i siki<br>Malak |
|    | Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)  |            |       |                 |
|    | resonand openions associate  |            | 100   | The state of    |
| h  | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or  |            | 2     |                 |
| b  | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain   | 1b         |       |                 |
| 2  | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,   | ID         |       |                 |
| 2  | AND  | 2          |       |                 |
|    | trustees, and the CEO/Executive Director, regarding the items checked in line 1a?  |            | 2.0   | \$ W:           |
| 3  | Indicate which if any of the following the experiention was to establish the assessment of the experiention?   | 100        |       |                 |
| J  | Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply  | 1.5        |       |                 |
|    | The state of the s |            |       |                 |
|    |  |            |       |                 |
|    | Independent compensation consultant Compensation survey or study   | The second |       |                 |
|    | Form 990 of other organizations  Approval by the board or compensation committee   |            |       |                 |
|    | Dudas the uses of description of the district of the control of the district of the control of t |            |       |                 |
| 4  | During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing   | P.         |       |                 |
|    | organization or a related organization:  |            | 1.33  | 7.              |
|    | Receive a severance payment or change-of-control payment?  | 4a         |       | X               |
|    | Participate in, or receive payment from, a supplemental nonqualified retirement plan?  | 4b         |       | X               |
| С  | Participate in, or receive payment from, an equity-based compensation arrangement?   | 4c         | 16000 | X               |
|    | If "Yes" to any of lines 4a·c, list the persons and provide the applicable amounts for each item in Part III.  |            |       |                 |
|    | Only section 501(c)(3) and 501(c)(4) organizations 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  | 7.7        |       |                 |
|    | contingent on the revenues of:   | 1-72-7     |       | 15.55           |
| а  | The organization?  | 5a         |       | X               |
| b  | Any related organization?  | 5b         |       | X               |
|    | If "Yes" to line 5a or 5b, describe in Part III.   |            |       | 15.00           |
| 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:   |            | HIT.  |                 |
| а  | The organization?  | 6a         |       | X               |
| b  | Any related organization?  | 6b         |       | X               |
|    | If "Yes" to line 6a or 6b, describe in Part III  | 1 14 TE    | 推建    |                 |
| 7  | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments  |            |       |                 |
|    | not described in lines 5 and 6? If "Yes," describe in Part III   | 7          |       | X               |
| 8  | Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the  |            |       |                 |
|    | initial contract exception described in Regs. section 53.4958-4(a)(3)? If 'Yes," describe in Part III  | 8          |       | X               |
| 9  | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in   |            |       |                 |
|    | Regulations section 53.4958-6(c)?  | 9          |       |                 |

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2009

INC. PUBLIC SAFETY ACADEMY HOUSING,

36-4549759

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed. Schedule J (Form 990) 2009

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.

Page 2

Note. The sum of columns (B)(1)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

|                    |          | (B) Breakdown of \       | W-2 and/or 1099-MISC compensation   | SC compensation                           | 0  | (0)                    | (E)                            | (F)   |
|--------------------|----------|--------------------------|-------------------------------------|---|--|------------------------|--------------------------------|---|
| (A) Name           | L        | (i) Base<br>compensation | (ii) Bonus & incentive compensation | (iii) Other<br>reportable<br>compensation | Retirement and other deferred compensation | Nontaxable<br>benefits | Total of columns<br>(B)(i)-(D) | Compensation reported in pror Form 990 or Form 990-EZ |
|                    | 8        |                          |                                     | .0  | 1 1  | 0                      | 0.                             | 0.  |
| WILLAM D. LAW, JR. | (1)      | 316,091,                 | 0                                   | 0   | 42,502.                                    | 4,226.                 | 362,819.                       | 0   |
|                    | <b>E</b> |                          |                                     |   |  |                        |                                |   |
|                    |          |                          |                                     |   |  |                        |                                |   |
|                    | 6 (      |                          |                                     |   |  |                        |                                |   |
|                    | 3        |                          |                                     |   |  |                        |                                |   |
|                    | 3 6      |                          |                                     |   |  |                        |                                |   |
|                    | Ξ        |                          |                                     |   |  |                        |                                |   |
|                    | (        |                          |                                     |   |  |                        |                                |   |
|                    | 6        |                          |                                     |   |  |                        |                                |   |
|                    | (E)      |                          |                                     |   |  |                        |                                |   |
|                    | 6        |                          |                                     |   |  |                        |                                |   |
|                    | <b>(</b> |                          |                                     |   |  |                        |                                |   |
|                    | (3)      |                          |                                     |   |  |                        |                                |   |
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|                    | 1        |                          |                                     |   |  |                        |                                |   |
|                    | (E)      |                          |                                     |   |  |                        |                                |   |
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|                    | ε        |                          |                                     |   |  |                        |                                |   |
|                    | 1        |                          |                                     |   |  |                        |                                |   |
|                    | 6        |                          |                                     |   |  |                        |                                |   |
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|                    | Θ        |                          |                                     |   |  |                        |                                |   |
|                    | €        |                          |                                     |   |  |                        |                                |   |
|                    | ε        |                          |                                     |   |  |                        |                                |   |
|                    | Ξ        |                          |                                     |   |  |                        |                                |   |
|                    |          |                          |                                     | Š   |  |                        | Schedu                         | Schedule J (Form 990) 2009                            |

932112 02-02-10

#### SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

#### Supplemental Information to Form 990

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer Identification number

PUBLIC SAFETY ACADEMY HOUSING, INC 36-4549759 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ENFORCEMENT ACADEMY FORM 990, PART VI, SECTION A, LINE 7A: THE ENTITY IS A COMMUNITY COLLEGE DIRECT-SUPPORT ORGANIZATION IT IS GOVERNED BY FLORIDA STATUTE 1004.70. THIS STATUTE REQUIRES THAT THE DISTRICT BOARD OF TRUSTEES MEET ANNUALLY AND REVIEW AND APPROVE THE ORGANIZATION'S ACTIVITIES RELATED TO THE ELECTED BOARD OF DIRECTORS AND OTHER SIGNIFICANT BUSINESS MATTERS. FORM 990, PART VI, SECTION A, LINE 7B: THE ENTITY IS A COMMUNITY COLLEGE DIRECT-SUPPORT ORGANIZATION IT IS GOVERNED BY FLORIDA STATUTE 1004.70. THIS STATUTE REQUIRES THAT THE DISTRICT BOARD OF TRUSTEES MEET ANNUALLY AND REVIEW AND APPROVE THE ORGANIZATION'S ACTIVITIES RELATED TO ELECTION OF BOARD OF DIRECTORS AND OTHER SIGNIFICANT BUSINESS. FORM 990, PART VI, SECTION A, LINE 8A: THE BOARD DID NOT MEET IN ITS OFFICIAL BOARD CAPACITY DURING THE PERIOD COVERED BY THIS RETURN, BECAUSE THIS ENTITY IS A COMMUNITY COLLEGE DIRECT-SUPPORT ORGANIZATION IT IS GOVERNED BY FLORIDA STATUTE 1004.70. THIS STATUTE REQUIRES THAT THE DISTRICT BOARD OF TRUSTEES MEET ANNUALLY AND REVIEW THE FORM 990 AND ANNUAL AUDIT. CURRENTLY, TWO OF THE ENTITY'S BOARD MEMBERS SERVE AS A MEMBER OF THE DISTRICT BOARD OF TRUSTEES, AND ONE BOARD MEMBER SERVES AS PRESIDENT OF THE RELATED COLLEGE

FORM 990, PART VI, SECTION A, LINE 8B: THE BOARD DID NOT MEET IN ITS

OFFICIAL BOARD CAPACITY DURING THE PERIOD COVERED BY THIS RETURN, BUT LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule O (Form 990) 2009 932211 02-03-10

#### SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

#### Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

PUBLIC SAFETY ACADEMY HOUSING, INC.

Employer Identification number 36-4549759

BECAUSE THIS ENTITY IS A COMMUNITY COLLEGE DIRECT-SUPPORT ORGANIZATION IT

IS GOVERNED BY FLORIDA STATUTE 1004.70. THIS STATUTE REQUIRES THAT THE

DISTRICT BOARD OF TRUSTEES MEET ANNUALLY AND REVIEW AND APPROVE FORM 990

AND ANNUAL AUDIT. CURRENTLY, TWO OF THE ENTITY'S BOARD MEMBERS SERVE AS A

MEMBER OF THE DISTRICT BOARD OF TRUSTEES, AND ONE BOARD MEMBER SERVES AS

PRESIDENT OF THE RELATED COLLEGE.

FORM 990, PART VI, SECTION B, LINE 11: THIS ENTITY IS A COMMUNITY COLLEGE

DIRECT-SUPPORT ORGANIZATION AND IS GOVERNED BY FLORIDA STATUTE 1004.70,

WHICH MANADATES THAT THE DISTRICT BOARD OF TRUSTEES MEET ANNUALLY TO REVIEW

AND APPROVE FORM 990 AND THE ANNUAL AUDIT. CURRENTLY, TWO OF THE ENTITY'S

BOARD MEMBERS SERVE AS A MEMBER OF THE DISTRICT BOARD OF TRUSTEES, AND ONE

BOARD MEMBER SERVES AS PRESIDENT OF THE RELATED COLLEGE.

FORM 990, PART VI, SECTION C, LINE 19: FINANCIAL STATEMENTS AND ALL POLICY
AND GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 2B:

THIS ENTITY IS A COMMUNITY COLLEGE DIRECT-SUPPORT ORGANIZATION AND IS

GOVERNED BY FLORIDA STATUTE 1004.70, WHICH MANADATES THAT THE DISTRICT

BOARD OF TRUSTEES MEET ANNUALLY TO REVIEW AND APPROVE FORM 990 AND THE

ANNUAL AUDIT. CURRENTLY, TWO OF THE ENTITY'S BOARD MEMBERS SERVE AS A

MEMBER OF THE DISTRICT BOARD OF TRUSTEES, AND ONE BOARD MEMBER SERVES

AS PRESIDENT OF THE RELATED COLLEGE.

Schedule O (Form 990) 2009

SCHEDULER (Form 990)

Related Organizations and Unrelated Partnerships

2009 Open to Public Inspection

Employer identification number

Schedule R (Form 990) 2009 OMB No. 1545-0047 TALLAHASSEE COMMUNITY Direct controlling Direct controlling 36-4549759 Identification of Rolated Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) COLLEGE End-of-year assets status (if section Public charity 501(c)(3)) 501(C)(1) (e) Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 Attach to Form 990. Exempt Code Total income section 501(C)(1) 0 Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or Legal domicile (state or foreign country) foreign country) FLORIDA INC. LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. PUBLIC SAFETY ACADEMY HOUSING, Primary activity Primary activity COMMUNITY COLLEGE <u>@</u> TALLAHASSEE COMMUNITY COLLEGE - 59-1141270 Name, address, and EIN Name, address, and EIN of related organization of disregarded entity TALLAHASSEE FL 32304 Name of the organization 444 APPLEYARD DRIVE Department of the Treasury Internal Revenue Service Part Fari

932161 02-04-10

36-4549759

Page 2

Schedule R (Form 990) 2009 PUBLIC SAFETY ACADEMY HOUSING, INC.

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

| (J) -UBI General or n box managing partner?   | ON See L | more related  | Percentage ownership                            | Schedule R (Form 990) 2009 |
|---|----------|---|---|----------------------------|
| Code V-UBI<br>amount in box<br>20 of Schedule   |          | had one or  | (9)<br>Share of<br>end-of-year<br>assets        | hedule R (F                |
| (h) Disproportion- ate allocations?   |          | 4 because it  | Share of total income                           | S                          |
| (g)<br>Share of<br>end-of-year<br>assets  |          | art IV, line 3  |   |                            |
| Share of total sincome er   |          | to Form 990, P.   | (e) Type of entity (C corp., S corp., or trust) |                            |
|   |          | "ered "Yes"   | Direct controlling entity                       |                            |
| (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) |          | zation answ   |   |                            |
|   |          | the organi  | Legal comcile (state or foreign country)        | 25                         |
| (d) Direct controlling entity   |          | Trust (Complete i   | (b) Primary activity                            | 2                          |
| (C) Legal domicile (state or foreign country)   |          | ooration or<br>(year.)  | δ.  |                            |
| (b)<br>Primary activity   |          | rizations Faxable as a Corpration or trust during the tax   |   |                            |
| (a) Name, address, and EIN of related organization                                    |          | rari iv identification of Related Grganizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) | Name, address, and EIN of related organization  | 932162 07-21-10            |

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

| Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.   |   |                            | _        |
|---|---|----------------------------|----------|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts ILIV2                          |   | Yes                        | No       |
| a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity  |   |                            | Þ        |
| b Gift, grant, or capital contribution to other organization(s)   |   |                            | 4        |
| c Gift, grant, or capital contribution from other organizations)  |   | q.                         | ×        |
|   | *************************************** | 10                         | ×        |
|   |   | 10                         | ×        |
| e Loans or loan guarantees by other organization(s)   |   | L_                         | ×        |
|   |   | 2                          | 4        |
| f Sale of assets to other organization(s)   |   |                            |          |
| g Purchase of assets from other organization(s)   |   | 16                         | ×        |
|   | *************************************** | 19                         | ×        |
| boso of fooilities on monorth or either the terminal  |   | 무                          | ×        |
| Lease of racinities, equipment, or other assets to other organization(s)  |   | ÷                          |          |
| i Lease of facilities, equipment, or other assets from other assets.  |   | - Affilia                  |          |
| Performance of sentices or membership or fundamental collections  |   | 1;                         | ×        |
| Definitions of services of internoces in ordinary of the contractions   | *************************************** | *                          | ×        |
|   | *************************************** | 7                          | ×        |
|   |   | -J.                        | ×        |
| i origing or paid employees   | *************************************** | Ę                          | ×        |
|   |   |                            |          |
|   | *************************************** | 9                          | ×        |
| y naminalisement paid by other organization for expenses  |   | 30                         | ×        |
|   |   | 1.                         |          |
| q Under transfer or cash or property to other organization(s)   |   | 1,0                        | ×        |
| 1 Outst dansier of cash of property from other organization(s)  |   | 4                          | ×        |
| In this answer to any or the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. | ansaction thresholds.                   |                            |          |
| (a) Name of other organization(s)   | (b)<br>Transaction<br>type (a-r)        | (c)<br>Amount involved     | pen      |
| (1) TALLAHASSEE COMMUNITY COLLEGE   | Н                                       |                            | 0        |
|   |   |                            |          |
| (3)   |   |                            |          |
| (4)   |   |                            |          |
| (5)   |   |                            |          |
| (9)   |   |                            |          |
| 322183 02-04-10   | Sch                                     | Schedule R (Form 990) 2009 | 30) 2009 |

Page 4

Part VI: Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| 3                                   | de la company de | sulps.   |   |                                 |                                       |             |          |
|-------------------------------------|--|----------|---|---------------------------------|---------------------------------------|-------------|----------|
| Name address and The                | (q) _  |          | ල   | (e)                             | ω                                     | (6)         | (h)      |
| Name, address, and Ein<br>of entity | Primary activity   | ile      | Are all partners<br>section 501(c)(3)<br>organizations? | Share of end-of-<br>year assets | Dispropor-<br>tionate<br>allocations? | Code V-UBI  | 8 5 6    |
|                                     |  | country) | Yes No  |                                 | Yes No                                | (Form 1065) | 1        |
|                                     |  |          |   |                                 |                                       |             |          |
|                                     |  |          |   |                                 |                                       |             |          |
|                                     |  |          |   |                                 |                                       |             |          |
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|                                     |  |          |   |                                 |                                       |             |          |
|                                     |  |          |   |                                 |                                       | 1           |          |

Schedule R (Form 990) 2009

Form **8868** (Rev. April 2009)

Department of the Treasury Internal Revenue Service

#### Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

|  |  |                    |  | $\triangleright$ [X] |  |
|--|--|--------------------|--|----------------------|--|
|  | i are filing for an <mark>Additional (Not Autornatic) 3-Month Extension, complete only Part II (</mark> on page 2 of this<br><b>complete Part II unless</b> you have already been granted an autornatic 3-month extension on a previously f  |                    |  |                      |  |
| Part   |  |                    |  |                      |  |
| A corpo  | ration required to file Form 990-T and requesting an automatic 6-month extension - check this box and con  | nplete             |  | -                    |  |
| Part I or  | nly  |                    |  |                      |  |
| to file in   | r corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request a<br>come tax returns.  |                    |  |                      |  |
| noted b<br>(not aut<br>you mus   | nic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extensi-<br>elow (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electron-<br>omatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or cost submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic fingov/efile and click on e-file for Charities & Nonprofits. | ically i<br>nsolid | if (1) you want the<br>lated Form 990-T. | additional           |  |
| Type or  | Name of Exempt Organization  | Emp                | oloyer identificati                      | on number            |  |
| print  | DIDLIC CAFETY ACADEMY HOMOTHO THO  | ,                  | 86-4549759                               | a                    |  |
| File by the  | PUBLIC SAFETY ACADEMY HOUSING, INC.  Number, street, and room or suite no. If a P.O. box, see instructions.  | 1 -2               | 0-434973.                                |                      |  |
| filing your 85 ACADEMY DRIVE   |  |                    |  |                      |  |
| instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions |  |                    |  |                      |  |
|  | HAVANA, FL 32333   |                    |  |                      |  |
| Check t  | ype of return to be filed (file a separate application for each return):   |                    |  |                      |  |
| ☐ Fo   | orm 990       Form 990-T (corporation)       Form 4         orm 990-BL       Form 990-T (sec. 401(a) or 408(a) trust)       Form 5         orm 990-EZ       Form 990-T (trust other than above)       Form 6         orm 990-PF       Form 1041-A       Form 8   | 227<br>069         |  |                      |  |
| <ul><li>Telep</li><li>If the</li><li>If this</li></ul>   | CYNTHIA JONES  cooks are in the care of ► 85 ACADEMY DRIVE - HAVANA, FL 32333  hone No. ► (850) 201-7002 FAX No. ►  corganization does not have an office or place of business in the United States, check this box  is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the  . If it is for part of the group, check this box ► and attach a list with the names and EINs of all   | is is fo           | or the whole group                       |                      |  |
| is:  | equest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto NOVEMBER 15, 2010 , to file the exempt organization return for the organization named a for the organization's return for:    calendar year  |                    | The extension                            |                      |  |
| 2 If t   | his tax year is for less than 12 months, check reason: Initial return Final return   |                    | Change in accou                          | nting period         |  |
|  | his application is for Form 990·BL, 990·PF, 990·T, 4720, or 6069, enter the tentative tax, less any nrefundable credits. See instructions.   | 3a                 | s  |                      |  |
|  | his application is for Form 990-PF or 990-T, enter any refundable credits and estimated  | - 50               | -  |                      |  |
|  | payments made. Include any prior year overpayment allowed as a credit.   | 3b                 | \$                                       |                      |  |
|  | lance Due. Subtract line 3b from line 3a. Include your payment with this form, cr, if required,  |                    |  |                      |  |
|  | posit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).   |                    |  | NT / A               |  |
| 50   | e instructions.  | 3c                 | \$                                       | N/A                  |  |
| Caution.   | If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form  | 8879               | EO for payment in                        | structions.          |  |
| LHA F  | or Privacy Act and Paperwork Reduction Act Notice, see Instructions.   |                    | Form 8868                                | (Rev. 4-2009)        |  |

#### TALLAHASSEE COMMUNITY COLLEGE FOUNDATION, INC. Tallahassee, Florida

FINANCIAL STATEMENTS AND SUPPLEMENTARY INFORMATION Years Ended March 31, 2010 and 2009

#### CONTENTS

| INDEPENDENT AUDITORS' REPORT                              | 1       |
|---|---------|
| FINANCIAL STATEMENTS                                      |         |
| Statements of Financial Position                          | ·1      |
|   |         |
| Statements of Activities                                  |         |
| Statements of Cash Flows                                  |         |
| Notes to Financial Statements                             | 5 - 13  |
| SUPPLEMENTARY INFORMATION                                 |         |
| INDEPENDENT AUDITORS' REPORT ON SUPPLEMENTARY INFORMATION | 14      |
| Schedule of Functional Expenses                           | 15      |
| INDEPENDENT AUDITORS' REPORT ON INTERNAL CONTROL          |         |
| OVER FINANCIAL REPORTING AND ON COMPLIANCE AND            |         |
| OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL              |         |
| STATEMENTS PERFORMED IN ACCORDANCE WITH                   |         |
| GOVERNMENT AUDITING STANDARDS                             | 16 - 17 |

#### **MEMBERS**

AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

FLORIDA INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS



Certified Public Accountants and Business Advisors

HAROLD A. BROCK, JR., C.P.A. FRED C. LUGER, C.P.A. MATTHEW R. HANSARD, C.P.A. ANN MARIE BACHMAN, C.P.A.

> LINDA V. SIMPSON, C.P.A. KESZIA E. COX, C.P.A. CHRISTINA J. WILL, C.P.A.

OF COUNSEL
W. FREDERICK THOMSON, C.P.A.

#### INDEPENDENT AUDITORS' REPORT

The Board of Directors
Tallahassee Community College Foundation, Inc.
Tallahassee, Florida

We have audited the accompanying statements of financial position of Tallahassee Community College Foundation, Inc. (a non-profit organization) as of March 31, 2010 and 2009, and the related statements of activities and cash flows for the years then ended. These financial statements are the responsibility of the Foundation's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Tallahassee Community College Foundation, Inc. as of March 31, 2010 and 2009, and the change in its net assets and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

In accordance with *Government Auditing Standards*, we have also issued our report dated September 2, 2010 on our consideration of Tallahassee Community College Foundation, Inc.'s internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal controls over financial reporting and compliance and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* and should be considered in assessing the result of our audit.

September 2, 2010

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Financial

Consulting
Group,L.C.

# TALLAHASSEE COMMUNITY COLLEGE FOUNDATION, INC. STATEMENTS OF FINANCIAL POSITION March 31, 2010 and 2009

| Cash and cash equivalents Short-term investments Contributions receivable Investments restricted for endowment purposes Furniture, fixtures & equipment, net Land held for sale and investment Collectibles | \$ 106,814<br>4,583,058<br>61,081<br>7,275,268<br>1,057,000<br>1,360 | 2009<br>\$ 25,599<br>5,072,490<br>105,631<br>5,849,490<br>21,704<br>1,057,000<br>1,360 |
|---|--|--|
|   | \$ <u>13,084,581</u>   | \$ <u>12,133,274</u>   |
| LIABILITIES AND NET   | <u>ASSETS</u>  |  |
| Accounts payable  | \$47,176   | \$257,298  |
| Net Assets Unrestricted Temporarily restricted Permanently restricted   | 228,107<br>8,536,274<br>4,273,024<br>13,037,405                      | 297,652<br>7,395,172<br>4,183,152<br>11,875,976  |
|   | \$ <u>13,084,581</u>   | \$ <u>12,133,274</u>   |

TALLAHASSEE COMMUNITY COLLEGE FOUNDATION, INC.
STATEMENTS OF ACTIVITIES
Years Ended March 31, 2010 and 2009

| ,   |              | 20                        | 2010                                 |               |              | 2009                      | 60                                   |             |
|---|--------------|---------------------------|--------------------------------------|---------------|--------------|---------------------------|--------------------------------------|-------------|
| • !   | Unrestricted | Temporarily<br>Restricted | Permanently<br>Restricted            | Total         | Unrestricted | Temporarily<br>Restricted | Permanently<br>Restricted            | Total       |
| REVENUE, GAINS & OTHER SUPPORT                |              |                           | A.C                                  |               |              |                           |                                      |             |
| In-kind contributions                         | 380,329 S    | S                         | 8                                    | 380,329 \$    | 416,338 S    | 85 \$                     | S -                                  | 416,423     |
| Non-cash contributions                        | 74,800       | 3,054                     | ı                                    | 77,854        | ı            | 14,368                    | Ē                                    | 14,368      |
| Investment income                             | 50,662       | 1,664,871                 | ì                                    | 1,715,533     | (10,931)     | (2,265,566)               | 1                                    | (2.276,497) |
| Private contributions                         | 10,670       | 644,140                   | 600,99                               | 720,819       | 24,079       | 853,803                   | 148,698                              | 1,026,580   |
| State matching contributions                  | 1            | i                         | ï                                    | •             | 24,798       | 339,274                   | )                                    | 364,072     |
| Miscellaneous                                 | 220          | 5,819                     | 160                                  | 6,199         | ľ            | 9,625                     | ı                                    | 9,625       |
| Special events                                | 30,150       | Ĭ                         | ï                                    | 30,150        | 19,590       | 1,660                     | 1                                    | 21,250      |
| Net assets released from restrictions:        |              |                           |                                      |               |              |                           |                                      |             |
| Satisfaction of program restrictions          | 1,163,424    | (1,163,424)               | ĭ                                    | 1             | 1,265,846    | (1,265,846)               | 1                                    | ĭ           |
| Satisfaction of time restrictions             | 42,405       | (42,405)                  | t                                    | 11            | 15,812       | (15,812)                  |                                      | ı           |
| Transfers                                     | (52,750)     | 29,047                    | 23,703                               | ı             | (39,941)     | 4,657                     | 35,284                               | ī           |
| . 3   | 1,699,910    | 1,141,102                 | 89,872                               | 2,930,884     | 1,715,591    | (2,323,752)               | 183,982                              | (424,179)   |
| EXPENSES                                      |              |                           |                                      |               |              |                           |                                      |             |
| Educational activities                        | 1,254,892    | ï                         | Ī                                    | 1,254,892     | 1,305,311    | Ĩ                         | Ē                                    | 1,305,311   |
| General and administrative expenses           | 256,301      | 1                         | 1                                    | 256,301       | 292,277      | 1                         | 1                                    | 292,277     |
| Fund raising expenses                         | 258,262      | 1                         | Ĭ                                    | 258,262       | 299,393      | T)                        | Ē                                    | 299,393     |
|   | 1,769,455    | 1                         | 1                                    | 1,769,455     | 1,896,981    | 3                         | 3                                    | 1,896,981   |
| CHANGE IN NET ASSETS                          | (69,545)     | 1,141,102                 | 89,872                               | 1,161,429     | (181,390)    | (2,323,752)               | 183,982                              | (2,321,160) |
| BEGINNING NET ASSETS, as reclassified 297,652 | 297,652      | 7,395,172                 | 4,183,152                            | 11,875,976    | 479,042      | 9,718,924                 | 3,999,170                            | 14,197,136  |
| ENDING NET ASSETS S =                         | 228,107 \$   | - 11                      | 8,536,274 \$ 4,273,024 \$ 13,037,405 | 13,037,405 \$ | 297,652 \$   |                           | 7,395,172 \$ 4,183,152 \$ 11,875,976 | 11,875,976  |

See accompanying notes.

# TALLAHASSEE COMMUNITY COLLEGE FOUNDATION, INC. STATEMENTS OF CASH FLOWS Years Ended March 31, 2010 and 2009

|   | 2010  | 2009   |
|---|---|--|
| CASH FLOWS FROM OPERATING ACTIVITIES Support from private and public Investments  | \$ 801,718<br>158,592<br>960,310  | \$ 1,413,505<br>233,634<br>1,647,139   |
| Payments for scholarships and suppliers   | (1,502,744)   | (_1,229,464)   |
| CASH (USED IN) PROVIDED BY OPERATING ACTIVITIES   | 542,434)  | 417,675  |
| CASH FLOWS FROM INVESTING ACTIVITIES Purchase of equipment Purchases of investments Purchase of certificates of deposit Proceeds from sale of short-term investments Net proceeds from sale of investment pool  | ( 115,434)<br>( 8,320)<br>522,879<br>224,524  | ( 24,599)<br>( 288,580)<br>( 139,657)<br>32,391  |
| CASH PROVIDED BY (USED IN) INVESTING ACTIVITIES   | 623,649   | (420,445)  |
| INCREASE (DECREASE) IN CASH   | 81,215  | ( 2,770)   |
| CASH AT BEGINNING OF YEAR   | 25,599  | 28,369   |
| CASH AT END OF YEAR   | \$106,814   | \$25,599   |
| RECONCILIATION OF CHANGE IN NET ASSETS TO CASH PROVIDED BY OPERATING ACTIVITIES: Change in net assets Adjustments to reconcile increase in net assets to net cash (used in) provided by operating activities: Unrealized (gain) loss on investments Unrealized loss on land held for sale and investment Realized (gain) loss on sale of investments Depreciation Non cash contributions (Increase) decrease in: Pledges receivables Increase (decrease) in: Accounts payable | \$ 1,161,429<br>( 2,803,285)<br>-<br>1,246,344<br>596<br>18,054<br>44,550<br>( 210,122) | \$( 2,321,160)<br>1,734,249<br>789,867<br>( 13,983)<br>3,421<br>( 14,368)<br>6,346<br> |
| CASH (USED IN) PROVIDED BY OPERATING ACTIVITIES   | \$ ( <u>542,434</u> )   | \$417,675  |
| SUPPLEMENTARY NON CASH DISCLOSURE: Marketable securities Furniture and equipment  | \$ 3,054<br>( <u>21,108</u> )<br>\$ ( <u>18,054</u> )                                   | \$ 10,000<br>4,368<br>\$ 14,368  |

See accompanying notes.

#### NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Nature of Activities - Tallahassee Community College Foundation, Inc. was incorporated on February 23, 1981 as a Florida non-profit corporation under the provisions of 1004.70 Florida Statutes - Community College Direct Support Organizations. The Foundation was organized to aid the advancement of Tallahassee Community College and to support attending students by means of academic scholarships and student loans. The Foundation receives revenue primarily from private contributions, state matching contributions, donated services from the college, and fund raising events.

A summary of the Foundation's significant accounting policies consistently applied in the preparation of the accompanying financial statements follows:

<u>Basis of Accounting</u> - The financial statements for the Foundation have been prepared on the accrual basis of accounting and accordingly, reflect all significant receivables, payables and other liabilities.

<u>Contributions</u> - Contributions received are recorded as unrestricted, temporarily restricted, or permanently restricted support, depending on the existence or nature of any donor restrictions.

All donor-restricted support is reported as an increase in temporarily or permanently restricted net assets, depending on the nature of the restriction. When a restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), temporarily restricted net assets are reclassified to unrestricted net assets and reported in the Statement of Activities as net assets released from restrictions.

<u>Furniture</u>, <u>Fixtures and Equipment</u> – Furniture, fixtures and equipment is recorded at cost or its fair market value at date donated to the Foundation. Depreciation is provided for over the assets estimated useful lives of three to ten years on a straight-line basis.

<u>Collectibles</u> - Inexhaustible collectibles consist of silver trays and paintings, and are valued at their fair market value at the date of the gifts. Collectibles that are exhaustible are capitalized and included with property and equipment in the financial statements.

<u>Income Taxes</u> - The Foundation is a tax exempt organization as defined by the Internal Revenue Code under Section 501(c)(3) and is taxed only on unrelated business income. Accordingly, no provision has been made for income taxes.

Advertising Costs - The Foundation expenses advertising costs as incurred.

<u>Cash Equivalents</u> - For purposes of the statement of cash flows, the Foundation considers all highly liquid instruments with a maturity of three months or less to be cash equivalents.

#### NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

<u>Investment Income</u> - Unless stipulated by donor agreement, investment income earned on temporarily restricted assets is recognized as unrestricted investment income.

<u>Use of Estimates</u> - The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

<u>Reclassification</u> - Certain reclassifications have been made to the prior year financial statements to conform to the current year presentation.

<u>Functional Allocation of Expenses</u> - The costs of providing various programs and other activities have been summarized on a functional basis in the statements of activities and change in net assets. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

<u>Fair Value of Financial Instruments</u> - The Foundation carrying amount for its financial instruments, which include cash, investments, receivables, and accounts payable, approximates fair value.

<u>Subsequent Events</u> - Management has performed an analysis of the activities and transactions subsequent to March 31, 2010 to determine the need for any adjustments to and/or disclosures within the audited financial statements for the year ended March 31, 2010. Management has performed their analysis through the date of this report.

#### **NOTE 2 - RELATED PARTY TRANSACTIONS**

Personnel and certain facility costs are provided to the Foundation by the College. For years ended March 31, 2010 and 2009, the Foundation has recorded these donated services at \$349,658 and \$361,702 for personnel services and \$28,830 and \$28,830 for facility costs, respectively.

#### NOTE 3 - CONTRIBUTIONS RECEIVABLE

Contributions receivable consist of unconditional promises to give for the Foundation's Major Gifts Campaign and College Employee Giving Program. The present value of estimated future cash flows has been calculated using a discount rate of 6%, after providing for collection losses. A summary of contributions to be collected follows:

#### NOTE 3 - CONTRIBUTIONS RECEIVABLE (Continued)

|                                 | 2010      | 2009              |
|---------------------------------|-----------|-------------------|
| 2010                            | \$ -      | \$ 92,591         |
| 2011                            | 63,159    | 24,249            |
| 2012                            | 15,580    | 15,775            |
| 2013                            | 6,420     | 6,540             |
|                                 | 85,159    | 139,155           |
| Less:                           |           |                   |
| Allowance for collection losses | ( 18,304) | (24,764)          |
| Discounts for time-value money  | (5,774)   | $(_{8,760})$      |
|                                 | \$61,081  | \$ <u>105,631</u> |

#### **NOTE 4 - INVESTMENTS**

Investments are carried at market or appraised value, realized and unrealized gains and losses are reported in the statements of activities.

The following are the major types of investments held by the Foundation at March 31:

|                              | 2010                 | 2009                 |
|------------------------------|----------------------|----------------------|
| Smith Barney investment pool | \$ 7,275,268         | \$ 5,849,490         |
| Money market funds           | 4,231,684            | 4,719,589            |
| Certificates of deposit      | 252,622              | 239,657              |
| SBA - LGIP Fund B            | 98,752               | 113,244              |
|                              | \$ <u>11,858,326</u> | \$ <u>10,921,980</u> |

#### March 31, 2010

Smith Barney investment pool consists of ten percent (10%) of certificates of deposit, seventy-six percent (76%) of marketable equity securities and indices, and fourteen percent (14%) of demand deposits as of March 31, 2010.

SBA - LGIP Fund B consists of one hundred percent (100%) of variable and fixed rate corporate commercial paper and notes as of March 31, 2010.

#### March 31, 2009

Smith Barney investment pool consists of forty-five percent (45%) of certificates of deposit, fifty-two percent (52%) of marketable equity securities and indices, and three percent (3%) of demand deposits as of March 31, 2009.

SBA - LGIP Fund B consists of one hundred percent (100%) of variable and fixed rate commercial paper and notes as of March 31, 2009.

#### NOTE 4 – INVESTMENTS (Continued)

The investment return, which is included in revenue and support as a component of investment income, is composed of the following for the years ended March 31:

|  | 2010                | 2009                   |
|--|---------------------|------------------------|
| Interest and dividends income                    | \$ 158,592          | \$ 233,634             |
| Net realized gain (loss) on sales of investments | (1,246,344)         | 13,983                 |
| Net unrealized gain (loss) on investments        | 2,803,285           | ( <u>1,734,247</u> )   |
|  |                     |                        |
|  | \$ <u>1,715,533</u> | \$( <u>1,486,630</u> ) |

The various investments in securities, mutual funds, and other investments are exposed to a variety of uncertainties, including interest rate, market, and credit risks. Due to the level of risk associated with certain investments, it is possible that changes in the values of these investments could occur in the near term. Such changes could materially affect the amounts reported in the financial statements of the Foundation.

#### NOTE 5 – FAIR VALUE MEASUREMENTS

The FASB issued new guidance on fair value measurements. This guidance defines fair value as the price that would be received for an asset or paid to transfer a liability (an exit price) in the Foundation's principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date.

This guidance establishes a fair value hierarchy which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The guidance describes three levels of inputs that may be used to measure fair value:

Level 1: Quoted prices (unadjusted) for identical assets of liabilities in active markets that the Foundation has the ability to access as of the measurement date. The fair values of debt and equity investments that are readily marketable are determined by obtaining quoted prices from nationally recognized securities exchanges.

Level 2: Significant other observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, or other inputs that are observable or can be corroborated by observable market data. The fair values of the Foundation's Level 2 certificates of deposit are determined through inquiries of the financial institutions from which they originated. The fair market values are typically the original principal value plus accrued interest carned.

Level 3: Significant unobservable inputs that reflect a reporting entity's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

#### NOTE 5 - FAIR VALUE MEASUREMENTS (Continued)

In many cases, a valuation technique used to measure fair value includes inputs from multiple levels of the fair value hierarchy. The lowest level of significant input determines the placement of the entire fair value measurement in the hierarchy.

Financial and nonfinancial assets and liabilities measured at fair value on a recurring and nonrecurring basis are summarized below:

|   | Fair V               | alue Measureme      | ents at March 31, | 2010                 |
|---|----------------------|---------------------|-------------------|----------------------|
|   | Level 1              | Level 2             | Level 3           | Total                |
| Investments restricted for                          |                      |                     |                   |                      |
| endowment purposes:                                 |                      |                     |                   |                      |
| Money market funds                                  | \$ 1,042,400         | \$ -                | \$ -              | \$ 1,042,400         |
| Domestic equity securities                          | 5,519,441            |                     | -                 | 5,519,441            |
| Certificates of deposit                             |                      | 713,427             | _                 | <u>713,427</u>       |
| Total investments restricted for                    |                      |                     |                   |                      |
| endowment purposes                                  | 6,561,841            | 713,427             | -                 | 7,275,268            |
| Short-term investments:                             |                      |                     |                   |                      |
| Money market funds                                  | 4,236,329            | =<                  |                   | 4,236,329            |
| Certificates of deposit                             | -                    | 247,977             | ,-                | 247,977              |
| Commercial paper and notes                          |                      | 98,752              |                   | 98,752               |
|   | 4,236,329            | 346,729             | -                 | 4,583,058            |
| Nonfinancial assets:  Land held for sale and        |                      |                     |                   |                      |
| investment  |                      | 1,057,000           |                   | 1,057,000            |
| Total assets  | \$ <u>10,798,170</u> | \$ <u>2,117,156</u> | \$ <del>-</del>   | \$ <u>12,915,326</u> |
|   | Fair V               | alue Measureme      | ents at March 31, | 2009                 |
|   | Level 1              | Level 2             | Level 3           | Total                |
| Investments restricted for endowment purposes:      |                      |                     |                   |                      |
| Money market funds                                  | \$ 155,780           | \$ -                | \$ -              | \$ 155,780           |
| Domestic equity securities                          | 2,880,722            | -                   |                   | 2,880,722            |
| Foreign equity securities                           | 152,859              | _                   | 14                | 152,859              |
| Certificates of deposit                             |                      | 2,660,129           |                   | 2,660,129            |
| Total investments restricted for endowment purposes | 3,189,361            | 2,660,129           | 8.                | 5,849,490            |

#### NOTE 5 – FAIR VALUE MEASUREMENTS (Continued)

#### Continued:

|                                   | Fair V              | alue Measureme      | ents at March 31, | 2009                 |
|-----------------------------------|---------------------|---------------------|-------------------|----------------------|
|                                   | Level 1             | Level 2             | Level 3           | Total                |
| Short-term investments:           |                     |                     |                   |                      |
| Money market funds                | 4,719,589           | (I <del>.e.</del>   |                   | 4,719,589            |
| Certificates of deposit           | -                   | 239,657             | 27                | 239,657              |
| Commercial paper and notes        | :                   | 113,244             |                   | 113,244              |
|                                   | 4,719,589           | 352,901             | -                 | 5,072,490            |
| Nonfinancial assets:              |                     |                     |                   |                      |
| Land held for sale and investment | -                   | 1,057,000           | <del></del>       | 1,057,000            |
|                                   |                     |                     | 1                 |                      |
| Total assets                      | \$ <u>7,908,950</u> | \$ <u>4,070,030</u> | \$                | \$ <u>11,978,980</u> |

#### NOTE 6 - FURNITURE, FIXTURES AND EQUIPMENT

The amount of furniture, fixtures and equipment at March 31, 2010 and 2009 consists of the following:

|                                   | 20 | 010 | 2009 |        |
|-----------------------------------|----|-----|------|--------|
| Furniture, fixtures and equipment | \$ | _   | \$   | 26,258 |
| Less accumulated depreciation     |    |     | (    | 4,554) |
|                                   | \$ |     | \$   | 21,704 |

Depreciation expense for the years ended March 31, 2010 and 2009 amounted to \$596 and \$3,421, respectively.

#### NOTE 7 - TEMPORARILY RESTRICTED NET ASSETS

Temporarily restricted net assets as of March 31, 2010 and 2009 consist of the following:

| Time Restricted:                            | 2010          | 2009            |
|---|---------------|-----------------|
| Contributions receivable                    | \$ 62,181     | \$<br>105,631   |
| Land contribution                           | 934,000       | 934,000         |
| Restricted Contributions for Scholarships   |               |                 |
| and Academic Support                        | 4,460,889     | 4,744,491       |
| Restricted Earnings and State Matching for  |               |                 |
| Endowment Scholarships and Academic Support | _3,079,204    | 1,611,050       |
|   |               |                 |
|   | \$ _8,536,274 | \$<br>7,395,172 |

#### NOTE 8 - PERMANENTLY RESTRICTED NET ASSETS

Permanently restricted net assets as of March 31, 2010 and 2009 are restricted to investments in perpetuity, the earnings and state matching funds from which is expendable to support academic scholarships and support to the Tallahassee Community College:

|   | 2010         | 2009         |
|---|--------------|--------------|
| Restricted Contributions for Endowed Scholarships |              |              |
| and Academic Support                              | \$ 4,273,024 | \$ 4,183,152 |

#### **NOTE 9 - ENDOWMENTS**

The Foundation's endowments consist of seventy-eight donor restricted funds and one board designated, unrestricted fund. As required by generally accepted accounting principles, net assets associated with endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions.

Interpretation of Relevant Law - The Foundation is governed by Florida Statute Chapter 1010.10 - Florida Uniform Management of Institutional Funds Act. The Uniform Prudent Management of Institutional Funds Act (UPMIFA) has not been enacted in the State of Florida. Unless a donor imposes a restriction to the contrary, all endowment funds at the Foundation adhere to the spending policy adopted by the Foundation's Board of Directors. Florida Statute does not require preservation of the fair value of the original gift, but rather specifically states that spending may include investment appreciation as well as principal.

With regard to donor restricted endowments, the Foundation respects and enforces the donor's restriction to preserve the historic gift value of the fund.

<u>Endowment Spending Policy</u> - The maximum endowment spending is equal to 4% of a five year moving average of endowment fund balances for the most recent fiscal year end back. If an endowment does not have five years of historical returns, then the fiscal year end balance would be averaged to the extent available. The payout is subject to the following provisions:

- 1. No disbursement will be made if the endowment fund balance is less than corpus, defined as donor restricted contributions to be held in perpetuity, at the time of the spending calculation.
- 2. The endowment spending payout is limited to the lesser of the maximum endowment spending calculated above, or the amount by which the endowment fund balance exceeds corpus

Endowment Investment Policy - The endowment investment policy adopted by the Foundation's Board of Directors seeks long-term growth of principal to preserve and grow Foundation assets, cover expenses, and maintain the approved spending rate of the funds. The Foundation maximizes the probability that the funds will meet or exceed an annualized target rate of return, adjusted for inflation, by having a target rate of return equal to the Board-adopted spending policy's percentage

#### **NOTE 9 – ENDOWMENTS (Continued)**

amount plus inflation plus expenses. The Board of Directors considers and seeks to minimize appropriate risks when managing the funds and selecting investment strategies. The strategies for achieving the Foundation's investment objectives include a well-diversified portfolio, target allocations in each investment category, guidelines and restricted investments, benchmarks for performance of each asset class, low fees, performance measurement, regular monitoring, and detailed reports.

Endowment net asset composition by type of fund as of March 31, is as follows:

|   |  | 2010   |  |
|---|--|--|--|
| Donor-restricted endowment funds  | Temporarily Restricted 3,079,204   | Permanently Restricted  \$ 4,273,024                     | Total Net Endowment  |
|   |  | 2009   |  |
| Donor-restricted endowment funds  | Temporarily Restricted  \$ 1,611,050   | Permanently Restricted  \$ 4,183,152                     | Total Net Endowment Assets \$ 5,794,202  |
| Changes in endowment net assets for the year en   | ded March 31, is   | as follows:  |  |
|   |  | 2010   |  |
| Endowment net assets, beginning of year Contributions and transfers Investment income Net appreciation Amounts appropriated for expenditure             | Temporarily Restricted \$ 1,611,050 38,153 133,451 1,626,162 ( 329,612)                  | Permanently Restricted \$ 4,183,152 89,872               | Total Net Endowment Assets \$ 5,794,202 128,025 133,451 1,626,162 ( 329,612)             |
|   | \$ _3,079,204  | \$_4,273,024   | \$ <u>7,352,228</u>  |
|   |  | 2009   |  |
| Endowment net assets, beginning of year<br>Contributions and transfers<br>Investment income<br>Net depreciation<br>Amounts appropriated for expenditure | Temporarily Restricted \$ 3,271,668 158,571 170,109 (1,691,454) (_297,844) \$ _1,611,050 | Permanently Restricted \$ 3,999,170 183,982 \$ 4,183,152 | Total Net Endowment Assets 7,270,838 342,553 170,109 (1,691,454) (297,844)  \$_5,794,202 |
|   |  |  | C. 2 (F  |

#### NOTE 10 - PRIOR PERIOD RECLASSIFICATION

As of April 1, 2008, beginning unrestricted and temporarily restricted net assets have been reclassified to correct an error that resulted from misallocating activities between net assets. Details of the prior period reclassifications are as follows:

|  | Unrestricted<br>Net Assets  | Temporarily<br>Restricted<br>Net Assets | Permanently<br>Restricted<br>Net Assets |
|--|-----------------------------|---|---|
| As previously reported, April 1, 2008<br>Temporarily restricted pledges<br>Endowment administration fees | \$ 242,047<br>( 14,687)<br> | \$ 7,450,777<br>14,687<br>(             | \$ 4,183,152                            |
| As reclassified, April 1, 2008   | \$297,652                   | \$ <u>7,395,172</u>                     | \$ <u>4,183,152</u>                     |

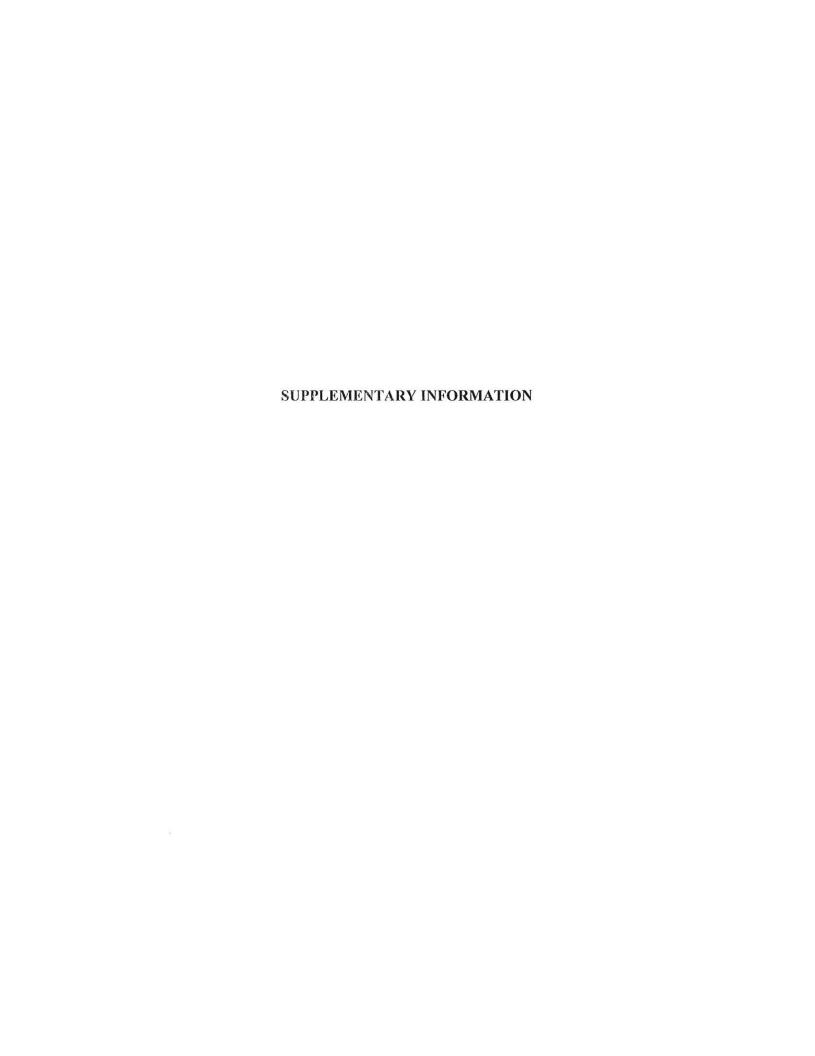
#### NOTE 11 - CONCENTRATIONS OF CREDIT RISK

The Foundation maintains cash balances at several financial institutions located in Leon County, Florida. Accounts are either insured by the Federal Deposit Insurance Corporation up to \$250,000 as of March 31, 2010 and 2009, unlimited under the Transaction Account Guarantee (TAG) program, Florida Statute Chapter 280, Security for Public Deposits and the Security Investor Protection Corporation up to \$500,000. At March 31, 2010 and 2009, the Foundation's uninsured cash balances amounted to \$0 for each year, respectively.

The Foundation also maintains a concentration of credit risk of excess cash held in short-term investments with the State Board of Administration's Local Government Investment Pool. These funds are invested in uninsured short-term money market funds, commercial paper, repurchase agreements and corporate variable rate notes. As of March 31, 2010 and 2009, the Foundation maintains uninsured balances with the SBA in the amount of \$150,652 and \$190,271, respectively.

#### **NOTE 12 – COMMITMENTS**

As of March 31, 2010 and 2009, the Foundation maintains programmatic grant commitments to the College in the amount of \$195,726 and \$444,785 for promises to give conditional upon the College's satisfaction of compliance with donor/grantor restrictions.



#### **MEMBERS**

AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

FLORIDA INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS



Certified Public Accountants and Business Advisors

HAROLD A. BROCK, JR., C.P.A. FRED C. LUGER, C.P.A. MATTHEW R. HANSARD, C.P.A. ANN MARIE BACHMAN, C.P.A.

> LINDA V. SIMPSON, C.P.A. KESZIA E. COX, C.P.A. CHRISTINA J. WILL, C.P.A.

OF COUNSEL
W. FREDERICK THOMSON, C.P.A.

#### INDEPENDENT AUDITORS' REPORT ON SUPPLEMENTARY INFORMATION

To the Board of Directors
Tallahassee Community College
Foundation, Inc.
Tallahassee, Florida

Our report on the audit of the basic financial statements of Tallahassee Community College Foundation, Inc. (a non-profit organization) for the years ended March 31, 2010 and 2009 appears on page 1. These audits were made for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplementary information on page 15 is presented for purposes of additional analysis and is not a required part of the basic financial statements. Such information has been subjected to the auditing procedures applied in the audits of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

September 2, 2010

Thomason Block huget Congrany



TALLAHASSEE COMMUNITY COLLEGE FOUNDATION, INC. SCHEDULE OF FUNCTIONAL EXPENSES
Year Ended March 31, 2010 (With Comparative Totals For 2009)

|                               |   |                           | 2010                          |                            |          |               |
|-------------------------------|---|---------------------------|-------------------------------|----------------------------|----------|---------------|
|                               |   | Educational<br>Activities | General and<br>Administrative | Fund Raising<br>Activities | Total    | 2009<br>Total |
| Academic and athletic support | 8 | 600,837 \$                | S                             | S)                         | 8 2832 8 | 756,893       |
| Scholarships                  |   | 566,800                   | Ĩ                             | •                          | 566,800  | 487,538       |
| Personnel services            |   | 58,195                    | 149,617                       | 177,244                    | 385,056  | 389,031       |
| Fund raising expenses         |   | Ĭ                         | ĭ                             | 45,581                     | 45,581   | 43,154        |
| Facility costs                |   | Î                         | 28,830                        | ĵ.                         | 28,830   | 28,830        |
| Contract services             |   | į                         | 3,001                         | 22,812                     | 25,813   | 11,776        |
| Printing                      |   | 8,601                     | ï                             | 12,625                     | 21,226   | 24,936        |
| Bank and investment fees      |   | Ü                         | 19,257                        | Ļ                          | 19,257   | 38,091        |
| Honoraria and awards          |   |                           | 15,352                        | ı                          | 15,352   | 15,051        |
| Advertising                   |   | 11,788                    | E                             | L                          | 11,788   | 17,372        |
| Legal and accounting          |   | 1                         | 11,457                        | t.                         | 11,457   | 11,800        |
| Insurance                     |   | 1                         | 6,463                         |                            | 6,463    | 6,338         |
| Business meeting expense      |   | 2,520                     | 3,841                         | 1                          | 6,361    | 6,269         |
| Dues and subscriptions        |   | <b>II</b>                 | 6,059                         | 1                          | 6,059    | 6,612         |
| Materials and supplies        |   | 1,454                     | 4,278                         | 1                          | 5,732    | 15,525        |
| Travel                        |   | 4,697                     | 1                             | 1                          | 4,697    | 12,240        |
| Telephone                     |   | Ţ                         | 2,680                         | 1                          | 2,680    | 3,384         |
| Training expense              |   | ī                         | 2,590                         | 1 2                        | 2,590    | 5,123         |
| Miscellaneous expenses        |   | ĭ                         | 1,660                         | į                          | 1,660    | 4,347         |
| Licenses                      |   | Ē                         | 620                           | į                          | 620      | 9,250         |
| Depreciation expense          |   | ij                        | 969                           | <b>■</b> 30                | 969      | 3,421         |
|                               |   |                           |                               |                            |          |               |

See independent auditors' report on supplementary information.

1,769,455 \$ 1,896,981

258,262 \$

256,301 \$

1,254,892 \$

69

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OF COUNSEL
W. FREDERICK THOMSON, C.P.A.

# INDEPENDENT AUDITORS' REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS

Board of Directors
Tallahassee Community College
Foundation, Inc.
Tallahassee, Florida

We have audited the financial statements of Tallahassee Community College Foundation, Inc.(a nonprofit organization) as of and for the year ended March 31, 2010, and have issued our report thereon dated September 2, 2010. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in the *Government Auditing Standards*, issued by the Comptroller General of the United States.

#### **Internal Control Over Financial Reporting**

In planning and performing our audit, we considered Tallahassee Community College Foundation, Inc.'s internal control over financial reporting as a basis for designing our auditing procedures for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of Tallahassee Community College Foundation's internal control over financial reporting.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct misstatements on a timely basis. A material weakness is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis.

Our consideration of internal control over financial reporting was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over financial reporting that might be deficiencies, significant deficiencies or material weaknesses. We did not identify any deficiencies in internal control over financial reporting that we weaknesses, as defined above.

A material weakness is a significant deficiency, or combination of significant deficiencies, that results in more than a remote likelihood that a material misstatement of the financial statements will not be prevented or detected by the organization's internal control.

#### **Compliance and Other Matters**

As part of obtaining reasonable assurance about whether Tallahassee Community College Foundation's financial statements are free of material misstatements, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provision was not an objective of our audit, and accordingly, we do not express an opinion. The results of our tests disclose no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

We noted certain matters that we reported to management of Tallahassee Community College Foundation in a separate letter dated September 2, 2010.

This report is intended solely for the information and use of the audit committee, management, others within the organization and state awarding agencies and is not intended to be and should not be used by anyone other than these specified parties.

Through Block huget Conglany
September 2, 2010

#### TAX RETURN FILING INSTRUCTIONS

FORM 990

#### FOR THE YEAR ENDING

MARCH 31, 2010

| Prepared for                                       | TALLAHASSEE COMMUNITY COLLEGE FOUNDATION, INC. 444 APPLEYARD DRIVE TALLAHASSEE, FL 32304   |
|--|--|
| Prepared by  | THOMSON BROCK LUGER & COMPANY 3375-G CAPITAL CIRCLE, N. E. TALLAHASSEE, FLORIDA 32308  |
| Amount due<br>or refund                            | NOT APPLICABLE   |
| Make check payable to                              | NOT APPLICABLE   |
| Mail tax return<br>and check (if<br>applicable) to | DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027  |
| Return must be mailed on or before                 | NOVEMBER 15, 2010  |
| Special<br>Instructions                            | THE RETURN SHOULD BE SIGNED AND DATED.  IT IS RECOMMENDED THAT ALL FORMS BE MAILED BY CERTIFIED MAIL.  THE RECEIPT RECEIVED SHOULD BE ATTACHED TO YOUR COPY AS PROOF OF TIMELY FILING. |

### Form **990**

Department of the Treasury Internal Revenue Service

#### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung

benefit trust or private foundation)

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

2009
Open to Public Inspection

A For the 2009 calendar year, or tax year beginning APR 1, 2009 and ending MAR 31, 2010 D Employer identification number C Name of organization TALLAHASSEE COMMUNITY COLLEGE use IRS Address change label or FOUNDATION, INC. print or Name change 59-2091480 Doing Business As Initial Room/suite Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Specific Termin-(850)201-8580 444 APPLEYARD DRIVE Instruc-Amended 4,059,470. City or town, state or country, and ZIP + 4 G Gross receipts \$ Applica-TALLAHASSEE, FL 32304 H(a) Is this a group return pending F Name and address of principal officer: ROBIN JOHNSTON Yes X No for affiliates? 444 APPLEYARD DRIVE, TALLAHASSEE, FL 32304 H(b) Are all affiliates included? JYes ∟ Tax-exempt status: X 501(c) ( 3 ) ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.TCC.FL.EDU/TCC FOUNDATION H(c) Group exemption number ▶ K Form of organization: X Corporation Trust L Year of formation: 1981 M State of legal domicile: FL Association Other > Part I Summary Briefly describe the organization's mission or most significant activities: THE FOUNDATION RAISES CHARITABLE Activities & Governance FUNDS FROM THE PUBLIC TO PROVIDE SUPPORT TO THE COLLEGE THROUGH Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 31 Number of voting members of the governing body (Part VI, line 1a) 31 Number of independent voting members of the governing body (Part VI, line 1b) 0 Total number of employees (Part V, line 2a) 5 120 Total number of volunteers (estimate if necessary) 6 0. 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 34 ..... **Current Year** 1,405,020. 798,673. Contributions and grants (Part VIII, line 1h) Revenue Program service revenue (Part VIII, line 2g) <1,087,752.> 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 247,617. 30,875. 36,349. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,683,512. <252,730.>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,245,276. 1,167,637. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ....... 10,859. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 235,282. 210,630. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,480,558. 1,389,126. 202,954. <1,641,856.> 19 Revenue less expenses. Subtract line 18 from line 12 Assets or designations **Beginning of Current Year End of Year** 14,431,603. 12,579,625. 20 Total assets (Part X, line 16) 257,298. 47,176. 21 Total liabilities (Part X, line 26) Net/ 14,174,305. 12,532,449. 22 Net assets or fund balances. Subtract line 21 from line 20 ..... Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of prepare: (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Here ROBIN JOHNSTON. EXECUTIVE DIRECTOR Type or print name and title Preparer's Paid signature employed Preparer's Firm's name (or THOMSON BROCK LUGER & COMPANY EIN > yours if self-employed), Use Only 3375-G CAPITAL CIRCLE, N. E. TALLAHASSEE, FLORIDA 32308 Phone no. ▶ (850)385-7444 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

| Pa | rt III Statement of Program Service Accomplishments  |
|----|--|
| 1  | Briefly describe the organization's mission: TO RAISE CHARITABLE FUNDS FROM THE PUBLIC IN ORDER TO PROVIDE SUPPORT   |
|    | TO THE COLLEGE.  |
|    |  |
| 2  | Did the organization undertake any significant program services during the year which were not listed on   |
| _  | the prior Form 990 or 990-EZ?  |
|    | If "Yes," describe these new services on Schedule O.   |
| 3  | Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No  |
|    | If "Yes," describe these changes on Schedule O.  |
| 4  | Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.  Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and |
|    | allocations to others, the total expenses, and revenue, if any, for each program service reported.   |
|    | anotations to others, the total expenses, and revenue, if any, for each program service reported.  |
| 4a | (Code: ) (Expenses \$ 600,837 • including grants of \$ ) (Revenue \$ )   |
|    | THE FOUNDATION SUPPORTS THE COLLEGE BY PROVIDING EDUCATIONAL AND   |
|    | PROGRAMMATIC SUPPORT FOR ACADEMIC ACTIVITIES.  |
|    | A  |
|    |  |
|    | (22.1)<br>(22.1)   |
|    |  |
|    |  |
|    |  |
|    | TO CASE A SEP  |
|    |  |
| 4b | (Code: ) (Expenses \$ 566,800 · including grants of \$ ) (Revenue \$   |
|    | THE FOUNDATION SUPPORTS THE COLLEGE BY PROVIDING STUDENT SCHOLARSHIPS  |
|    | AND AWARDS.  |
|    |  |
|    |  |
|    |  |
|    |  |
|    |  |
|    |  |
|    |  |
|    |  |
| 4c | (Code: ) (Expenses \$ 32,600 including grants of \$) (Revenue \$)  |
|    | THE FOUNDATION SUPPORTS THE COLLEGE BY PROVIDING ADDITIONAL ACADEMIC   |
|    | SUPPORT.   |
|    |  |
|    |  |
|    |  |
|    |  |
|    |  |
|    |  |
|    |  |
|    |  |
| 4d | Other program services. (Describe in Schedule O.)  |
|    | (Expenses \$ including grants of \$ ) (Revenue \$ )  |
| 4e | Total program service expenses № \$ 1,200,237.   |

#### Part IV | Checklist of Required Schedules

|  |  |     | Yes   | No       |
|--|--|-----|-------|----------|
| 1  | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  |     | 7.000 |          |
|  | If "Yes," complete Schedule A  | 1   | X     |          |
| 2  | Is the organization required to complete Schedule B, Schedule of Contributors?   | 2   | X     |          |
| 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   |       | х        |
| 4  | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II  | 4   |       | Х        |
| 5  | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III  | 5   |       |          |
| 6  | Did the organization maintain any donor advised funds or any similar funds or accounts where 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   | х     |          |
| 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   |       | х        |
| 8  | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  | 8   | х     |          |
| 9  | Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide  |     |       |          |
| 10   | credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?    | 9   |       | Х        |
|  | If "Yes," complete Schedule D, Part V  | 10  | Х     |          |
| 11   | Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable  | 11  | х     |          |
| •  | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.   |     |       |          |
| 0  | 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.   |     |       |          |
| 0  | 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.  |     |       |          |
| 0  | 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.   |     |       |          |
| <ul> <li>Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.</li> </ul> |  |     |       |          |
| •  | 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? If "Yes," complete Schedule D, Part X.              |     |       |          |
| 12   | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.   | 12  | х     |          |
| 12A  | Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional  12A X   |     |       |          |
| 13   | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 13  |       | X        |
| 14a  | Did the organization maintain an office, employees, or agents outside of the United States?  | 14a |       | X        |
| b  | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,  |     |       | 1,04400  |
|  | and program service activities outside the United States? If "Yes," complete Schedule F, Part I  | 14b |       | _X_      |
| 15   | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization  |     |       | 1001     |
|  | or entity located outside the United States? If "Yes," complete Schedule F, Part II  | 15  |       | <u> </u> |
| 16   | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals   |     |       | v        |
| 27   | located outside the United States? If "Yes," complete Schedule F, Part III   | 16  | -     | _X_      |
| 17   | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,  | 4-7 |       | v        |
| 18   | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines   | 17  | -     | <u>X</u> |
| 10   | 1c and 8a? If "Yes." complete Schedule G. Part II  | 18  | x     |          |
| 19   | 1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"  | 10  |       |          |
|  | complete Schedule G, Part III  | 19  |       | х        |
| 20   | Did the organization operate one or more hospitals? If "Yes," complete Schedule H  | 20  |       | X        |
|  |  |     | 200   |          |

Form 990 (2009)

### TALLAHASSEE COMMUNITY COLLEGE Form 990 (2009) FOUNDATION, INC. Part IV Checklist of Required Schedules (continued)

Page 4

|     | oncomic of frequired constants (committee)  | T   | Yes    | No    |
|-----|---|-----|--------|-------|
| 21  | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the            |     | 100    |       |
|     | United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II                                     | 21  | X      |       |
| 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  | X      |       |
| 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  |        | X     |
| 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 |        | X     |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                               | 24b |        |       |
| C   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease            |     |        |       |
|     | any tax-exempt bonds?   | 24c |        |       |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?                         | 24d |        |       |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a              |     |        | 2000  |
|     | disqualified person during the year? If "Yes," complete Schedule L, Part I  | 25a |        | X     |
| 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           |     |        | 5765  |
|     | Schedule L, Part I  | 25b |        | X     |
| 26  | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified  |     |        |       |
|     | person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II                         | 26  |        | X     |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial            |     |        |       |
|     | contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete            |     |        |       |
|     | Schedule L, Part III  | 27  |        | Х     |
| 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):   |     | THE PE | 號     |
|     | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV                         | 28a |        | X     |
| b   | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV      | 28b |        | Х     |
| С   | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was |     |        |       |
|     | an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV                              | 28c |        | X     |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M                        | 29  | X      |       |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation     |     | 595    |       |
|     | contributions? If "Yes," complete Schedule M  | 30  | Х      |       |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations?  |     |        |       |
|     | If "Yes," complete Schedule N, Part I   | 31  |        | X     |
| 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  |        | Х     |
| 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  |        | X     |
| 34  | Was the organization related to any tax-exempt or taxable entity?   | İ   |        |       |
|     | If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1   | 34  |        | X     |
| 35  | Is any related organization a controlled entity within the meaning of section 512(b)(13)?                                       |     |        |       |
|     | If "Yes," complete Schedule R, Part V, line 2   | 35  |        | Х     |
| 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  |        | Х     |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization                |     |        | 22    |
|     | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI                    | 37  |        | Х     |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?                   |     |        |       |
|     | Note. All Form 990 filers are required to complete Schedule O.  | 38  | X      | 2009) |

Form 990 (2009)

|         | eau (2009) FOUNDATION, INC.   | 400      |           | age J     |
|---------|---|----------|-----------|-----------|
| Pa      | rt V Statements Regarding Other IRS Filings and Tax Compliance  |          |           |           |
|         | era   |          | Yes       | No        |
| 1a      | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of  |          |           |           |
| 585     | U.S. Information Returns. Enter -0- if not applicable 1a 3  |          |           |           |
| b       | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0  | 1        |           |           |
| С       | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  |          | x         | mild sand |
| 20      | (gambling) winnings to prize winners?   | 1c       | 111111    | ALEKA     |
| Za      | Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return   |          | 59,75     |           |
| h       | Lu L  | 1        | L STATE   | in-luge   |
| D       | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  | 2b       | Tally a   | 14, 525   |
| 20      | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)  | 0-       | (E)(2)(2  | х         |
|         | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  | 3a<br>3b |           | 21        |
|         | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O  At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | 30       | _         |           |
| -10     | financial account in a foreign country (such as a bank account, securities account, or other financial account)?  | 4a       |           | x         |
| h       | If "Yes," enter the name of the foreign country:  | 44       | 100       |           |
| S       | See the instructions for exceptions and 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       | -         | х         |
| b       | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  | 5b       | _         | X         |
|         | If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited   | 0.0      | _         |           |
|         | Tax Shelter Transaction?  | 5c       |           |           |
| 6a      | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit   | - 00     |           |           |
|         | any contributions that were not tax deductible?   | 6a       |           | х         |
| b       | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts  |          |           |           |
|         | were not tax deductible?  | 6b       |           |           |
| 7       | Organizations that may receive deductible contributions under section 170(c).   |          | -002      | mis fill  |
| 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       |           | Х         |
| b       | If "Yes," did the organization notify the donor of the value of the goods or services provided?   | 7b       |           |           |
| C       | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required   |          |           |           |
|         | to file Form 8282?  | 7c       |           | X         |
|         | If "Yes," indicate the number of Forms 8282 filed during the year   | 1        |           |           |
| е       | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal   |          |           |           |
|         | benefit contract?   | 7e       |           |           |
| f       | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  | 7f       |           |           |
| g       | For all contributions of qualified intellectual property, did the organization file Form 8899 as required?  | 7g       |           |           |
|         | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?   | 7h       |           |           |
| 8       | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the  |          |           |           |
|         | supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings   |          | 馬馬        |           |
| 2       | at any time during the year?  | 8        |           |           |
| 9       | Sponsoring organizations maintaining donor advised funds.   |          | STERNING. |           |
| a       | Did the organization make any taxable distributions under section 4966?   | 9a       |           |           |
| b       | Did the organization make a distribution to a donor, donor advisor, or related person?  | 9b       |           |           |
| 10      | Section 501(c)(7) organizations. Enter:   |          | 報         |           |
| a       | Initiation fees and capital contributions included on Part VIII, line 12  |          |           |           |
| b<br>11 | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities   |          | 1         |           |
| 11      | Section 501(c)(12) organizations. Enter:  |          |           |           |
| a       | Gross income from members or shareholders 11a   |          |           |           |
| b       | Gross income from other sources (Do not net amounts due or paid to other sources against  |          |           |           |

Form 990 (2009)

12a

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Form 990 (2009) FOUNDATION, INC. 59-2091480 Page

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

| Sec     | tion A. Governing Body and Management  |          |                        |         |        |        |  |  |  |  |  |  |
|---------|--|----------|------------------------|---------|--------|--------|--|--|--|--|--|--|
| 4       | Cataraba annabarat nativa annabara et ila  | 4        | ] 31                   |         | Yes    | No     |  |  |  |  |  |  |
| 1a<br>b | Enter the number of voting members of the governing body  Enter the number of voting members that are independent  | 1a<br>1b | 31                     |         |        |        |  |  |  |  |  |  |
| 2       | Did any officer, director, trustee, or key employee have a family relationship or a business relationship  |          |                        |         | 一集     |        |  |  |  |  |  |  |
| _       | The second secon |          | 2                      |         | Х      |        |  |  |  |  |  |  |
| 3       | Officer, director, trustee, or key employee?  Did the organization delegate control over management duties customarily performed by or under the   |          |                        |         |        |        |  |  |  |  |  |  |
| U       | of officers, directors or trustees, or key employees to a management company or other person?  | 3        |                        | Х       |        |        |  |  |  |  |  |  |
| 4       |  |          |                        | 4       | -      | X      |  |  |  |  |  |  |
| 5       | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?  |          |                        |         |        |        |  |  |  |  |  |  |
| 6       | Did the organization become aware during the year of a material diversion of the organization's assets?  |          |                        |         |        |        |  |  |  |  |  |  |
| 7a      | Does the organization have members or stockholders?  Does the organization have members, stockholders, or other persons who may elect one or more members of the   |          |                        |         |        |        |  |  |  |  |  |  |
|         | governing body?  |          | 7a                     |         | х      |        |  |  |  |  |  |  |
| b       | Are any decisions of the governing body subject to approval by members, stockholders, or other per-  | sons     |                        | 7b      |        | Х      |  |  |  |  |  |  |
| 8       | Did the organization contemporaneously document the meetings held or written actions undertaken during the year  |          |                        |         |        |        |  |  |  |  |  |  |
| ŭ       | by the following:  | dami     | , the year             |         | 1.0    |        |  |  |  |  |  |  |
| а       | The governing body?  |          |                        | 8a      | X      | SHALEN |  |  |  |  |  |  |
| b       | Each committee with authority to act on behalf of the governing body?  |          |                        | 8b      | X      |        |  |  |  |  |  |  |
| 9       | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea-   |          |                        |         |        |        |  |  |  |  |  |  |
|         | organization's mailing address? If "Yes," provide the names and addresses in Schedule O  |          |                        | 9       |        | х      |  |  |  |  |  |  |
| Sec     | tion B. Policies (This Section B requests information about policies not required by the Internal Re   |          |                        |         | -      | _      |  |  |  |  |  |  |
|         | The latest term  |          |                        |         | Yes    | No     |  |  |  |  |  |  |
| 10a     | Does the organization have local chapters, branches, or affiliates?  |          |                        | 10a     |        | X      |  |  |  |  |  |  |
|         | If "Yes," does the organization have written policies and procedures governing the activities of such  |          |                        |         |        |        |  |  |  |  |  |  |
|         |  |          |                        | 10b     |        |        |  |  |  |  |  |  |
| 11      | Has the organization provided a copy of this Form 990 to all members of its governing body before fill   |          |                        | 11      | X      |        |  |  |  |  |  |  |
| 11A     | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  | J        | *****************      |         | 11 1   | 5 700  |  |  |  |  |  |  |
| 12a     | Does the organization have a written conflict of interest policy? If "No," go to line 13   |          |                        | 12a     | Х      |        |  |  |  |  |  |  |
| b       | Are officers, directors or trustees, and key employees required to disclose annually interests that cou  |          |                        |         |        |        |  |  |  |  |  |  |
|         | to conflicts?  |          |                        | 12b     | X      |        |  |  |  |  |  |  |
| С       | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "  | describe |                        |         |        |        |  |  |  |  |  |  |
|         | in Schedule O how this is done   |          |                        | 12c     | Х      |        |  |  |  |  |  |  |
| 13      | Does the organization have a written whistleblower policy?   |          |                        | 13      | X      |        |  |  |  |  |  |  |
| 14      | Does the organization have a written document retention and destruction policy?  |          |                        | 14      | X      |        |  |  |  |  |  |  |
| 15      | Did the process for determining compensation of the following persons include a review and approval by independent   |          |                        |         |        |        |  |  |  |  |  |  |
|         | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  |          |                        |         |        |        |  |  |  |  |  |  |
| а       | The organization's CEO, Executive Director, or top management official   |          |                        | 15a     |        | X      |  |  |  |  |  |  |
|         | Other officers or key employees of the organization  |          |                        | 15b     |        | X      |  |  |  |  |  |  |
|         | If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)   |          |                        |         |        |        |  |  |  |  |  |  |
| 16a     | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen  | nent v   | vith a                 |         | 114    |        |  |  |  |  |  |  |
|         | taxable entity during the year?  |          |                        | 16a     |        | X      |  |  |  |  |  |  |
| b       | If "Yes," has the organization adopted a written policy or procedure requiring the organization to eval  | uate     | ts participation       |         |        |        |  |  |  |  |  |  |
|         | in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organic   |          |                        |         | 7 - 75 |        |  |  |  |  |  |  |
|         | exempt status with respect to such arrangements?   |          |                        | 16b     |        |        |  |  |  |  |  |  |
| Sec     | tion C. Disclosure   |          |                        |         |        |        |  |  |  |  |  |  |
| 17      | List the states with which a copy of this Form 990 is required to be filed ▶ NONE  |          |                        |         |        |        |  |  |  |  |  |  |
| 18      | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T   | (501)    | c)(3)s only) available | for     |        |        |  |  |  |  |  |  |
|         | public inspection. Indicate how you make these available. Check all that apply.  |          |                        |         |        |        |  |  |  |  |  |  |
|         | Own website Another's website X Upon request   |          |                        |         |        |        |  |  |  |  |  |  |
| 19      | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, co  | onflic   | of interest policy, a  | nd fina | ncial  |        |  |  |  |  |  |  |
| naman.  | statements available to the public.  |          |                        | 25 25-0 |        |        |  |  |  |  |  |  |
| 20      | State the name, physical address, and telephone number of the person who possesses the books at ROBIN JOHNSTON $-$ ( $850$ ) $201\!-\!8580$  | nd rec   | ords of the organiza   | tion: 🕨 | ·      |        |  |  |  |  |  |  |
|         | 444 APPLEYARD DRIVE, TALLAHASSEE, FL 32304   |          |                        |         |        |        |  |  |  |  |  |  |
|         | Form 990   |          |                        |         |        |        |  |  |  |  |  |  |

932006 02-04-10

Form 990 (2009)

FOUNDATION, INC.

### Part VII 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. Use Schedule J-2 if additional space is needed.

- 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. 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, and 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: inclividual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

| X Check this box if the organization did not of | compensate ar        | у сі                          | ırrer                | nt of       | icer         | , dire                       | ecto | r, or trustee.   |                              |                              |
|---|----------------------|-------------------------------|----------------------|-------------|--------------|------------------------------|------|--|------------------------------|------------------------------|
| (A)   | (B)                  | (C)<br>Position               |                      |             |              |                              |      | (D)  | (E)                          | (F)                          |
| Name and Title                                  | Average              |                               |                      |             |              |                              |      | Reportable<br>compensation<br>from   | Reportable                   | Estimated<br>amount of       |
|   | hours<br>per<br>week | (check all that apply)        |                      |             |              |                              |      |  | compensation<br>from related | other                        |
|   |                      | ndividual trustee or director |                      |             | 1            |                              |      | the  | organizations                | compensation                 |
|   |                      | or dil                        | 99                   |             |              | sated                        |      | organization   | (W-2/1099-MISC)              | from the                     |
|   |                      | rustee                        | trust                |             | 99           | npen                         |      | (W-2/1099-MISC)  |                              | organization                 |
|   |                      | dual t                        | nstitutional trustee | _           | Key employee | st cor                       | 20   | Viet.  |                              | and related<br>organizations |
|   |                      | Indivi                        | instit               | Officer     | Key e        | Highest compensated employee | Form | THE PARTY OF THE P |                              | organizations                |
| DOUGLAS S. BELL                                 | <u> </u>             | <u> </u>                      | -                    | -           |              | -                            |      |  |                              |                              |
| PRESIDENT                                       | 1.00                 | X                             |                      | X           |              |                              |      | 0.   | 0.                           | 0.                           |
| NOLIA BRANDT, PH. D.                            |                      |                               |                      |             |              | Γ                            |      |  |                              | _                            |
| PRESIDENT-ELECT                                 | 1.00                 | X                             |                      | X           |              | 0.                           |      | 0.   | 0.                           | 0.                           |
| DR. MARY L. PANKOWSKI                           |                      |                               | T                    |             |              | 1                            |      |  |                              | •                            |
| VICE PRESIDENT                                  | 1.00                 | X                             |                      | X           |              |                              | _    | 0.   | 0.                           | 0.                           |
| JAMES ASHMORE<br>SECRETARY                      | 1 00                 | 1 35                          | Ì                    | 1           |              |                              |      | 0  | 0.                           | 0                            |
| TODD HUNTER                                     | 1.00                 | X                             | -                    | X           |              |                              | _    | 0.   | 0.                           | 0.                           |
| PAST PRESIDENT                                  | 1.00                 | v                             |                      | X           |              |                              |      | 0.   | 0.                           | 0.                           |
| MARK BATES                                      | 1.00                 | 1                             |                      | Δ           |              | <del> </del>                 | -    | 0.   | <u> </u>                     | <u> </u>                     |
| DIRECTOR  | 1.00                 | v                             |                      |             |              |                              |      | 0.   | 0.                           | 0.                           |
| A.J. BRICKLER, III, MD                          | 1.00                 | 25                            |                      | -           | -            | -                            | -    | 0.   | <u>.</u>                     |                              |
| DIRECTOR  | 1.00                 | X                             |                      |             |              |                              |      | 0.   | 0.                           | 0.                           |
| STEVE BROWN                                     |                      | -                             | <u> </u>             | 1           | -            | <del> </del>                 | -    |  |                              |                              |
| DIRECTOR  | 1.00                 | X                             |                      |             |              |                              |      | 0.   | 0.                           | 0.                           |
| PAMELLA BUTLER                                  |                      |                               |                      |             | _            |                              |      |  |                              |                              |
| DIRECTOR  | 1.00                 | X                             |                      |             |              |                              |      | 0.   | 0.                           | 0.                           |
| ROBERT BRYANT                                   |                      |                               |                      |             |              |                              |      |  |                              |                              |
| DIRECTOR  | 1.00                 | X                             |                      |             |              |                              |      | 0.   | 0.                           | 0.                           |
| MARSHALL CASSEDY, JR.                           |                      |                               |                      |             |              |                              |      |  |                              |                              |
| DIRECTOR  | 1.00                 | X                             |                      |             |              |                              |      | 0.   | 0.                           | 0.                           |
| TOM CUMBIE                                      | 1 200                |                               |                      |             |              |                              |      |  |                              | 0                            |
| DIRECTOR<br>STEVE EVANS                         | 1.00                 | X                             |                      |             |              | _                            |      | 0.   | 0.                           | 0.                           |
| DIRECTOR  | 1 00                 | 3.                            |                      |             |              | 1                            |      | 0.   | 0.                           | 0.                           |
| DARRIN HOLLOMAN                                 | 1.00                 | X.                            | -                    |             |              | -                            |      | 0.   | 0.                           | <u> </u>                     |
| DIRECTOR  | 1.00                 | v                             |                      |             | i<br>i       |                              |      | 0.   | 0.                           | 0.                           |
| MIKE ILLERS                                     | 1.00                 | Δ                             |                      | -           |              | -                            | -    | 0.   | 0.                           | <u> </u>                     |
| DIRECTOR  | 1.00                 | x                             |                      |             |              |                              |      | 0.   | 0.                           | 0.                           |
| JOHN W. LENTZ, CHFC                             |                      |                               | -                    | <del></del> |              | -                            | -    | 0.   |                              |                              |
| DIRECTOR  | 1.00                 | X                             | į                    |             |              |                              |      | 0.   | 0.                           | 0.                           |
| MARTHA ANN MCCASKILL                            | 1                    |                               |                      |             |              | -                            |      |  |                              |                              |
| DIRECTOR  | 1.00                 | X                             | j                    |             |              |                              |      | 0.   | 0.                           | 0.                           |

932007 02-04-10

Form 990 (2009)

FOUNDATION, INC.

| (A)  | (B)                  | mployees, and Highest<br>(C)    |                       |         |          |                              |       | (D)  | (E)  | 1        | (F)   | 503                               |
|--|----------------------|---------------------------------|-----------------------|---------|----------|------------------------------|-------|--|--|----------|---|-----------------------------------|
| Name and title   | Average              | Position (check all that apply) |                       |         |          |                              | 1. 1  | Reportable   | Reportable compensation                          |          | stima<br>moun   |                                   |
|  | hours<br>per<br>week | Individual trustee or director  | Institutional frustee | Officer |          | Highest compensated employee | Ī     | compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC) | from related<br>organizations<br>(W-2/1099-MISC) | cor      | othe<br>npens<br>from ti<br>ganiza<br>nd rela<br>ganiza | r<br>ation<br>he<br>ation<br>ated |
| DAVID MILLER<br>DIRECTOR   | 1 00                 | W.                              |                       |         |          | 1                            | -     | 0.   | 0.   |          |   | 0.                                |
| RANDY POPLE  | 1.00                 | 10                              | ļ                     | ļ       |          | -                            | -     | 0.   | 0.   |          |   |                                   |
| DIRECTOR   | 1.00                 | X                               |                       |         |          |                              |       | 0.   | 0.   |          |   | 0.                                |
| JIM RODGERS  |                      |                                 | -                     | -       |          | $\vdash$                     |       |  |  | 1        |   |                                   |
| DIRECTOR   | 1.00                 | X                               |                       |         |          |                              |       | 0.   | 0.   |          |   | 0.                                |
| BRIAN ROWLAND  |                      |                                 |                       |         |          |                              |       |  |  |          |   |                                   |
| DIRECTOR   | 1.00                 | X                               |                       |         | <u> </u> | <u> </u>                     | _     | 0.   | 0.   | <u> </u> |   | 0.                                |
| FRANK RYLL<br>DIRECTOR   | 1 00                 | 37                              | í                     |         | -        |                              |       | 0.   | 0.   |          |   | 0.                                |
| JIMMY SUBER  | 1.00                 | 45.                             | _                     |         |          | -                            | _     | U.   | 0.   | -        |   | <u> </u>                          |
| DIRECTOR   | 1.00                 | x                               |                       | )       | 1        |                              |       | 0.   | 0.   |          |   | 0.                                |
| WINNIE SCHMELING, PHD<br>DIRECTOR  | 1.00                 | 1                               |                       | 1       |          |                              | 89    | 0.   | 0.   |          |   | 0.                                |
| DR. WILLIAM D. LAW   |                      |                                 |                       |         |          |                              |       |  | 0  |          |   |                                   |
| EX-OFFICIO MEMBER GREG THOMAS  | 1.00                 | X                               |                       |         |          | -                            | -     | 0.   | 0.   | -        |   | 0.                                |
| DIRECTOR   | 1.00                 | X                               |                       |         | 1        | 1                            |       | 0.   | 0.   |          |   | 0.                                |
| JOHN THOMAS  | 7.00                 | 125                             | -                     | -       | -        | +                            |       |  |  | +        |   |                                   |
| DIRECTOR   | 1.00                 | X                               |                       |         |          |                              | ĺ     | 0.   | 0.   |          |   | 0.                                |
| 1b Total   |                      |                                 |                       |         |          | <b>&gt;</b>                  | -     | 0.   | 0.   |          |   | 0.                                |
| 2 Total number of individuals (including but r   |                      |                                 |                       |         | voch     | e) w                         | no r  | eceived more than \$100  | ,000 in reportable                               |          |   |                                   |
| compensation from the organization   | * ********           | 300 100                         |                       |         |          |                              |       |  |  |          | Lv  | 0                                 |
| 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on  |                      |                                 |                       |         |          |                              |       |  |  | 3        | Yes   | No<br>X                           |
| line 1a? If "Yes," complete Schedule J for such individual   |                      |                                 |                       |         |          |                              | 3     |  | 122  |          |   |                                   |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual |                      |                                 |                       |         |          |                              |       | 4  |  | x        |   |                                   |
| 5 Did any person listed on line 1a receive or  |                      |                                 |                       |         |          |                              |       |  |  |          | 10  | 月 質                               |
| the organization? If "Yes," complete Schedule J for such person  |                      |                                 |                       |         |          | 5                            |       | X  |  |          |   |                                   |
| Section B. Independent Contractors   |                      |                                 |                       |         |          |                              |       |  |  |          |   |                                   |
| 1 Complete this table for your five highest co   | ompensated in        | depe                            | ende                  | nt c    | cont     | racto                        | ors t | hat received more than   | \$100,000 of compen                              | sation   | from  |                                   |
| the organization. NONE (A)   |                      |                                 |                       |         |          |                              |       | (B)  | ·  |          | C)  |                                   |
| Name and business  |                      |                                 |                       |         |          | Description of services      |       |  | Compensation                                     |          |   |                                   |
|  |                      |                                 |                       |         |          |                              |       |  |  |          |   |                                   |
|  |                      |                                 |                       |         |          |                              |       |  |  |          |   |                                   |
|  |                      |                                 |                       |         |          |                              |       |  |  |          |   |                                   |
|  |                      |                                 |                       |         |          |                              | -     |  |  |          |   |                                   |
|  |                      |                                 |                       |         |          |                              |       |  |  |          |   |                                   |
|  |                      |                                 |                       |         |          |                              |       |  |  |          |   |                                   |
|  |                      |                                 |                       |         |          |                              |       |  |  |          |   |                                   |
|  |                      |                                 |                       |         |          |                              |       |  |  |          |   |                                   |
| 2 Total number of independent contractors (  | indudies but         | ot I'                           |                       |         |          |                              |       | Labaua) who sees to the  | and then   |          |   | 1,114,9                           |
| Total number of independent contractors (     \$100,000 in compensation from the organi  |                      | IOT II                          | nite                  | u 10    |          | se II<br>O                   | stec  | above) who received h  | iore triaff                                      |          |   |                                   |
| SEE SCHEDULE J-2 FOR   | PART V               | ĽĽ                              |                       | SE(     |          | The law own                  | 1 7   | A CONTINUATI   | ON   | Form     | 990   | (2009)                            |

FOUNDATION, INC.

| Pa   | rt VII    | Statement of Rever  | nue   |               |  |  |   |   |
|--|-----------|---|---|---------------|--|--|---|---|
|  |           |   |   |               | <b>(A)</b><br>Total revenue  | (B) Related or exempt function revenue   | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| ants   |           | Federated campaigns                                       |   |               |  |  |   |   |
| Contributions, gifts, grants and other similar amounts |           | Membership dues   |   |               |  |  |   |   |
|  |           | Fundraising events  |   |               |  |  |   |   |
|  |           | Related organizations                                     |   |               | 1011   |  |   |   |
| ons  |           | Government grants (contribut                              |   |               |  |  |   |   |
| utic   | f         | All other contributions, gifts, gran                      |   | 700 672       |  |  |   |   |
| 야  |           | similar amounts not included abo                          | ve <b>1f</b>  | 798,673.      | 4  |  |   | 101-31  |
| N D  |           | Noncash contributions included in lines                   |   |               | 700 672  |  |   |   |
| 0.0  | h         | Total. Add lines 1a-1f                                    |   |               | 798,673.   |  | **********                              |   |
|  |           |   | 1   | Business Code |  |  |   |   |
| Program Service<br>Revenue                             | 2 a       |   |   |               |  |  |   | <del></del>   |
| le se  | b         |   |   |               |  |  |   |   |
| m S  | С         |   |   |               |  |  |   |   |
| Rea  | d         |   |   |               |  |  |   |   |
| Sr.  | e         | All   |   |               |  |  |   | 1   |
| _  | ı         | All other program service reve                            | nue   |               | 100 March 100 Ma |  |   |   |
| -  |           | Total. Add lines 2a-2f                                    |   | <u> </u>      | 100  | THE RESERVE THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADD |   |   |
|  | 3         | Investment income (including                              |   |               | 158,590.   |  |   | 158,590.  |
|  | 4         | other similar amounts)                                    |   |               | 130,370.   |  |   | 130/3301  |
|  | 4<br>5    | Income from investment of tax                             |   |               |  |  |   | <del> </del>  |
|  | 5         | Royalties   | (i) Real  | (ii) Personal |  |  |   |   |
|  | 6.0       | Cross Bonto   | THE RESERVE AND ADDRESS OF THE PARTY OF THE |               |  |  |   |   |
|  | o a       | Gross Rents   |   |               | 113  |  |   |   |
|  | D         | Less: rental expenses Rental income or (loss)             | 1   | 1             |  |  |   |   |
|  |           |   | L   |               |  |  |   |   |
|  |           | Net rental income or (loss)<br>Gross amount from sales of | (i) Securities  |               |  |  |   | 111111111111111111111111111111111111111                       |
|  | 7 a       | assets other than inventory                               | 3,065,858.  | (ii) Other    |  |  |   | 1 电表面   |
|  | h         | Less: cost or other basis                                 | 3,003,030.  |               |  |  |   |   |
|  | b         | and sales expenses  | 4,312,200.  |               | - 4  |  |   |   |
|  |           | Gain or (loss)  | 1 246 342   |               |  |  |   |   |
|  |           | Net gain or (loss)  |   |               | -1 246 342   | > <1,246,342.  |   | No.   |
|  |           | Gross income from fundraising                             |   | ,             | (1,210,512.  | (1,810,512.  |   | TO THE RE   |
| Jue  | o a       | including \$  | of  |               |  |  |   |   |
| i ķ  |           | contributions reported on line                            |   |               | - +  |  |   |   |
| Other Reven  |           | Part IV, line 18  | 505-01 # 11 11 201 201 1000   | 30,150.       |  |  |   |   |
| the  | h         | Less: direct expenses                                     |   |               |  |  |   |   |
| Ö  |           | Net income or (loss) from fund                            |   | ا حلا         | 30,150.  |  |   | 30,150.   |
|  |           | Gross income from gaming ac                               |   |               | 3372331  |  |   | 1000  |
|  | - u       | Part IV, line 19  |   |               |  |  |   |   |
|  | b         | Less: direct expenses                                     | b   |               | 10.1   |  |   |   |
|  |           | Net income or (loss) from gam                             |   | h>            |  |  |   |   |
|  |           | Gross sales of inventory, less                            | 100   |               |  |  |   | 0.434.43  |
|  | 10 4      | and allowances  | 31. 605 326634  |               |  |  |   |   |
|  | b         | Less: cost of goods sold                                  |   |               |  |  |   |   |
|  |           | Net income or (loss) from sale                            |   | - b           |  |  |   |   |
| Ì  |           | Miscellaneous Revenu                                      | Committee and described by he   | Business Code |  |  |   |   |
| Ì  | 11 a      | ALUMNI ASSOCIAT   |   | 900099        | 3,509.   | 3,509.   |   |   |
|  | b         | SCHOLARSHIP PAY   |   | 900099        | 2,470.   | 2,470.   |   |   |
| l  | c         | TCC FOUNDATION  |   | 900093        | 220.   | 220.   |   | 1   |
|  | d         | All other revenue   | THE RESERVE AND DESCRIPTION OF THE PERSON NAMED IN  |               |  |  |   |   |
|  |           | Total. Add lines 11a-11d                                  |   |               | 6,199.   |  |   |   |
|  | 12        | Total revenue. See instructions.                          |   | ▶             | <252,730.  | > <1,240,143.  | > 0.                                    | 188,740.  |
| 93200<br>02-04   | 9<br>- 10 | ***************************************                   |   |               |  |  |   | Form <b>990</b> (2009)  |

FOUNDATION, INC.

# Part IX | Statement of Functional Expenses

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

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

|         | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | <b>(B)</b><br>Program service<br>expenses  | (C)<br>Management and<br>general expenses | (D)<br>Fundraising<br>expenses          |
|---------|---|-----------------------|--|---|---|
| 1       | Grants and other assistance to governments and  |                       |  |   |   |
|         | organizations in the U.S. See Part IV, line 21  | 600,837.              | 600,837.   |   |   |
| 2       | Grants and other assistance to individuals in   |                       | 566 000  |   |   |
|         | the U.S. See Part IV, line 22   | 566,800.              | 566,800.   |   |   |
| 3       | Grants and other assistance to governments,   |                       |  |   |   |
|         | organizations, and individuals outside the U.S.   |                       |  |   |   |
|         | See Part IV, lines 15 and 16  |                       |  |   |   |
| 4       | Benefits paid to or for members   |                       |  |   |   |
| 5       | Compensation of current officers, cirectors,  |                       |  | 1   |   |
| 120     |   |                       |  |   |   |
| 6       | Compensation not included above, to disqualified  |                       |  |   |   |
|         | persons (as defined under section 4958(f)(1)) and   |                       |  |   |   |
|         | persons described in section 4958(c)(3)(B)  |                       |  |   |   |
| 7       | Other salaries and wages  |                       |  |   |   |
| 8       | Pension plan contributions (include section 401(k)  |                       | 4  |   |   |
| _       |   |                       |  |   |   |
| 9       | Other employee benefits   |                       | ARREST CO.   |   |   |
| 10      | Payroll taxes   |                       | The state of the s |   |   |
| 11      | Fees for services (non-employees):  | }                     | The state of the s |   |   |
| a       | Management  |                       |  | 61.                                       |   |
|         | Legal   | 11.,396.              | 100  | 11,396.                                   |   |
|         | Accounting  | 11.,3500              |  | ,550.                                     |   |
|         | Lobbying  | 10,859.               |  |   | 10,859.                                 |
| e<br>f  | Investment management fees  | 10,000.               |  |   | 20/0021                                 |
|         |   |                       |  |   |   |
| g<br>12 | OtherAdvertising and promotion  | 11,788.               | 11,788.  |   |   |
| 13      |   |                       | 11/1001  |   | *************************************** |
| 14      | Office expenses Information technology  |                       |  |   |   |
| 15      | Dougling  |                       |  |   |   |
| 16      | Occupancy   |                       |  |   |   |
| 17      | Travel  | 4,697.                | 4,697.   |   |   |
| 18      | Payments of travel or entertainment expenses  |                       |  |   |   |
|         | for any federal, state, or local public officials   | ì                     |  |   |   |
| 19      | Conferences, conventions, and meetings  | 6,361.                | 2,520.   | 3,841.                                    |   |
| 20      | Interest  |                       |  |   |   |
| 21      | Payments to affiliates  |                       | <u> </u>   |   |   |
| 22      | Depreciation, depletion, and amortization   | 596.                  |  | 596.                                      |   |
| 23      | Insurance   | 6,463.                | <u> </u>   | 6,463.                                    |   |
| 24      | Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) |                       |  |   |   |
| а       | CONTRACT LABOR  | 35,398.               | 3,540.   | 10,619.                                   | 21,239.                                 |
| b       | FUND RAISING EXPENSE  | 32,881.               | 2,5201   | /   | 32,881.                                 |
| c       | CONTRACT SERVICES   | 25,813.               |  | 3,001.                                    | 22,812.                                 |
| d       | PRINTING  | 21,226.               | 8,601.   | -,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   | 12,625.                                 |
| e       | BANK & INVESTMENT FEES  | 19,257.               | 5,552.1  | 19,257.                                   |   |
| f       | All other expenses  | 34,693.               | 1,454.   | 33,239.                                   |   |
| 25      | Total functional expenses. Add lines 1 through 24f  | 1,389,126.            | 1,200,237.   | 88,473.                                   | 100,416.                                |
| 26      | Joint costs. Check here if tollowing  |                       | ,  |   |   |
|         | SOP 98-2. Complete this line only if the organization   |                       |  |   |   |
|         | reported in column (B) joint costs from a combined  |                       | i  |   |   |
|         |   | 1                     |  | 1   |   |

932010 02-04-10

| Part        | X   | Balance Sheet  |                          |  |                          |
|-------------|-----|--|--------------------------|--|--------------------------|
|             |     |  | (A)<br>Beginning of year |  | (B)<br>End of year       |
|             | 1   | Cash · non-interest-bearing  | 25,599.                  | 1  | 106,814.                 |
|             | 2   | Savings and temporary cash investments                                       | 5,100,930.               | 2  | 4,630,191.               |
|             | 3   | Pledges and grants receivable, net   | 105,631.                 | 3  | 61,081.                  |
|             | 4   | Accounts receivable, net   |                          | 4  |                          |
|             | 5   | Receivables from current and former officers, directors, trustees, key       |                          |  |                          |
|             |     | employees, and highest compensated employees. Complete Part II               |                          |  |                          |
|             |     | of Schedule L  |                          | 5  |                          |
|             | 6   | Receivables from other disqualified persons (as defined under section        |                          |  |                          |
|             |     | 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete         |                          |  |                          |
|             |     | Part II of Schedule L  |                          | 6  |                          |
| \$          | 7   | Notes and loans receivable, net  |                          | 7  |                          |
| Assets      | 8   | Inventories for sale or use  |                          | 8  |                          |
| ⋖           | 9   | Prepaid expenses and deferred charges  |                          | 9  |                          |
|             | 10a | Land, buildings, and equipment: cost or other                                |                          |  |                          |
|             |     | basis. Complete Part VI of Schedule D 10a 1,846,867.                         |                          |  |                          |
|             | b   | Less: accumulated depreciation 10b   | 1,868,571.               | 10c  | 1,846,867.<br>5,933,312. |
|             | 11  | Investments - publicly traded securities                                     | 7,329,512.               | 11   | 5,933,312.               |
| 1           | 12  | Investments · other securities. See Part IV, line 11                         |                          | 12   |                          |
|             | 13  | Investments - program-related. See Part IV, line 11                          | 1                        | 13   |                          |
|             | 14  | Intangible assets  | 214                      | 14   |                          |
|             | 15  | Other assets. See Part IV, line 11   | 1,360.                   | 15   | 1,360.                   |
|             | 16  | Total assets. Add lines 1 through 15 (must equal line 34)                    | 14,431,603.              | Company of the last of the las | 12,579,625.              |
|             | 17  | Accounts payable and accrued expenses  | 257,298.                 | 17   | 47,176.                  |
| - 1         | 18  | Grants payable   |                          | 18   |                          |
| j           | 19  | Deferred revenue   |                          | 19   |                          |
| 1           | 20  | Tax-exempt bond liabilities  |                          | 20   |                          |
| Se 2        | 21  | Escrow or custodial account liability. Complete Part IV of Schedule D        |                          | 21   |                          |
| Liabilities | 22  | Payables to current and former officers, directors, trustees, key employees, |                          |  |                          |
| ia<br>de    |     | highest compensated employees, and disqualified persons. Complete Part II    |                          |  |                          |
| -           |     | of Schedule L  |                          | 22   |                          |
|             | 23  | Secured mortgages and notes payable to unrelated third parties               |                          | 23   |                          |
|             | 24  | Unsecured notes and loans payable to unrelated third parties                 |                          | 24   |                          |
|             | 25  | Other liabilities. Complete Part X of Schedule D                             | 057 000                  | 25   | 17 176                   |
|             | 26  | Total liabilities. Add lines 17 through 25                                   | 257,298.                 | 26   | 47,176.                  |
|             |     | Organizations that follow SFAS 117, check here 🕨 🗓 and complete              |                          |  |                          |
| Se          |     | lines 27 through 29, and lines 33 and 34.                                    | 220 044                  |  | 200 107                  |
| and         | 27  | Unrestricted net assets  | 338,844.                 | 27   | 299,107.<br>7,960,318.   |
| Ba          | 28  | Temporarily restricted net assets  | 9,652,309.               | 28   | 4,273,024.               |
| pu i        | 29  | Permanently restricted net assets  | 4,183,152.               | 29   | 4,2/3,024.               |
| 표           |     | Organizations that do not follow SFAS 117, check here                        |                          |  |                          |
| o .         |     | complete lines 30 through 34.  |                          |  |                          |
| set         | 30  | Capital stock or trust principal, or current funds                           |                          | 30   |                          |
| As          | 31  | Paid-in or capital surplus, or land, building, or equipment fund             |                          | 31   |                          |
| ~           | 32  | Retained earnings, endowment, accumulated income, or other funds             | 14,174,305.              | 32   | 12,532,449.              |
|             | 33  | Total net assets or fund balances  | 14,174,303.              |  | 12,579,625.              |
|             | 34  | Total liabilities and not assets/fund balances                               | T#1#31'002'              | 34   | Form <b>990</b> (2009)   |

Form 990 (2009)

Form 990 (2009)

| Pa      | rt XI   Financial Statements and Reporting   |     |     |      |
|---------|--|-----|-----|------|
|         |  |     | Yes | No   |
| 1       | Accounting method used to prepare the Form 990: Cash X Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.                                  | 2a  |     | x    |
| 2a<br>b | Were the organization's financial statements compiled or reviewed by an independent accountant?  Were the organization's financial statements audited by an independent accountant?                                      | 2b  | X   |      |
| -3.50   |  | -20 |     |      |
| С       | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | 2c  | х   |      |
|         | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  |     |     | 生音   |
| d       | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a  |     |     | 1-18 |
|         | consolidated basis, separate basis, or both:  X Separate basis Consolidated basis Both consolidated and separate basis   |     |     |      |
| 3a      | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit   |     |     | 1    |
|         | Act and OMB Circular A-133?  | 3a  |     | X    |
| b       | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.    | 3b  |     |      |



# **SCHEDULE A**

(Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

200

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.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

TALLAHASSEE COMMUNITY COLLEGE

Employer identification number

|               |   | THE RESERVE AND ADDRESS OF THE PARTY OF THE | TON, INC.                                   |                 |               |              |             |                    | 39           | -2031            | 400        |     |
|---------------|---|---|---|-----------------|---------------|--------------|-------------|--------------------|--------------|------------------|------------|-----|
| Part I        | Reason  | for Public Char   | ity Status (All organiz                     | zations mu      | st complet    | te this part | .) See inst | tructions.         |              |                  |            |     |
| The organ     | nization is not   | a private foundation  | because it is: (For lines                   | 1 through       | 11, check     | only one b   | ox.)        |                    |              |                  |            |     |
| 1             |   |   | s, or association of chur                   | 1000            |               |              |             | ).                 |              |                  |            |     |
| 2             | A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)                              |   |   |                 |               |              |             |                    |              |                  |            |     |
| 3             | A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). |   |   |                 |               |              |             |                    |              |                  |            |     |
| 4             |   |   | operated in conjunction                     |                 |               |              |             | (b)(1)(A)(ii       | i). Enter th | ne hospital      | 's nam     | ie. |
|               | city, and stat  |   | oserated in seriginotic r                   | minanoe         | ijonen erooro |              |             | (~N · M · M        | *            |                  |            |     |
| 5 X           |   |   |   |                 |               |              |             |                    |              |                  |            |     |
| J [11]        |   | (b)(1)(A)(iv). (Comple  |   | inversity o     | wiled or of   | ociated by   | a govern    | meritar eri        |              | G                |            |     |
| 6             |   |   | CONTRACTOR CONTRACTOR                       | مطائحهما الما   | d in acetie   | 470/b)/d     | WAW.        |                    |              |                  |            |     |
|               |   | state, or local government or governmental unit described in section 170(b)(1)(A)(v).  zation that normally receives a substantial part of its support from a governmental unit or from the general public described in   |   |                 |               |              |             |                    |              |                  |            |     |
| 7 📖           |   | inization that normally receives a substantial part of its support from a governmental unit of from the general public described in in 170(b)(1)(A)(vi). (Complete Part II.)  |   |                 |               |              |             |                    |              |                  |            |     |
| ~ [           |   | 기계의 회에 강하는 것 같아.  |   |                 |               |              |             |                    |              |                  |            |     |
| 8 🗀           |   |   | section 170(b)(1)(A)(vi).                   |                 |               |              |             |                    |              |                  | 7/2 (27)22 |     |
| 9 📖           |   |   | eives: (1) more than 33                     |                 |               |              |             |                    |              |                  |            |     |
|               |   |   | nctions - subject to certa                  |                 |               |              |             |                    |              |                  |            |     |
|               |   |   | axable income (less sec                     | tion 511 ta     | x) from bu    | sinesses a   | cquired b   | y the orga         | anization a  | fter June 3      | 0, 197     | 75. |
|               | See section   | 509(a)(2). (Complete  | e Part III.)                                |                 |               |              |             |                    |              |                  |            |     |
| 10            | An organizat  | ion organized and o   | perated exclusively to te                   | st for publ     | ic safety. S  | See sectio   | n 509(a)(4  | 4).                |              |                  |            |     |
| 11            | An organizat  | ion organized and o   | perated exclusively for the                 | ne benefit      | of, to perfo  | orm the fur  | nctions of, | , or to carr       | y out the p  | ourposes o       | of one     | or  |
|               | more publicly   | y supported organiza  | ations described in secti                   | on 509(a)(      | 1) or section | on 509(a)(2  | ). See sec  | ction 509(         | a)(3). Che   | ck the box       | that       |     |
|               | describes the   | e type of supporti <u>ng</u>  | organization and compl                      | ete lines 1     | 1e through    | n 11h.       |             |                    |              |                  |            |     |
|               | a Type  | l b[  | ا Type II و                                 | с 🔲 Тур         | e III - Fund  | tionally int | egrated     |                    | d 🔲          | Type III - C     | Other      |     |
| е 📖           | By checking   | this box, I certify tha   | at the organization is not                  | controlled      | directly o    | r indirectly | by one o    | r more dis         | qualified p  | ersons oth       | ner tha    | ın  |
|               | foundation n  | nanagers and other t  | han one or more publich                     | y supporte      | d organiza    | ations desc  | cribed in s | ection 509         | 9(a)(1) or s | ection 509       | (a)(2).    |     |
| f             | If the organiz  | ation received a writ   | tten determination from                     | the IRS tha     | at it is a Ty | pe I, Type   | II, or Type | e III              |              |                  |            |     |
|               | 0.000   | rganization, check th   |   |                 |               | 2            |             |                    |              |                  |            |     |
| g             |   | 35.   | organization accepted ar                    |                 |               |              |             |                    | sons?        |                  |            |     |
| •             |   |   | lirectly controls, either al                |                 |               |              |             |                    |              | 1                | Yes        | No  |
|               |   |   | upported organization?                      |                 |               |              |             |                    |              | 11g(i)           |            |     |
|               |   |   | n described in (i) above?                   |                 |               |              |             |                    |              |                  |            |     |
|               | (iii) A 35%   | controlled entity of a  | person described in (i)                     | or (ii) above   | ۰۰۰۰          |              |             |                    |              | 11g(iii)         |            |     |
| h             |   |   | about the supported or                      |                 |               |              |             |                    |              | . [1.3(/)        |            |     |
| 10.0          | 1 Tovide the I  | ollowing imormation   | about the supported of                      | gariization     | (5).          |              |             |                    |              |                  |            |     |
| (I) N         |   | an en   | (iii) Type of                               | Vivi le the c   | organization  | (v) Did you  | notify the  | (vi) is            | the          | /!!\ A           |            |     |
|               | e of supported<br>anization   | (ii) EIN  | organization                                | in col. (i) lis | sted in your  | organizat    |             | Lorganizatio       | on in col. I | (vii) Am<br>supp |            | II. |
| org           | anization   |   | (described on lines 1-9                     |                 | document?     |              |             | (i) organiz<br>U.S | .?           | Supp             | port       |     |
|               |   |   | above or IRC section<br>(see instructions)) | Yes             | No            | Yes          | No          | Yes                | No           |                  |            |     |
|               |   |   | (**************************************     | 103             | 140           | 103          |             | 100                |              |                  |            |     |
|               |   |   |   |                 |               |              |             |                    |              |                  |            |     |
|               |   |   |   |                 |               |              |             |                    |              |                  |            |     |
|               |   |   |   | ļ               |               |              |             |                    |              |                  |            |     |
|               |   |   |   |                 |               |              |             |                    |              |                  |            |     |
|               |   |   |   |                 |               |              |             |                    |              |                  |            |     |
|               |   |   |   |                 |               |              |             |                    |              |                  |            |     |
|               |   |   |   | <del> </del>    |               | 7.45         |             |                    |              |                  |            |     |
| <b>r</b> otal |   |   |   |                 |               | 9 -          |             |                    |              |                  |            |     |

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

932021 02-08-10

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (f) Total (d) 2008 (e) 2009 (b) 2006 (c) 2007 (a) 2005 1 Gifts, grants, contributions, and membership fees received. (Do not 828,823. 1,484,205 1,405,020 12,721,147. 3,481,783 5,521,316 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 380,329 1,879,531. 333,918. 431,943. 317,003. 416,338 the organization without charge 5,953,259 1,821,358 1,209,152 14,600,678. 3,815,701 1,801,208 4 Total. Add lines 1 through 3 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, 3,426,759. column (f) 11,173,919. 6 Public support. Subtract line 5 from line 4 Section B. Total Support (c) 2007 Calendar year (or fiscal year beginning in) (a) 2005 (e) 2009 (f) Total (b) 2006 (d) 2008 1,801,208 14,600,678. 1,821,358, 1,209,152. 3,815,701. 5,953,259, 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 233,634. 158,592. 160,274. 265,740. 425,488. 1,243,728. and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital 3,000. 9,199. 6,199. assets (Explain in Part IV.) 15,853,605. 11 Total support. Add lines 7 through 10 42,069. 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 70.48 % 14 14 Public support percentage for 2009 (line 6, column (f) d vided by line 11, column (f)) 71.33 15 Public support percentage from 2008 Schedule A, Part II, line 14 % 15 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and  $\triangleright$  X stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances' test. The organization qualifies as a publicly supported organization \_\_\_\_\_\_ b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the

Schedule A (Form 990 or 990-EZ) 2009

organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

| The second second | t III   Support Schedule for t   | organizations       | Described in                             | Section 509(a)   | (Complete only                                     | if you checked the bo  | ox on line 9 of Fatt 1.) |
|-------------------|--|---------------------|--|--|--|--|--------------------------|
|                   | ion A. Public Support  | 1 1 2005            | T #10000                                 | 1.10007  | (.n.oooo   | (-) 2000   | (f) Total                |
|                   | ndar year (or fiscal year beginning in)  | (a) 2005            | (b) 2006                                 | (c) 2007   | (d) 2008   | (e) 2009   | (f) Total                |
|                   | Gifts, grants, contributions, and  |                     |  |  |  |  |                          |
|                   | membership fees received. (Do not nclude any "unusual grants.")  |                     |  |  |  |  |                          |
| r<br>f            | Gross receipts from admissions, merchandise sold or services per-<br>ormed, or facilities furnished in<br>any activity that is related to the<br>organization's tax-exempt purpose   |                     |  |  |  |  |                          |
| a                 | Gross receipts from activities that are not an unrelated trade or bus-<br>ness under section 513   |                     |  |  |  |  |                          |
| i                 | Tax revenues levied for the organ-<br>zation's benefit and either paid to<br>or expended on its behalf   |                     |  |  |  |  |                          |
| f                 | The value of services or facilities urnished by a governmental unit to he organization without charge  |                     |  |  |  |  |                          |
| 6 1               | Total. Add lines 1 through 5   |                     | ļ  |  |  |  | -                        |
|                   | Amounts included on lines 1, 2, and 3 received from disqualified persons   | 1                   |  |  |  |  |                          |
| fr<br>e           | omounts included on lines 2 and 3 received<br>from other than disqualified persons that<br>exceed the greater of \$5,000 or 1% of the<br>mount on line 13 for the year   |                     |  |  |  |  |                          |
| c A               | Add lines 7a and 7b  |                     |  |  |  |  |                          |
|                   | Public support (Subtract line 7c from line 6.)   |                     |  |  |  |  |                          |
| Sect              | ion B. Total Support   |                     | 11/10-12                                 | Mar. Tall  |  |  |                          |
| Calen             | dar year (or fiscal year beginning in)   | (a) 2005            | (b) 2006                                 | (c) 2007   | (d) 2008   | (e) 2009   | (f) Total                |
|                   | Amounts from line 6  |                     | 180                                      | Apr  |  |  |                          |
| 10a C             | Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties<br>and income from similar sources  |                     |  |  |  |  |                          |
| (                 | Jnrelated business taxable income<br>less section 511 taxes) from businesses<br>acquired after June 30, 1975   |                     |  |  |  |  |                          |
| 11 N<br>a         | Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is egularly carried on  |                     |  |  |  |  |                          |
| 12 (              | Other income. Do not include gain or loss from the sale of capital   |                     |  |  |  |  |                          |
|                   | First five years. If the Form 990 is fo  | r the organization! | to first second this                     | d fourth or fifth to   | ay year as a social                                | on 501(a)(3) organi  | ation                    |
|                   | Control of the contro |                     |  |  | Control Section 1997 - Section 1997 - Section 1997 |  |                          |
|                   | ion C. Computation of Publ   | ic Support Pe       | rcentage                                 |  |  | A DESCRIPTION OF THE RESERVE THE PARTY OF TH |                          |
|                   | Public support percentage for 2009 (   |                     | THE RESIDENCE WHEN PROPERTY AND ADDRESS. | column (f)   |  | 15   | %                        |
|                   | Public support percentage for 2009 (   |                     |  |  |  | 16   | %                        |
|                   | ion D. Computation of Investigation  |                     |  |  |  | 10 1   |                          |
|                   | nvestment income percentage for 20   |                     |  | no 12 polymp (f)   |  | 17   | %                        |
|                   |  |                     |  |  |  | 18   | %                        |
|                   | nvestment income percentage from   |                     |  |  |  |  |                          |
|                   | 33 1/3% support tests - 2009. If the   |                     |  |  |  |  | 12000                    |
|                   | nore than 33 1/3%, check this box a  |                     |  |  |  |  |                          |
|                   | 33 1/3% support tests - 2008. If the ne 18 is not more than 33 1/3%, che   |                     |  |  |  |  | 5995                     |
|                   | Private foundation. If the organization  |                     |  | AND AND ADDRESS OF A STATE OF THE STATE OF T |  |  | DOGULI DERENGENSKOPEN NO |
| 20 1              | invate roundation, it the organization   | ar did not check a  | LOOK OF THE 14, 19                       | a, or rab, check th  |  | nedule A (Form 99  |                          |

# Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Employer identification number

|   | ALLAHASSEE COMMUNITY COLLEGE OUNDATION, INC.  | 59-2091480  |
|---|---|---|
| Organization type (check                                      |   | COLUMN TO A STATE OF THE STATE |
| Filers of:  | Section:  |   |
| Form 990 or 990-EZ  | [X] 501(c)( $3$ ) (enter number) organization   |   |
|   | 4947(a)(1) nonexempt charitable trust not treated as a private foundation   |   |
|   | 527 political organization  |   |
| Form 990-PF   | 501(c)(3) exempt private foundation   |   |
|   | 4947(a)(1) nonexempt charitable trust treated as a private foundation   |   |
|   | 501(c)(3) taxable private foundation  |   |
|   |   |   |
|   | is covered by the General Rule or a Special Rule.   | Dula Cas instructions   |
| Note. Only a section 501(                                     | c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special I  | Rule. See instructions.   |
| General Rule  |   |   |
|   | on filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in plete Parts I and II.   | money or property) from any one   |
| Special Rules   |   |   |
| 509(a)(1) and 170   | (c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the roll(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.  |   |
| aggregate contrib   | (c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one conductions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary cruelty to children or animals. Complete Parts I, II, and III.  |   |
| contributions for<br>If this box is chec<br>purpose. Do not o | (c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one con use exclusively for religious, charitable, etc., purposes, but these contributions did not sked, enter here the total contributions that were received during the year for an exclusic complete any of the parts unless the General Rule applies to this organization because ole, etc., contributions of \$5,000 or more during the year. | aggregate to more than \$1,000.<br>Evely religious, charitable, etc.,<br>The it received nonexclusively   |
| but it must answer "No" o                                     | that is not covered by the General Rule and/or the Special Rules does not file Schedulen Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line liling requirements of Schedule B (Form 990, 990-EZ, or 990-PF).  |   |
| LHA For Privacy Act and for Form 990, 990-                    |   | e B (Form 990, 990-EZ, or 990-PF) (2009)  |

Name of organization
TALLAHASSEE COMMUNITY COLLEGE
FOUNDATION, INC.

Employer identification number 59-2091480

| Part I      | Contributors (see instructions)  |                                |  |
|-------------|--|--------------------------------|--|
| (a)         | (b)  | (c) Aggregate contributions    | (d)<br>Type of contribution  |
|             | Name, address, and ZIP + 4  CAPITAL HEALTH PLAN  2140 CENTERVILLE PLACE  TALLAHASSEE, FL 32308 | \$ 102,000.                    | Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)   |
| (a)         | (b)  | (c)                            | (d)  |
|             | Name, address, and ZIP + 4  NOLIA BRANDT, PHD  1412 N. RANDOLPH CIRCLE  TALLAHASSEE, FL 32308  | \$ 76,350.                     | Person X Payroll Noncash X  (Complete Part II if there is a noncash contribution.) |
| (a)<br>No.  | (b)<br>Name, address, and ZIP ÷ 4  | (c) Aggregate contributions    | (d)<br>Type of contribution  |
| 3           | KNIGHT FOUNDATION  200 S. BISCAYNE BLVD, STE 3300  MIAMI, FL 33131-2349                        | \$\$                           | Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)  |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4  | (c)<br>Aggregate contributions | (d)<br>Type of contribution  |
| 4           | TEXAS GUARANTEED  P.O. BOX 18300  ROUND ROCK, TX 786833100                                     | \$\$                           | Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)  |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4  | (c) Aggregate contributions    | (d) Type of contribution   |
| 5           | COMMUNITY FOUNDATION OF NORTH FLORIDA  1621 METROPOLITAN BLVD.  TALLAHASSEE, FL 32308          | \$ 18,750.                     | Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)  |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4  | (c) Aggregate contributions    | (d)<br>Type of contribution  |
| 6           | DISRTICT BOARD OF TRUSTEES (TCC)  444 APPLEYARD DRIVE  TALLAHASSEE, FL 32304                   | \$41,747.                      | Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)    |
| 923452 02-0 | 1-10   | Schedule B (Form               | 90, 990-EZ, or 990-PF) (2009)  |

Employer identification number

Name of organization
TALLAHASSEE COMMUNITY COLLEGE
FOUNDATION, INC.

59-2091480

| Part I      | Contributors (see instructions)  |                                |   |
|-------------|--|--------------------------------|---|
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4  | (c)<br>Aggregate contributions | (d)<br>Type of contribution   |
| 7           | LEON COUNTY EDUCATIONAL FACILITIES AUTHORITY  1947 HERITAGE GROVE CIRCLE TALLAHASSEE, FL 32304 | \$20,000.                      | Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)                         |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4  | (c) Aggregate contributions    | (d)<br>Type of contribution   |
| 8           | MOTOROLA FOUNDATION  1303 E. ALOGONQUIN RD.  | \$\$18,700.                    | Person X Payroll  Noncash  (Complete Part II if there   |
| (a)<br>No.  | SCAUMBURG , II 60196  (b) Name, address, and ZIP + 4   | (c) Aggregate contributions    | (d) Type of contribution  |
| 9           | DR. JAMES L. RODGERS  205 NORTH MADISON ST.  QUINCY, FL 32351                                  | \$ 27,505.                     | Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)                         |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4  | (c)<br>Aggregate contributions | (d)<br>Type of contribution   |
| 10          | SHS MANAGEMENT P.O. BOX 2535 TALLAHASSEE, FL 32316-2535  | \$64,680.<br>                  | Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)                         |
| (a)<br>No.  | (b)<br>Name, address, and ZIP ÷ 4  | (c) Aggregate contributions \$ | (d) Type of contribution  Person Payroli Noncash (Complete Part II if there is a noncash contribution.) |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4  | (c) Aggregate contributions    | (d) Type of contribution  Person Payroll  |
| 923452 02-0 | 1-10   | \$Schedule B (Form             | Noncash (Complete Part II if there is a noncash contribution.)  |

Page 1 of 1 of Part II
Employer identification number

TALLAHASSEE COMMUNITY COLLEGE FOUNDATION, INC.

59-2091480

| art II                                | Noncash Property (see instructions)          |  |   |
|---------------------------------------|--|--|---|
| (a)<br>No.<br>from<br>Part I          | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received                    |
|                                       | ART WORK                                     |  |   |
| 2                                     |  |  |   |
|                                       |  | \$ 74,800.                                     | 04/10/09                                |
| (a)<br>No.<br>from<br>Part I          | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received                    |
|                                       |  | s  | 100000000000000000000000000000000000000 |
| (a)<br>No.<br>from<br>Part I          | (5)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received                    |
|                                       |  | \$   | ***                                     |
| (a)<br>No.<br>from<br>Part I          | (b) Description of noncash property given    | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received                    |
| AL SA PERM HOUSERY THAT AREA MATERIAL |  | <br>  \$                                       |   |
| (a)<br>No.<br>from<br>Part I          | (b)  Description of noncash property given   | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received                    |
|                                       |  | <br> <br>\$                                    |   |
| (a)<br>No.<br>from<br>Part I          | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received                    |
| 3453 02-01-                           | 10   | Schedule R/Form C                              | 0, 990-EZ, or 990-PF) (                 |

# Schedule D

(Form 990)

Supplemental Financial Statements

Note: The Complete of the Organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

TALLAHASSEE COMMUNITY COLLEGE FOUNDATION, INC.

Employer identification number 59-2091480

| Pai    | rt I Organizations Maintaining Donor Advise  | ed Funds or Other Similar Funds  | or Acco  | ounts. Complete     | e if the         |
|--------|--|--|--|---------------------|------------------|
|        | organization answered "Yes" to Form 990, Part IV, line   | e 6.   |  |                     |                  |
|        |  | (a) Donor advised funds  | (b) F  | unds and other ac   | ccounts          |
| 1      | Total number at end of year  | 1  |  |                     |                  |
| 2      | Aggregate contributions to (during year)   | 0.   |  |                     |                  |
| 3      | Aggregate grants from (during year)  | 0.   |  |                     |                  |
| 4      | Aggregate value at end of year   | 20,432.  |  |                     |                  |
| 5      | Did the organization inform all donors and donor advisors in   |  | sed funds  | -                   |                  |
|        | are the organization's property, subject to the organization's   | exclusive legal control?   |  | X Yes               | s L No           |
| 6      | Did the organization inform all grantees, donors, and donor a  | advisors in writing that grant funds can be  | used only  |                     |                  |
|        | for charitable purposes and not for the benefit of the donor of  |  |  |                     | <del></del>      |
|        | impermissible private benefit?   |  |  | X Yes               | No No            |
| Pai    |  |  | Part IV, line  | 7.                  |                  |
| 1      | Purpose(s) of conservation easements held by the organization  |  |  |                     |                  |
|        | Preservation of land for public use (e.g., recreation or public use)   | Cit is   |  |                     |                  |
|        | Protection of natural habitat  | Preservation of a cert   | tified histor  | ic structure        |                  |
| _      | Preservation of open space   |  |  |                     | W                |
| 2      | Complete lines 2a through 2d if the organization held a quali  | 'ied conservation contribution in the form   | of a conse   | rvation easement    | on the last      |
|        | day of the tax year.   |  | ·  | Held at the End     | of the Tay Vear  |
|        | Total number of concernation accounts  |  | -  |                     | of the Tax Tear  |
| a<br>b | T.1. F.  |  | 4.   |                     |                  |
| C      | Total acreage restricted by conservation easements  Number of conservation easements on a certified historic str | vetus included in (a)  |  |                     |                  |
| d      | Number of conservation easements included in (c) acquired a  |  |  |                     |                  |
| 3      | Number of conservation easements modified, transferred, rel  |  |  |                     |                  |
| •      | year   | isased, extinguished, or terminated by the   | o organizat  | ion during the tax  |                  |
| 4      | Number of states where property subject to conservation ea   | sement is located >  |  |                     |                  |
| 5      | Does the organization have a written policy regarding the per  | Name of the second seco |  |                     |                  |
|        | violations, and enforcement of the conservation easements it   |  |  | Yes                 | s No             |
| 6      | Staff and volunteer hours devoted to monitoring, inspecting,   |  |  |                     |                  |
| 7      | Amount of expenses incurred in monitoring, inspecting, and   |  |  |                     |                  |
| 8      | Does each conservation easement reported on line 2(d) above  |  |  |                     |                  |
|        | and section 170(h)(4)(B)(ii)?  |  |  | Yes                 | s No             |
| 9      | In Part XIV, describe how the organization reports conservati  | ion easements in its revenue and expense   | e statemen   | t, and balance sho  | eet, and         |
|        | include, if applicable, the text of the footnote to the organization   | tion's financial statements that describes   | the organiz  | zation's accountin  | ig for           |
|        | conservation easements.  | COLUMN TO A DUCK OF THE TOTAL PROPERTY OF TH | CARLON PARTICIPATION   | ATAMA PRISTANTALISM |                  |
| Par    | t III Organizations Maintaining Collections of   | (  | ther Sim   | ıilar Assets.       |                  |
|        | Complete if the organization answered "Yes" to Form  | 990, Part IV, line 8.  |  |                     | ~~~              |
|        |  |  |  |                     |                  |
| 1a     | If the organization elected, as permitted under SFAS 116, no   |  |  |                     |                  |
|        | treasures, or other similar assets held for public exhibition, er  |  | blic service   | , provide, in Part  | XIV, the text of |
|        | the footnote to its financial statements that describes these i  |  | 1000 000 0000 00   |                     |                  |
| b      | If the organization elected, as permitted under SFAS 116, to   |  |  |                     |                  |
|        | or other similar assets held for public exhibition, education, o<br>these items:                                 | or research in furtherance of public service   | e, provide t   | ne following amou   | ints relating to |
|        |  |  | 15.  | ¢.                  | 74 800.          |
|        | (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X                    |  | JP   | φ                   | 1.360            |
| 2      | If the organization received or held works of art, historical treatments   | source, or other cimiler coasts for financia   | al gaio, pro   | φ                   | 2.1000           |
|        | the following amounts required to be reported under SFAS 1   |  | u gairi, prov  | nue.                |                  |
| а      | Revenues included in Form 990, Part VIII, line 1   |  | la.  | \$                  |                  |
| b      | Assets included in Form 990, Part X  |  |  | · \$                |                  |
| ~      |  |  |  |                     |                  |
| LHA    | For Privacy Act and Paperwork Reduction Act Notice, see  | the Instructions for Form 990.   | AND ADDRESS OF THE PARTY OF THE | Schedule D (Fo      |                  |

932051 02-01-10

| TALLAHASSEL | COMMONTLL | COTTEGE |  |
|-------------|-----------|---------|--|
| FOUNDATION. | INC.      |         |  |

| Pai | t III Organizations Maintaining C   | ollections of Ar                                     | t, Historical Tr                       | easures, or Oth        | ner Simila       | r Asse                           | ts (contin            | ued)        |
|-----|---|--|--|------------------------|------------------|----------------------------------|-----------------------|-------------|
| 3   | Using the organization's acquisition, accessi   |  |  |                        |                  |                                  |                       |             |
|     | (check all that apply):   |  |  |                        |                  |                                  |                       |             |
| а   | Public exhibition   | d  | Loan or exc                            | change programs        |                  |                                  |                       |             |
| b   | Scholarly research  | е  | X Other PR                             | RIOR DONATI            | ONS FO           | R DI                             | SPLAY                 |             |
| С   | Preservation for future generations   |  |  |                        |                  |                                  |                       |             |
| 4   | Provide a description of the organization's co  | llections and explain                                | how they further t                     | he organization's ex   | empt purpo       | se in Par                        | t XIV.                |             |
| 5   | During the year, did the organization solicit o   |  |  |                        |                  |                                  |                       | Parameter 1 |
|     | to be sold to raise funds rather than to be ma  |  |  |                        |                  |                                  | Yes                   | X No        |
| Par | t IV   Escrow and Custodial Arran   | gements. Complet                                     | te if organization a                   | nswered "Yes" to Fo    | orm 990, Par     | t IV, line                       | 9, or                 |             |
|     | reported an amount on Form 990, Par   | t X, line 21.  |  |                        |                  |                                  |                       |             |
| 1a  | Is the organization an agent, trustee, oustodi  | an or other intermedi                                | ary for contribution                   | ns or other assets no  | ot included      |                                  |                       |             |
|     | on Form 990, Part X?  |  |  |                        |                  | L                                | Yes                   | No          |
| b   | If "Yes," explain the arrangement in Part XIV   |  |  |                        |                  |                                  |                       |             |
|     |   |  |  |                        |                  |                                  | Amount                |             |
| С   | Beginning balance   |  |  |                        | 1c               |                                  |                       |             |
|     | Additions during the year   |  |  |                        |                  |                                  |                       |             |
|     | Distributions during the year   |  |  |                        |                  |                                  |                       |             |
| f   | Ending balance  |  |  |                        |                  |                                  |                       |             |
| 2a  | Did the organization include an amount on Fo  | orm 990, Part X, line 2                              | 21?                                    | 4                      |                  |                                  | Yes                   | No          |
|     | If "Yes," explain the arrangement in Part XIV.  |  |  | 3                      |                  |                                  | COLUMN TO SELECT      |             |
| Par | t V Endowment Funds. Complete it  | the organization ans                                 | wered "Yes" to Fo                      | orm 990, Part IV, line | 10.              |                                  |                       |             |
|     |   | (a) Current year                                     | (b) Prior year                         | (c) Two years back     | (d) Three ye     | ears back                        | (e) Four              | ears back   |
| 1a  | Beginning of year balance   | 5701202 1  | 7270838.                               |                        |                  |                                  |                       | IT HE       |
|     | Contributions   | 128,025.   | 344,222.                               |                        |                  |                                  |                       |             |
|     | Net investment earnings, gains, and losses  | 1759613.   | <1,523,005                             | .>                     |                  |                                  |                       |             |
| d   | Grants or scholarships  |  |  |                        |                  |                                  |                       |             |
|     | Other expenditures for facilities   | 4  |  |                        |                  |                                  |                       |             |
|     | and programs  | 329,612.   | 297,853.                               |                        |                  |                                  |                       |             |
| f   | Administrative expenses   | 24   |  |                        |                  |                                  |                       |             |
| g   | End of year balance   | 7352228.   | 5794202.                               |                        |                  |                                  |                       |             |
| 2   | Provide the estimated percentage of the year  | end balance held as                                  | 3:                                     |                        |                  |                                  |                       |             |
| а   | Board designated or quasi endowment 🖫   |  | %                                      |                        |                  |                                  |                       |             |
| b   | Permanent endowment > 52.00   | %  | •                                      |                        |                  |                                  |                       |             |
| С   | Term endowment ▶ 48.00  | %  |  |                        |                  |                                  |                       |             |
|     | Are there endowment funds not in the posse  | ssion of the organiza                                | tion that are held a                   | and administered for   | the organization | ation                            |                       |             |
|     | by:   |  |  |                        |                  |                                  |                       | Yes No      |
|     | (i) unrelated organizations   |  |  |                        |                  |                                  | 3a(i)                 | X           |
|     | 711V CONTRACTOR CONTRACTOR CONTRACTOR   |  |  |                        |                  |                                  | 3a(ii)                | X           |
| b   | If "Yes" to 3a(ii), are the related organizations   |  |  |                        |                  |                                  | 3b                    |             |
| 4   | Describe in Part XIV the intended uses of the   |  |  |                        |                  | 1.154/55. U.154/54.154/24/1651.1 |                       |             |
| Par | t VI   Investments - Land, Building   | s, and Equipme                                       | nt. See Form 990                       | ), Part X, line 10.    |                  |                                  |                       |             |
|     | Description of investment   | (a) Cost or oti                                      | ner (b) Cos                            | t or other (c)         | Accumulate       | d                                | (d) Book              | value       |
|     |   | basis (investm                                       |  | (other) d              | epreciation      |                                  |                       |             |
| 1a  | Land  | 1,846,8  | 67.                                    |                        |                  |                                  | 1,846                 | ,867.       |
| b   | Buildings   | CONTRACTOR AND A SECURE AND ADDRESS OF THE PARTY AND |  |                        |                  |                                  |                       |             |
| c   | Leasehold improvements  |  |  |                        |                  |                                  |                       |             |
|     | Equipment   |  |  |                        |                  |                                  |                       |             |
|     | Other   |  |  |                        |                  |                                  |                       |             |
|     | Add lines 1a through 1e. (Column (d) must e   |  |  | 10(c).)                |                  | <b>D</b>                         | 1,846                 | ,867.       |
|     | Min and a second and a second | A SEE ALEX OF STREET, SEE ALEXANDER STREET, SE       | e emperature v normális de descendante |                        | S                | OFFICE AND DESCRIPTIONS          | STREET PROPERTY WATER | 990) 2009   |

| Schedule D (Form 990) 2009 FOUNDATIO   | N, INC.  | 59-209   | 1480 Page <b>3</b> |
|--|--|--|--------------------|
| Part VII Investments - Other Securities.   | See Form 990, Part X, line 12.   |  |                    |
| (a) Description of security or category  | (b) Book value   | (c) Method of valuation:<br>Cost or end-of-year market valu  | 10                 |
| (including name of security)   |  | Cost of end-or-year market valu  | <u> </u>           |
| Financial derivatives  |  |  |                    |
| Closely-held equity interests Other  |  |  |                    |
| Other  |  |  |                    |
|  |  |  |                    |
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| THE REPORT OF THE STREET STREET, STREE |  |  |                    |
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|  |  |  |                    |
| Total (Cal/h) must soud Form 000 Part V sal (D) lies 10.1  |  |  |                    |
| Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)  Part VIII Investments - Program Related  | Con Form 000 Part V line 12  |  |                    |
|  |  | (c) Method of valuation:   |                    |
| (a) Description of investment type   | (b) Book value   | Cost or end-of-year market valu  | e                  |
|  |  | r <sup>2</sup>   |                    |
|  |  | The state of the s |                    |
|  |  | , <sup>1</sup> =0.   |                    |
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| Manager of the Control of the Contro |  |  |                    |
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| Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)   | >  |  | . 75               |
| Part IX Other Assets. See Form 990, Part X,  | line 15.   | THE RESIDENCE ASSESSMENT OF THE PROPERTY OF THE PARTY AND A SECOND CO. A REV. SEC. OF THE SEC. A SECOND CO. A |                    |
|  | (a) Description  | (b   | ) Book value       |
|  |  |  |                    |
|  |  |  |                    |
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|  |  |  |                    |
|  | ***************************************  |  |                    |
| Total. (Column (b) must equal Form 990, Part X, col (B)  | line 15.)  | <b>▷</b>   |                    |
| Part X Other Liabilities. See Form 990, Par<br>1. (a) Description of liability   |  | a) Amount  | - Ann              |
| 1. (a) Description of Hability Federal income taxes  |  | o) Amount  |                    |
| rederal income taxes   |  |  |                    |
| The state of the s |  |  |                    |
|  |  |  |                    |
|  | Marine and a second property of the second pr |  |                    |
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|  |  |  |                    |

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) 2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48. 932053 02-01-10

| Pa        | rt XI Reconciliation of Change in Net Assets from Form 990 to  | Audit       | ed Financial S                                  | State    | ment     | S            |
|-----------|--|-------------|---|----------|----------|--------------|
| 1         | 7.1. // 000 0 11/11 1 // 10  |             |   |          |          | <252,730.    |
| 2         | Total expenses (Form 990, Part VIII, column (A), line 12)  Total expenses (Form 990, Part IX, column (A), line 25)   |             |   |          |          | 1,389,126.   |
| 3         |  |             |   |          |          | <1,641,856.  |
| 4         | Net unrealized gains (losses) on investments   |             |   |          |          |              |
| 5         | Donated services and use of facilities   |             |   |          |          |              |
| 6         |  |             |   |          |          |              |
|           | Investment expenses  |             | 7   |          |          |              |
| 7<br>8    | Prior period adjustments Other (Describe in Part VIV.)   |             |   |          |          |              |
|           | Other (Describe in Part XIV.)  |             |   |          |          | 0.           |
| 9         | Total adjustments (net). Add lines 4 through 8   |             |   |          |          | <1,641,856.  |
| 10<br>Pai | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and t XII   Reconciliation of Aevenue per Audited Financial Statemen  | nts W       | ith Revenue r                                   | er Re    | eturn    |              |
| 1         | Total revenue, gains, and other support per audited financial statements   |             |   |          | _1       | 2,930,884.   |
| 2         | Amounts included on line 1 but not on Form 990, Part VIII, line 12:  |             |   |          |          |              |
| а         | Net unrealized gains on investments  | 2a          | 2,803,2   | 85.      |          |              |
| b         | Donated services and use of facilities   |             | 380,3   | 29.      |          |              |
| С         | Recoveries of prior year grants  | 2c          |   |          |          |              |
| d         | Other (Describe in Part XIV.)  | 2d          |   |          |          |              |
| е         | Add lines 2a through 2d  |             |   |          | 2e       | 3,183,614.   |
| 3         | Subtract line 2e from line 1   | <u></u>     |   |          | 3        | <252,730.    |
| 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 75   | 4a          |   |          |          |              |
| b         | Other (Describe in Part XIV.)  | 46          |   |          |          |              |
| С         | Add lines 4a and 4b  |             |   |          | 4c       | 0.           |
| 5         | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  |             |   | 41111    | 5        | <252,730.    |
| Pa        | rt XIII Reconciliation of Expenses per Auditeo Financial Stateme   | ents V      | /ith Expenses                                   | per      | Retu     | rn           |
| 1         | Total expenses and losses per audited financial statements   |             |   |          | 1        | 1,769,455.   |
| 2         | Amounts included on line 1 but not on Form 990, Part IX, line 25:  |             |   |          |          |              |
| а         | Donated services and use of facilities   | 2a          | 380,3   | 29.      | 1        |              |
| b         | Prior year adjustments   | 2b          |   |          | 1        |              |
| С         | Other losses   | 2c          |   |          | - 1      |              |
| d         | Other (Describe in Part X'V.)  |             |   |          |          |              |
| е         | Add lines 2a through 2d  |             |   |          | 2e       | 380,329.     |
| 3         | Subtract line 2e from line 1   |             |   |          | 3        | 1,389,126.   |
| 4         | Amounts included on Form 990 Part IX. line 25, but not on line 1:  |             | 3367.34   |          |          |              |
| а         | Investment expenses not included on Form 990, Part VIII, line 7b   | 4a          |   |          |          |              |
| b         | Other (Describe in Part XIV.)  | 4b          |   |          | 1        |              |
| С         | Add lines 4a and 4b  | har emerced |   |          | 4c       | 0.           |
| 5         | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)   |             |   |          | 5        | 1,389,126.   |
| Pai       | t XIV Supplemental Information   |             |   |          |          |              |
| X, lin    | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complET III, LINE 4: THE COLLECTION INCLUDES SOM | lete this   | part to provide a                               | ny add   | litional | information. |
| SE        | T. THESE ASSETS ARE IMMATERIAL IN RELATION   | 1 TO        | THE TOTA  | L AS     | SSET     | rs held by   |
| THE       | FOUNDATION. THESE TTEMS WERE DONATED TO  | THE         | FOUNDATI  | ON :     | IN E     | PAST YEARS   |
| ANI       | WILL BE MAINTAINED UNTIL SUCH A TIME THAT  | ' A !       | MARKET CA                                       | N B      | E FO     | OUND FOR     |
| THE       | BM .   |             | angermany and design the sea statement services |          |          |              |
|           |  |             |   |          |          |              |
|           |  |             |   | 11/02/04 |          |              |

# SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

2009

Open To Public Inspection

Name of the organization

TALLAHASSEE COMMUNITY COLLEGE

Employer identification number 59-2091480

| The state of the s | TOTAL TIME .   |   |  |  |  |   |
|--|--|---|--|--|--|---|
| Fundraising Activities. required to complete this part   | Complete if the organization answer.   | ered "\   | es" to   | Form 990, Part IV, I   | ine 17. Form 990-EZ  | filers are not  |
| 1 Indicate whether the organization raise a  | e Solicitat f Solicitat g Special r oral agreement with any individual art Vil) or entity in connection with p | ion of<br>ion of<br>fundra<br>(include<br>rofess<br>uant to | non-g<br>gover<br>using<br>ding o<br>ional f<br>agre | overnment grants nment grants events fficers, directors, true undraising services? | stees or Yes<br>the fundraiser is to                                       | be  |
| (i) Name of individual or entity (fundraiser)  | (ii) Activity  | (iii)<br>fundr<br>have co<br>or con<br>contrib              | Did<br>aiser<br>istody<br>trol of<br>utions?         | (iv) Gross receipts<br>from activity   | (v) Amount paid<br>to (or retained by)<br>fundraiser<br>listed in col. (i) | (vi) Amount paid<br>to (or retained by)<br>organization |
|  |  | Yes   | No   |  |  |   |
|  |  | gli   |  | 4  |  |   |
|  |  | e<br>Dat  | *  |  |  |   |
|  |  |   | 7  |  |  |   |
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|  |  |   |  |  | nt, empresant re altraint sins fulfillation s nature                       |   |
| Total  3 List all states in which the organization   | n is registered or licensed to solicit f   | unds (  | or has   | been notified it is ex   | empt from registrati   | on or licensing.  |
| The state of the s |  |   |  |  |  |   |
| 710 1  |  |   | ********   |  |  |   |
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Schedule G (Form 990 or 990-EZ) 2009

| Pa              | art I   | Fundraising Events. Complete if the on Form 990-EZ, line 6a. List events with   |  |  | t IV, line 18, or reported   | more man  | \$15,000                  |       |
|-----------------|---------|---|--|--|--|-----------|---------------------------|-------|
|                 |         |   | (a) Event #1 CAPITAL CITY CAPER  | (b) Event #2<br>AWARDS<br>DINNER                         | (c) Other events NONE  | (add col. | al events<br>(a) through  | า     |
| Revenue         |         |   | (event type)   | (event type)   | (total number)   |           |                           |       |
| Reve            | 1       | Gross receipts  | 29,700.  | 450.   | *  |           | 30,150                    | ) .   |
|                 | 2       | Less: Charitable contributions  |  |  |  |           |                           |       |
|                 | 3       | Gross income (line 1 minus line 2)  | 29,700.  | 450.   |  |           | 30,150                    | ) .   |
|                 | 4       | Cash prizes   | A SECRETAR AND A PARTIE OF THE PARTIE OF THE PARTIE OF THE PARTIES |  |  |           |                           |       |
| ses             | 5       | Noncash prizes  |  |  |  |           |                           |       |
| Direct Expenses | 6       | Rent/facility costs   | <u></u>  |  | AND THE RESERVE OF THE PARTY OF |           |                           | _     |
| Direct          | 7       | Food and beverages  | -  |  |  |           |                           | _     |
|                 | 8       | Entertainment   |  |  |  |           |                           |       |
|                 | 9       | Other direct expenses   |  | 2 Realizable   |  |           |                           |       |
|                 | 10      | Direct expense summary. Add lines 4 throug                                      | h 9 in column (d)  |  | <b>b</b>   |           | 30,150                    | _)    |
| Ps              | rt I    | Net income summary. Combine line 3, column Gaming. Complete if the organization | n (d), and line 10   | 000 Part IV line 10, or u                                | reported more than   |           | 30,130                    | , .   |
|                 |         | \$15,000 on Form 990-EZ, line 6a.   | Misweled 145 to form   | 1980, Fait IV, line 19, OF                               | eported more trian   |           |                           |       |
| une             |         |   | (a) Bingo  | (I5) Pull tabs/instant<br>bingo/progressive bingo        | (c) Other gaming   |           | gaming (ad<br>ough col. ( |       |
| Revenue         |         |   |  | <u>A</u> I   |  | 1         |                           |       |
|                 | 1       | Gross revenue   |  |  |  | <u> </u>  |                           | _     |
| ses             | 2       | Cash prizes   |  |  |  | ļ         |                           |       |
| Direct Expenses | 3       | Noncash prizes  |  |  |  |           |                           |       |
| Direct          | 4       | Rent/facility costs   |  |  |  |           |                           |       |
|                 | 5       | Other direct expenses   | A. C.  | i  |  |           |                           |       |
|                 | 6       | Volunteer labor   | ☐ Yε3 %<br>☐ No  | Yes %  | Yes% No  |           |                           |       |
|                 | 7       | Direct expense summary. Add lines 2 through                                     | n 5 in column (d)  |  | Þ  | (         |                           | )     |
|                 | 8       | Net gaming income summary. Combine line   | , column (d), and line 7   | DOMERATION L. RESIDENCE SETTING PRINCIPAL SEASON SETTING | AND LANGUAGE & ROOM OF STREET & TOTAL AND ADDRESS AND  |           |                           | _     |
| 9               | Ent     | ter the state(s) in which the organization opera                                | es camina activities   |  |  |           | Yes N                     | 0     |
| а               | ls t    | he organization licensed to operate garning ac                                  | tivities in each of these:   | itates?  |  | 9a        |                           | 7 (64 |
| b               | If "I   | No," explain:   |  |  |  |           |                           |       |
| 10a             | —<br>We | re any of the organization's gaming licenses re                                 | voked, suspended or te   | rminated during the tax                                  | year?  | 10a       |                           |       |
|                 |         | Yes," explain:  |  | 3  |  |           |                           |       |
| 11              | Dos     | es the organization operate gaming activities v                                 | vith nonmembers?   |  |  | 11        |                           |       |
|                 | ls t    | he organization a grantor, beneficiary or truste<br>minister charitable gaming? |  | of a partnership or other                                |  | 12        |                           |       |

Schedule G (Form 990 or 990-EZ) 2009

932082 02-03-10

# TALLAHASSEE COMMUNITY COLLEGE

| Schedule G (Form 990 or 990 EZ) 2009 FOUNDATION, INC.  | 59-  | 209148             | 0 Page <b>3</b> |
|--|--|--------------------|-----------------|
| Consideration of the Constitution of the Const | STATE OF THE PARTY | Carried MA Carried | Yes No          |
| 13 Indicate the percentage of gaming activity operated in:   |  |                    |                 |
| a The organization's facility  | 13a  | %                  |                 |
| b An outside facility  |  | %                  | 4               |
| 14 Enter the name and address of the person who prepares the organization's gaming/special events by   |  |                    |                 |
|  |  |                    |                 |
| Name   |  |                    |                 |
| Address ▶  |  |                    |                 |
| And the second s |  |                    |                 |
| 15a Does the organization have a contract with a third party from whom the organization receives gamin   | g revenue?   | 15a                |                 |
|  |  |                    |                 |
| b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$   | _ and the amount   |                    |                 |
| of gaming revenue retained by the third party 🕨 💲  |  |                    |                 |
| c If "Yes," enter name and address of the third party:   |  |                    |                 |
| Manua Da   |  | 1                  |                 |
| Name   |  |                    |                 |
| Address >  |  |                    |                 |
|  |  |                    | I francis       |
| 16 Gaming manager information:   |  |                    |                 |
|  |  | į.                 |                 |
| Name ▶   |  |                    |                 |
| Gaming manager compensation 🕪 \$   |  | ļ                  |                 |
| Gaming manager compensation pro- 5   |  |                    |                 |
| Description of services provided   |  |                    |                 |
|  |  |                    |                 |
|  |  | Ė :                |                 |
|  |  |                    |                 |
| Director/officer Employee Independent contractor   |  |                    |                 |
|  |  |                    |                 |
| 17 Mandatory distributions:  |  |                    |                 |
| a Is the organization required under state law to make charitable distributions from the gaming proceed  |  |                    |                 |
| retain the state gaming license?   |  |                    | -               |
| <b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organize   | ations or spent in the   |                    |                 |
| organization's own exempt activities during the tax year 🕩 \$  |  | - E                |                 |

Schedule G (Form 990 or 990-EZ) 2009

| SCHEDULE I<br>(Form 990)  |  |                   | Grants and  | Grants and Other Assistance to Organizations, Bovernments, and Individuals in the United States | to Organizations<br>in the United Stat   | ,<br>8   |  | OMB No. 1545-0047                                     | 345-0047         |
|---|--|-------------------|---|---|--|--|--|---|------------------|
| Department of the Treasury Internal Revenue Service                         |  | Comple            | Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  Attach to Form 990. | n answered "Yes" on Fo<br>➤ Attach to Form 990.   | on Form 990, Par<br>n 990.   | t IV, line 21 or 22.   |  | Open to Public<br>Inspection                          | Public<br>tion   |
| Name of the organization  | e organization TALLAHASSEE COMMITED FOUNDATION, INC.   | COMMUNITY<br>INC. | ITY COLLEGE   |   |  |  |  | Employer identification number 59-2091480             | n number<br>1480 |
| 7 Does the organizatio  | Does the organization maintain records to substantiate the amount office is and to award the grants or assistance?   | Jostantiate the   |   | or assistance, the  | grantees' eligibility  | for the grants or ass  | of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection | tion  | 2                |
| 2 Describe in Part IV th  | oners assorted what the grants of assistance.<br>Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. | jures for monito  | oring the use of grant f  | funds in the United   | States.  |  |  | S31 S   |                  |
| 2   | When Assistance to Daw   | encents and       | Organizations in the  | United States, Oc   | omplete if the orga  | nization answered "Y   | es" to Form 990, Part  | IV, line 21, for any                                  |                  |
| *SOPENT That received have their transitions of organizations or government | egiptent that reserved rune than 55,000, Obeot this box if no time and address of organization (b) EIN (c) 190 or government fap;                              | (b) EIN           | box if no one recipies<br>(c) IRC section<br>If applicable  | (d) Amount of cash grant  | (e) Amount of non-cash assistance  | Section (d) Amount of (e) Amount of valuation (book, non-cash plicable cash grant assistance (f) Wull appraisal, assistance other) | (Form 390) if additional space is needed (g) Description of (h) Purpose non-cash assistance or assist  | al space is needed (h) Purpose of grant or assistance | rant             |
|   |  |                   |   |   |  |  |  | ONCE GIVEN CRITERIA ARE                               | IA ARE           |
| TALLARASSEE COMMUNITY 444 APPLEYARD DRIVE                                   | 303000 XX  |                   |   | ì   |  |  |  | MET FOR VARIOUS PROGRAMS<br>FUNDS COLLECTED FOR THAT  | SUGRAMS,         |
| TALLAHASSER, FT. 32304  |  | 59-1141270 5      | 5010(1)   | 600,837.  | .0   |  |  | PURPOSES ARE RELEASED TO                              | ASED TO          |
|   |  |                   |   |   |  |  |  |   |                  |
| 2 Enter total number o  | Enter total number of section 501(c)(3) and government organizations   | government org    | ganizations   |   |  |  | ***************************************  | A   | ri               |
| 3 Enter total number o  | Enter total number of other organizations  |                   |   |   |  |  |  | <b>A</b>  | 0.               |
| 1   |  | n Act Notice,     | see the instructions f  | for Form 990.   | The second secon |  |  | Schedule I (Form 990) 2009                            | 990) 2009        |

# TALLAHASSEE COMMUNITY COLLEGE

INC. FOUNDATION,

Schedule I (Form 990) 2009

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

Page 2

59-2091480

| (a) Type of grant or assistance   | (b) Number of recipients   | (c) Amount of cash grant   | (d) Amount of non-<br>cash assistance  | (e) Method of valuation<br>(book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---|--|--|--|--|--|
| SCHOLARSHIPS AND AWARDS FOR TALLAHASSEE COMMUNITY COLLEGE ATTENDING STUDENTS  | 4 <sub>1</sub>   | 56<br>8000   | C  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
| Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. | de the information   | required in Part I,  | line 2, and any other  | additional information.                                  |  |
| SCHEDULE I, PART I, LINE 2: GRANTS MONIES   | - 1  | негр ву тне  | E FOUNDATION   | ON ARE PAID  |  |
| OUT TO THE COLLEGE UPON RECEIPT OF  | F DOCUMENTATION  | TATION THAT  | T THE INTENT   | NT OF THE  |  |
| GRANT HAS BEEN FULFILLED.   | e constituit de membrando de la compansión de la compansi | The second secon | Manager of Manager of Spirit Spirits and the Spirits of Spirits and Spirits an |  |  |
|   | ***  | The second secon | Note the constitution of the constitution of   |  |  |

PART II, LINE 1, COLUMN (H):

GOVERNMENT: TALLAHASSEE COMMUNITY COLLEGE NAME OF ORGANIZATION OR GRANT OR ASSISTANCE: ONCE GIVEN CRITERIA ARE MET FOR (H) PURPOSE OF COLLECTED FOR THAT PURPOSES ARE RELEASED TO THE FUNDS VARIOUS PROGRAMS,

COLLEGE.

# **SCHEDULE J-2**

(Form 990)

# Continuation Sheet for Form 990

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Inspection

Name of the Organization

See the Instructions for Form 990. TALLAHASSEE COMMUNITY COLLEGE FOUNDATION, INC.

Employer Identification number 59-2091480

| FOUNDATIO  |  |                                |                       |         |              |                              |        |                                 | 59-209                           | AND DESCRIPTION OF THE PARTY OF |
|--|--|--------------------------------|-----------------------|---------|--------------|------------------------------|--------|---------------------------------|----------------------------------|--|
| Part I Continuation of Officers, D   |  | ust                            | tee                   |         |              | En                           | plq    |                                 |                                  |  |
| (A)  | (B)  |                                |                       |         | <b>C)</b>    |                              |        | (D)                             | (E)                              | (F)  |
| Name and title   | Average  |                                |                       | Pos     |              |                              |        | Reportable                      | Reportable                       | Estimated  |
|  | hours  | (c                             | hecl                  | all     | that         | app                          | ly)    | compensation                    | compensation                     | amount of  |
|  | per  |                                |                       |         |              |                              |        | from                            | from related                     | other  |
|  | week   | 5                              |                       |         |              | Highest compensated employee |        | the                             | organizations<br>(W-2/1099-MISC) | compensation<br>from the   |
|  |  | lirect                         | 1                     |         |              | emp                          |        | organization<br>(W-2/1099-MISC) | (44-2/1099-141130)               | org r zation   |
|  |  | 10 a                           | stee                  |         |              | sated                        |        | (W-2/1033-WIGO)                 |                                  | ano related  |
|  |  | Individual trustee or director | Institutional trustee |         | yee          | mper                         |        |                                 |                                  | organizations  |
|  |  | dual                           | ution                 | ba      | Key employee | sst co                       | Li a   |                                 |                                  | <del>-</del>   |
|  |  | Indiv                          | Instil                | Officer | Keye         | High                         | Former |                                 |                                  |  |
| SUSAN PAYNE TURNER   | 1  |                                |                       |         |              |                              |        |                                 |                                  |  |
| DIRECTOR   | 1.00   | X.                             |                       |         |              |                              |        | 0.                              | 0.                               | 0.   |
| RICHARD WEIDNER  | ĺ  |                                |                       |         |              |                              |        |                                 |                                  |  |
| DIRECTOR   | 1.00   | X                              |                       |         |              |                              |        | 0.                              | 0.                               | 0.   |
| MATTHEW WILLARD  | Ì  | <u> </u>                       | 1                     |         |              |                              |        | Williams                        |                                  |  |
| EX-OFFICIO MEMBER  | 1.00   | X                              |                       |         |              |                              |        | 0.                              | 0.                               | 0.   |
| ALBERT C. PENSON   |  |                                | 1                     |         |              |                              |        |                                 |                                  |  |
| TREASURER  | 1.00   | X                              | ¥.                    | X       |              | 27                           |        | 0.                              | 0.                               | 0.   |
|  |  |                                | 1                     |         |              |                              |        |                                 |                                  |  |
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|  | 14   |                                |                       |         |              |                              |        |                                 |                                  |  |
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|  | 5  |                                |                       |         |              |                              |        |                                 |                                  |  |
|  | <u> </u>   |                                |                       |         |              |                              |        |                                 |                                  |  |
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|  |  |                                |                       |         |              |                              |        |                                 |                                  |  |
|  | <b></b>  |                                | -                     |         |              | _                            |        |                                 | <u> </u>                         |  |
|  |  |                                |                       |         |              |                              |        |                                 |                                  |  |
| LIIA P. D.   | ***  | -                              |                       |         | -            |                              |        |                                 |                                  | AA-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-  |

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2009

# **SCHEDULE M** (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Fart IV, lines 29 or 30.

Open to Public Inspection

Name of the organization

Attach to Form 990. TALLAHASSEE COMMUNITY COLLEGE FOUNDATION, INC.

Employer identification number 59-2091480

| Pai | rt I Types of Property                                    |  |                                   |  |                               |         |        |       |
|-----|---|--|-----------------------------------|--|-------------------------------|---------|--------|-------|
|     |   | (a)<br>Check if  | (b)<br>Number of<br>contributions | (c)<br>Revenues reported on<br>Form 990, Part VIII, line 1g  | (d)<br>Method of de<br>revenu | etermin | ning   |       |
|     |   | applicable   | contributions                     |  |                               |         |        |       |
| 1   | Art - Works of art  | X  | 1                                 | 74,800.  | APPRAISAL                     |         |        |       |
| 2   | Art - Historical treasures                                |  |                                   |  |                               |         |        |       |
| 3   | Art - Fractional interests                                |  |                                   |  |                               |         |        |       |
| 4   | Dooles and nublications                                   |  |                                   |  |                               |         |        |       |
| 5   | Clothing and household goods                              |  |                                   |  |                               |         |        |       |
| 6   | Care and other vehicles                                   |  |                                   |  |                               |         |        |       |
| 7   | Boats and planes  |  |                                   |  |                               |         |        |       |
| 8   | Intellectual property Securities · Publicly traded        |  |                                   |  |                               |         |        |       |
| 9   | Securities · Publicly traded                              | X  | 1.                                | 3,054.   | FAIR MARKET                   | VA      | LUE    |       |
| 10  | Securities · Closely held stock                           |  |                                   | Æ  |                               |         |        |       |
| 11  | Securities · Partnership, LLC, or                         |  |                                   | E1.  |                               |         |        |       |
|     | trust interests   |  |                                   |  |                               |         |        |       |
| 12  | Securities · Miscellaneous                                |  |                                   |  |                               |         |        |       |
| 13  | Qualified conservation contribution - Historic structures |  | all i                             |  |                               |         |        |       |
| 14  | Qualified conservation contribution - Other               |  |                                   | 4.1  |                               |         |        |       |
| 15  | Real estate - Residential                                 |  |                                   |  |                               |         |        |       |
| 16  | Real estate - Commercial                                  |  |                                   |  |                               |         |        |       |
| 17  | Real estate - Other                                       |  |                                   |  |                               |         |        |       |
| 18  | Collectibles  |  |                                   |  |                               |         |        |       |
| 19  | Food inventory  |  | 1                                 |  | 1                             |         |        |       |
| 20  | Drugs and medical supplies                                |  |                                   |  |                               |         |        |       |
| 21  |   |  |                                   |  |                               |         |        |       |
| 22  | Historical artifacts                                      |  | . '9'                             |  |                               |         |        |       |
| 23  | Scientific specimens                                      |  |                                   |  | 1                             |         |        |       |
| 24  | Archeological artifacts                                   |  |                                   |  |                               |         |        |       |
| 25  | Other ()  |  |                                   |  |                               |         |        |       |
| 26  | Other ()  |  |                                   |  |                               |         |        |       |
| 27  | Othor /   |  |                                   |  |                               |         |        |       |
| 28  | Other ()  |  |                                   |  | 1                             |         |        |       |
| 29  | Number of Forms 8283 received by the organization         | ation during   | the tax year for c                | ontributions   |                               |         |        |       |
|     | for which the organization completed Form 829             | 33, Part IV, D   | Oonee Acknowled                   | yment 29   |                               |         | ,      |       |
|     |   |  |                                   |  |                               |         | Yes    | No    |
| 30a | During the year, did the organization receive by          | contributio  | n any property rep                | oorted in Part I, lines 1-28 th  | at it must hold for           |         |        |       |
|     | at least three years from the date of the initial c       | ontribution.   | and which is not                  | raquired to be used for exer   | npt purposes for              | 1       |        | 104   |
|     | the entire holding period?                                |  |                                   | ·  |                               | 30a     |        | X     |
| b   | If "Yes," describe the arrangement in Part II.            |  |                                   |  |                               |         |        | - 150 |
| 31  | Does the organization have a gift acceptance p            | olicy that re  | quires the review                 | of any non-standard contrib  | utions?                       | 31      | Х      |       |
| 32a | Does the organization hire or use third parties of        | or related or  | ganizations to soli               | cit, process, or sell noncash  |                               |         |        |       |
|     | contributions?  | ***********  |                                   |  |                               | 32a     |        | X     |
| b   | If "Yes," describe in Part II.                            |  |                                   |  |                               |         |        |       |
| 33  | If the organization did not report revenues in co         | olumn (c) for  | a type of property                | / for which column (a) is che  | cked,                         |         |        |       |
|     | describe in Part II.                                      | CONTRACTOR AND A PROPERTY OF THE PARTY OF TH |                                   | NUMBER STATES THE PROPERTY OF THE PROPERTY OF THE PARTY O |                               |         |        | 3     |
| LHA | For Privacy Act and Paperwork Reduction                   | Act Notice,  | see the Instruct                  | ions for Form 990.   | Schedule N                    | A (Forr | n 990) | 2009  |

932141 03-12-10

### **SCHEDULE O**

(Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

TALLAHASSEE COMMUNITY COLLEGE FOUNDATION, INC.

Employer identification number 59-2091480

| FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:              |
|---|
| STUDENT SCHOLARSHIPS, AWARDS AND FACULTY SUPPORT FOR ACADEMIC               |
| EXTRACURRICULAR ACTIVITIES.   |
|   |
| FORM 990, PART VI. SECTION B, LINE 11: THE AUDIT COMMITTEE REVIEWS THE      |
| INFORMATIONAL RETURN ON BEHALF OF THE FOUNDATION'S BOARD OF DIRECTORS.      |
|   |
| FORM 990, PART VI, SECTION B, LINE 12C: THE POLICY IS A PART OF THE         |
| FOUNDATION POLICY MANUAL WHICH IS AVAILABLE TO ALL STAFF AND BOARD MEMBERS. |
| STAFF MEMBERS ARE OVERSEEN AND REVIEWED BY MANAGEMENT AT LEAST ANNUALLY.    |
| ANY APPARENT CONFLICTS OF INTEREST HOTED DURING THE YEAR ARE ADDRESSED AS   |
| INCURRED. BOARD MEMBERS ARE EVALUATED AT THE TIME OF MEMBERSHIP             |
| ACCEPTANCE. ONGOING MONITORING IS DONE VIA CONSISTENT CONTACT AND BEST      |
| EFFORT AWARENESS OF BOARD MEMBER ACTIVITIES.                                |
|   |
| FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFIRMATIONS   |
| AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST.                   |
|   |
| FORM 990, PART XI, LINE 2C:   |
| THE AUDIT COMMITTEE RECOMMENDS THE APPROVAL OF THE INDEPENDANT AUDITORS     |
| AND REVIEWS AND RECOMMENDS THE APPROVAL OF THE ANNUAL AUDITED FINANCIAL     |
| STATEMENTS TO THE FOUNDATION'S BOARD OF DIRECTORS.                          |
|   |
|   |
|   |

Form 8868

(Rev. April 2009) Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

|   |  | 9.0000AU-8.4                            | Contract to the contract to th |
|---|--|---|--|
|   | are filing for an Automatic 3-Month Extension, complete only Part I and check this box   |   |  |
|   | are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this   |   |  |
| Do not                                    | complete Part II unless you have already been granted an automatic 3-month extension on a previously fi  | led Fo                                  | rm 8868.   |
| Part I                                    | Automatic 3-Month Extension of Time. Only submit original (no copies needed).  | THE PERSON                              | CANADA DE LOS DE SENTE E CONTRACTO DE LOS DE CONTRACTOS DE |
| A corno                                   | ration required to file Form 990-1 and requesting an automatic 6-month extension - check this box and com  | nlete                                   |  |
| Part I or                                 |  | ipiete                                  |  |
|   | corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an  | ovtor                                   | neign of time  |
|   | corporations (including 1129-Conters), partiters aps, HELLICS 240 (1688) musicuse Point 1004 to reguest and<br>Come tax returns.   | CALCI                                   | isidit of time   |
| noted be<br>(not auto<br>you mus          | nic Filing (e-file). Generally, you can electronically file Form 8338 if you want a 3-month automatic extension (6 months for a corporation required to file Form 990-1). However, you cannot file Form 8868 electronic matic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or cost submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic file gov/efile and click on e-file for Charities & Nonprofits. | cally it                                | f(1) you want the additional ated Form 990-T. Instead,   |
| Type or                                   |  | Emp                                     | loyer identification number  |
| print                                     | TALLAHASSEE COMMUNITY COLLEGE  |   |  |
| File by the                               | FOUNDATION, IMC.   | 5                                       | 9-2091480  |
| due date fo<br>filing your<br>return. See | 444 APPLEYARD DRIVE  |   |  |
| instruction                               |  |   |  |
| Check t                                   | ype of return to be filed (file a separate application for each return);   | *************************************** | Chip Employ was to the other to Line and   |
| -   |  |   |  |
| 1   | orm 990 Form 990-T (corporation) Form 47   |   |  |
|   | orm 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 52  |   |  |
|   | orm 990-EZ Form 990-T (trust other than above)   |   |  |
| L Fc                                      | rrn 990-PF Form 1041-A Form 88   | 70                                      |  |
|   | ROBEN JOHNSTON   |   |  |
| A Thol                                    | ANDLE OF IN THE SAME AS A A A ADDITION DO NOT THE TOTAL AND CORE FI. 3   | 230                                     | 1  |
| Tolon                                     | hone No. (850) 201-8580 FAX No.  | 250                                     | 7  |
|   | organization does not have an office or place of business in the United States, check this box   |   |  |
|   | is for a Group Return, enter the organization's four digit Croup Exemption Number (GEN) . If this  |   |  |
|   | . If it is for part of the group, check this box. It is and attach a list with the names and EINs of all   |   |  |
| DOX II                                    |  |   | ers the extension will dover.  |
| is  |  |   | The extension  |
| l.  | X tax year beginning APR 1. 2009 , and ending MAR 31, 2010   |   | *  |
| 2 If t                                    | his tax year is for less than 12 months icheck reason: I Initial return Final return   |   | Change in accounting period  |
| Z 111                                     | mis tax year is for less than 12 micha's Check reason: L mita; return Final return   | ليا                                     | Change in accounting period  |
|   | his application is for Form 990-BL, 990 Pc, 990-1, 4720 or 6069, enter the tentative tax, less any   |   |  |
| no  | nrefundable credits. See instructions.   | За                                      | \$   |
|   | his application is for Form 990-PF or 990-T, enter any retundable credits and estimated  |   |  |
| -   | payments made. Include any prior year overpayment allowed as a credit.   | 3b                                      | \$   |
|   | lance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,  |   |  |
| de  | posit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).   |   | 55.75  |
| Se  | e instructions.  | 3c                                      | ş N/A  |
| Caution                                   | . If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form  | 8879-                                   | EO for payment instructions.   |
|   | For Privacy Act and Paperwork Reduction Act Notice, see Instructions.  | CA TO MINISTER                          | Form 8868 (Rev. 4-2009)  |
| L11/1 1                                   | or i made y mer and not enver medecated wat woulde, see instructions.  |   | 1 01111 0000 (110V. 7 2003)  |

# TALLAHASSEE COMMUNITY COLLEGE HOUSING, INC. Tallahassee, Florida

FINANCIAL STATEMENTS Years Ended June 30, 2010 and 2009

# CONTENTS

| INDEPENDENT AUDITORS' REPORT   | 1     |
|--|-------|
| FINANCIAL STATEMENTS   |       |
| Statements of Financial Position   | 2     |
| Statements of Activities   | 3     |
| Statements of Cash Flows   | 4     |
| Notes to Financial Statements  | 5 - 7 |
| INDEPENDENT AUDITORS' REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH |       |
| GOVERNMENT AUDITING STANDARDS  | 8 - 9 |

### **MEMBERS**

AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

FLORIDA INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS



Certified Public Accountants and Business Advisors

HAROLD A. BROCK, JR., C.P.A. FRED C. LUGER, C.P.A. MATTHEW R. HANSARD, C.P.A. ANN MARIE BACHMAN, C.P.A.

> LINDA V. SIMPSON, C.P.A. KESZIA E. COX, C.P.A. CHRISTINA J. WILL, C.P.A.

OF COUNSEL
W. FREDERICK THOMSON, C.P.A.

# INDEPENDENT AUDITORS' REPORT

Board of Directors
Tallahassee Community College Housing, Inc.
Tallahassee, Florida

We have audited the accompanying statements of financial position of Tallahassec Community College Housing, Inc. (a nonprofit organization) as of June 30, 2010 and 2009, and the related statements of activities and cash flows for the years then ended. These financial statements are the responsibility of the Tallahassee Community College Housing, Inc.'s management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement. An audit includes examining on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and the significant estimates made by management, as well as evaluating the overall financial presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Tallahassee Community College Housing, Inc. as of June 30, 2010 and 2009 and the changes in its net assets and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

In accordance with Government Auditing Standards, we have also issued a report dated August 31, 2010 on our consideration of Tallahassee Community College Housing, Inc.'s internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal controls over financial reporting and compliance and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with Government Auditing Standards and should be considered in assessing the result of our audit.

August 31, 2010

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Financial
Consulting
Group,L.C.

# TALLAHASSEE COMMUNITY COLLEGE HOUSING, INC. STATEMENTS OF FINANCIAL POSITION June 30, 2010 and 2009

| ASSETS  | 2010                | 2009                |  |  |  |
|---|---------------------|---------------------|--|--|--|
| CURRENT ASSETS  |                     |                     |  |  |  |
| Cash  | \$ 40,147           | \$ 46,163           |  |  |  |
| Current portion of escrow deposit investments                           | 476,633             | 428,134             |  |  |  |
| Accrued interest on escrow deposit investments                          | 146,953             | 157,058             |  |  |  |
| TOTAL CURRENT ASSETS  | 663,733             | 631,355             |  |  |  |
| OTHER ASSETS  |                     |                     |  |  |  |
| Long-term escrow deposit investments Bond issue costs (less accumulated | 5,763,415           | 6,240,048           |  |  |  |
| amortization of \$223,187<br>and \$210,601, respectively)               | 151,029             | 163,615             |  |  |  |
|   | \$ <u>6,578,177</u> | \$ <u>7,035,018</u> |  |  |  |
| LIABILITIES AND NET ASSETS  |                     |                     |  |  |  |
| CURRENT LIABILITIES   |                     |                     |  |  |  |
| Bond interest payable   | \$ 201,400          | \$ 212,000          |  |  |  |
| Current portion of bonds payable  | 370,000             | 320,000             |  |  |  |
| TOTAL CURRENT LIABILITIES   | 571,400             | 532,000             |  |  |  |
| LONG-TERM LIABILITIES   |                     |                     |  |  |  |
| Bonds payable   | _5,710,000          | 6,080,000           |  |  |  |
| TOTAL LIABILITIES   | 6,281,400           | 6,612,000           |  |  |  |
| NET ASSETS  |                     |                     |  |  |  |
| Unrestricted  | 296,777             | 423,018             |  |  |  |
|   | \$ <u>6,578,177</u> | \$ <u>7,035,018</u> |  |  |  |

# TALLAHASSEE COMMUNITY COLLEGE HOUSING, INC. STATEMENTS OF ACTIVITIES Years Ended June 30, 2010 and 2009

| ODED ATTING NICOLES                             | _  | 2010     |     | 2009     |
|---|----|----------|-----|----------|
| OPERATING INCOME Investment income              | \$ | 69       | \$  | 439      |
| EXPENSES  |    |          |     | 8 8 20 5 |
| Professional fees                               |    | 4,898    |     | 6,403    |
| Management fees                                 |    | 1,000    |     | 1,000    |
| Administrative expenses                         |    | 123      |     | 61       |
| Postage and supplies                            |    | 65       |     | =        |
|   | 8  | 6,086    | _   | 7,464    |
| CHANGE IN OPERATING INCOME                      | (  | 6,017)   | (   | 7,025)   |
| NON-OPERATING INCOME (EXPENSE)                  |    |          |     |          |
| Investment income on escrow deposit investments |    | 295,162  |     | 315,391  |
| Interest expense on defeased bonds              | (  | 402,800) | (   | 424,000) |
| Bond cost amortization                          | (  | 12,586)  | (_  | 12,586)  |
|   | (  | 120,224) | (_  | 121,195) |
| CHANGE IN UNRESTRICTED NET ASSETS               | (  | 126,241) | (   | 128,220) |
| NET ASSETS BEGINNING OF YEAR                    | -  | 423,018  |     | 551,238  |
| NET ASSETS END OF YEAR                          | \$ | 296,777  | \$_ | 423,018  |

# TALLAHASSEE COMMUNITY COLLEGE HOUSING, INC. STATEMENTS OF CASH FLOWS Years Ended June 30, 2010 and 2009

|  | 2010   | 2009  |
|--|--|---|
| CASH FLOWS FROM OPERATING ACTIVITIES Investment earnings Cash paid for services Interest paid  NET CASH USED IN OPERATING ACTIVITIES   | \$ 305,336<br>( 6,086)<br>( 413,400)<br>( 114,150) | \$ 324,982<br>( 13,332)<br>( 432,943)<br>( 121,293) |
| CASH FLOWS FROM INVESTING ACTIVITIES Escrow deposit investment proceeds NET CASH PROVIDED BY INVESTING ACTIVITIES  | 428,134<br>428,134                                 | 387,676<br>387,676                                  |
| CASH FLOWS FROM FINANCING ACTIVITIES Bond redemption payments  | (320,000)  | (270,000)   |
| NET CASH USED IN FINANCING ACTIVITIES  | (320,000)  | (_270,000)  |
| NET DECREASE IN CASH   | ( 6,016)   | ( 3,617)  |
| CASH AT BEGINNING OF YEAR  | 46,163   | 49,780  |
| CASH AT END OF YEAR  | \$40,147   | \$46,163  |
| RECONCILIATION OF CHANGE IN UNRESTRICTED NET ASSETS TO NET CASH PROVIDED BY OPERATING ACTIVITIES: Changes in Unrestricted Net Assets Adjustments to reconcile change in net assets | \$( 126,241)                                       | \$( 128,220)  |
| to net cash used in operating activities: Amortization   | 12,586   | 12,586  |
| (Increase) decrease in: Accrued investment receivable Increase (decrease) in:  | 10,105   | 9,152   |
| Accounts payable and accrued expenses  Bond interest payable  NET CASH USED IN   | (10,600)   | ( 5,868)<br>( 8,943)                                |
| OPERATING ACTIVITIES   | \$( <u>114,150</u> )                               | \$(121,293)   |

# TALLAHASSEE COMMUNITY COLLEGE HOUSING, INC. NOTES TO FINANCIAL STATEMENTS Years Ended June 30, 2010 and 2009

# NOTE 1 -NATURE OF BUSINESS AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Formation and Nature of Business - Tallahassee Community College Housing, Inc. (Housing) was incorporated on May 20, 2000 as a direct support organization of Tallahassee Community College (College), within the meaning of Section 240.331, Florida Statutes, or any successor provision. The Corporation was formed, among other purposes, to make available housing to students at Tallahassee Community College and other institutions of higher education. Effective November 1, 2001, Housing entered into a contribution and assumption agreement with Tallahassee Community College Foundation, Inc. (Foundation) whereby the student housing project (The Orchards of Appleyard) owned by the Foundation was transferred to Housing. The terms of the agreement included the transfer of the Foundation's right, title and interest in the property, subject to the mortgage, the apartment leases, the management agreement and loan and promissory note agreements. Housing operated and managed the student housing project through a management contract with a property management company until the apartment complex was sold on August 31, 2006. See Note 2 for further discussion on the sale of the apartment complex. At the direction of the Board of Trustees of Tallahassee Community College, income derived by the Corporation, subject to the assignment of revenue and other amounts derived from the operation of the facility, may be transferred to the Tallahassee Community College or to the Foundation.

A summary of significant accounting policies follows:

<u>Basis of Accounting</u> - The financial statements have been prepared on the accrual basis of accounting and, accordingly, reflect all significant receivables, payables, and other liabilities.

<u>Escrow Deposit Investments</u> — Investments are stated at fair value and net investment earnings including interest and realized and unrealized gains and losses are recognized as non-operating investment income.

<u>Cash Equivalents</u> - For purposes of the statement of cash flows all highly liquid instruments with a maturity of three months or less are considered to be cash equivalents.

<u>Use of Estimates</u> - The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

<u>Subsequent Events</u> – Management has performed an analysis of the activities and transactions subsequent to June 30, 2010 to determine the need for any adjustments to and/or disclosures within the audited financial statements for the year ended June 30, 2010. Management has performed their analysis through the date of this report.

# TALLAHASSEE COMMUNITY COLLEGE HOUSING, INC. NOTES TO FINANCIAL STATEMENTS Years Ended June 30, 2010 and 2009

### NOTE 2 – SALE OF APARTMENT COMPLEX

On August 31, 2006, Tallahassee Community College Housing, Inc. closed on the sale of its apartment complex including land, equipment and furnishings to the highest bidder. Contract sale price of the complex amounted to \$11,100,000 whereby \$7,555,939 was deposited in escrow with the trustee to "in-substance" defease the outstanding Series 1990A Student Housing Revenue Bonds issued May 1, 1990, not redeemable in full until July 1, 2011. See Note 3 for further discussion regarding the escrow deposit agreement with the trustee. \$468,000 was withheld by the settlement agent as a contingent reserve to the buyer for future identified repair and replacement of air conditioning handlers and condensers and for repair and replacement to the complex. Closing costs including fees for recording, brokers, attorneys, bond counsel, trustee, accountants and prorations of rents and security deposits amounted to \$279,292. The remainder from the closing in the amount of \$2,796,768 and the liquidation of remaining balances in the trustee sub accounts and prepaid insurance in the amount of \$457,497 were deposited into Housing's operating account.

### NOTE 3 - ESCROW DEPOSIT AGREEMENT

On September 1, 2006, Housing entered into an agreement with City of Tallahassee and its trustee to provide for payment of the total debt service of the outstanding Series 1990A Student Housing Revenue Bonds, issued May 1990, by depositing with the trustee in escrow an amount which together with investment earning thereon is at least equal to such debt services and where as full performances of the provisions of the agreement will economically defease the obligations of Housing with respect to the bonds and redeem in full the outstanding bonds on July 1, 2011. Investments held in escrow as of June 30, 2010 and 2009 consist of the following:

|                                   | T        |          | 2010                | 2009                |
|-----------------------------------|----------|----------|---------------------|---------------------|
|                                   | Interest |          | Fair                | Fair                |
| State and Local Government Series | Rate     | Maturity | Value               | Value               |
| U.S. Treasury Notes               | 4.72%    | 7/1/2009 | \$ -                | \$ 374,942          |
| U.S. Treasury Notes               | 4.72%    | 1/1/2010 | <b></b>             | 53,192              |
| U.S. Treasury Notes               | 4.71%    | 7/1/2010 | 424,447             | 424,447             |
| U.S. Treasury Notes               | 4.71%    | 1/1/2011 | 52,186              | 52,186              |
| U.S. Treasury Notes               | 4.71%    | 7/1/2011 | 5,763,415           | 5,763,415           |
|                                   |          |          | 6,240,048           | 6,668,182           |
| Less current portion              |          |          | (476,633)           | (428,134)           |
|                                   |          |          |                     |                     |
|                                   |          |          | \$ <u>5,763,415</u> | \$ <u>6,240,048</u> |

### **NOTE 4 - BONDS PAYABLE**

Bonds payable consist of Series 1990A Student Housing Revenue Bonds issued May 1, 1990. The original proceeds were placed with SunBank, National Association, as Trustee (SunTrust Bank, a Georgia banking corporation, successor Trustee). The bond issue is governed by the Third

# TALLAHASSEE COMMUNITY COLLEGE HOUSING, INC. NOTES TO FINANCIAL STATEMENTS Years Ended June 30, 2010 and 2009

# NOTE 4 - BONDS PAYABLE (Continued)

Supplement to Indenture of Trust dated November 1, 2001. The bonds are not general obligations of the Tallahassee Community College Housing, Inc. but are limited obligations payable solely and only from revenue and other amounts derived from the operation of the facility (The Orchards of Appleyard). The outstanding bonds were secured by second amendment to mortgage and security agreement and assignment of rents, leases and contracts dated November 1, 2001. As further discussed in Note 2, the mortgage and lease assignment was satisfied upon the sale of the apartment complex and the deposit of adequate funds were escrowed for the in-substance defeasance of the existing bonds.

| Bonds payable at June 30, 2010 and 2009 were as follows:  Series 1990A, Student Housing Revenue Bonds mature on July 1, 2022 and bear interest at the rate of 6.625% payable semi annually on January 1, 2002 for the period commencing with November 1, 2001 and continuing until | 2010                     | 2009                |  |  |  |  |
|--|--------------------------|---------------------|--|--|--|--|
| maturity or the earlier redemption thereof. These bonds are subject to redemption beginning in 2002 until final maturity.  | \$ 6,080,000             | \$ 6,400,000        |  |  |  |  |
| Less current portion   | (_370,000)               | (320,000)           |  |  |  |  |
|  | \$ _5,710,000            | \$ <u>6,080,000</u> |  |  |  |  |
| As of June 30, 2010, the scheduled maturities of bonds payable are as follows:   |                          |                     |  |  |  |  |
| July 1, 2010<br>2011   | \$ 370,000<br>_5,710,000 |                     |  |  |  |  |
|  | \$ <u>6,080,000</u>      |                     |  |  |  |  |

Optional Tender of Bonds - Under the Third Supplement to Indenture of Trust, the Series 1990A Bonds shall not be subject to optional redemption until July 1, 2011. Thereafter, the Series 1990A Bonds shall be subject to optional redemption in whole and in part at a redemption price of par, plus accrued interest to the redemption date upon not less than thirty (30) days prior notice.

### NOTE 5 - INCOME TAXES

The Tallahassee Community College Housing, Inc. has been granted tax exempt status under 501(c)(3) of the Internal Revenue Code. Accordingly, no provision has been made for income taxes.

### MEMBERS

AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

FLORIDA INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS



Certified Public Accountants and Business Advisors

HAROLD A. BROCK, JR., C.P.A. FRED C. LUGER, C.P.A. MATTHEW R. HANSARD, C.P.A. ANN MARIE BACHMAN, C.P.A.

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OF COUNSEL
W. FREDERICK THOMSON, C.P.A.

# INDEPENDENT AUDITORS' REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS

Board of Directors
Tallahassee Community Co'lege Housing, Inc.
Tallahassee, Florida

We have audited the financial statements of Tallahassee Community College Housing, Inc. (a nonprofit organization) as of and for the years ended June 30, 2010 and 2009, and have issued our report thereon dated August 31, 2010. We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States.

# Internal Control over Financial Reporting

In planning and performing our audit, we considered Tallahassee Community College Housing, Inc.'s internal control over financial reporting as a basis for designing our auditing procedures for the purpose of expressing our opinion on the financial statements but not for the purpose of expressing an opinion on the effectiveness of Tallahassee Community College Housing, Inc.'s internal control over financial reporting. Accordingly we do not express an opinion on the effectiveness of Tallahassee Community College Housing, Inc.'s internal control over financial reporting.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct misstatements on a timely basis. A material weakness is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis.



Our consideration of the internal control over financial reporting was for the limited purpose described in the first paragraph of this section and would not necessarily identify all deficiencies in the internal control that might be significant deficiencies or material weaknesses. We did not identify any deficiencies in internal control over financial reporting that we consider to be material weaknesses, as defined above.

# Compliance and Other Matters

As part of obtaining reasonable assurance about whether the financial statements of Tallahassee Community College Housing, Inc. are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance that are required to be reported under *Government Auditing Standards*.

This report is intended solely for the information and use of management, Board of Directors and state awarding agencies and is not intended to be and should not be used by anyone other than these specified parties.

August 31, 2010

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Department of the Treasury Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

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

Open to Public Inspection

| A   | For th                                 | e 2009 calendar year, or tax year beginning JUL 1, 2009 and e  | naing U                                   | UN 30, 2010                   |  |  |
|---|--|--|---|-------------------------------|--|--|
| В   | Check if applicab                      | Please C Name of organization  |   | D Employer identific          | cation number                          |  |
|   | Inseled LAPTHARD PER COMMONITY COLLEGE |  |   |                               |  |  |
|   | Addre                                  |  |   | _                             |  |  |
|   |  | ame<br>nange type. Doing Business As   |   | 59-3654954                    |  |  |
|   | Initial return                         | Number and street (or P.O. box it that is not delivered to sheet address) in   | loom/suite                                | E Telephone number            |  |  |
|   | Termi<br>ated                          |  |   | (850                          |  |  |
|   | Amen                                   | City or town, state or country, and ZiP + 4  |   | G Gross receipts \$           | 723,365.                               |  |
|   | Appli                                  |  |   | H(a) Is this a group re       |  |  |
|   | pend                                   | F Name and address of principal officer:MARJOR LE TURNBULL   |   | for affiliates?               | Yes X No                               |  |
| 444 APPLEYARD DRIVE, ADMIN. BUILDING, TALLAH H(b) Are all affiliates incl |  |  |   | luded? Yes No                 |  |  |
| 1   | Tax-ex                                 | empt status: X 501(c) ( 3 ) ◀ (insert no.) 4947(a)(1) or 527   |   | If "No," attach a             | list. (see instructions)               |  |
|   |  | te: ▶ N/A  |   | H(c) Group exemption          | n number 🕨                             |  |
| K   | Form o                                 | forganization: X Corporation Trust Association Other   | L. Year                                   | of formation: 2000 N          | 1 State of legal domicile: FL          |  |
| P   | art I                                  | Summary  |   |                               |  |  |
| ø   | 1                                      | Briefly describe the organization's mission or most significant activities: TO FA  | CILIT                                     | ATE THE DEF                   | EASED DEBT                             |  |
| Activities & Governance   |  | SECURITIES HELD IN TRUST FROM THE SALE OF  | THE                                       | STUDENT APA                   | RTMENT                                 |  |
| Ę   | 2                                      | Check this box I if the organization discontinued its operations or dispose  | ed of more                                | than 25% of its net as        | ssets.                                 |  |
| Š   | 3                                      |  |   | 3                             | 6                                      |  |
| Ö   | 4                                      | Number of independent voting members of the governing body (Part VI, line 1b)  |   | 4                             | 6                                      |  |
| SS  | 5                                      | Total number of employees (Part V, line 2a)  |   | 5                             | 0                                      |  |
| Š   | 6                                      | Total number of volunteers (estimate if necessary)   |   | 100                           | 0                                      |  |
| Ç   | 7a                                     | Total gross unrelated business revenue from Part VIII, column (C), line 12   |   |                               | 0.                                     |  |
| 4   | b                                      | Net unrelated business taxable income from Form 990·T, line 34   |   | 7b                            | 0.                                     |  |
|   |  |  |   | Prior Year                    | Current Year                           |  |
| ø   | 8                                      | Contributions and grants (Part VIII, line 1h)  |   |                               |  |  |
| Š   |  | Program service revenue (Part VIII, line 2g)   |   |                               |  |  |
| Revenue   | 10                                     | Investment income (Part VIII, column (A), lines 3, 4, and 7d)  |   | 315,831.                      | 295,231.                               |  |
| œ   |  | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   |   |                               |  |  |
|   |  | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   |   | 315,831.                      | 295,231.                               |  |
|   | 13                                     | Grants and similar amounts paid (Part IX, column (A), lines 1-3)   |   |                               |  |  |
|   |  | Benefits paid to or for members (Part IX, column (A), line 4)  |   |                               |  |  |
| Ś   |  | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  |   |                               |  |  |
| Expenses  | 16a                                    | Professional fundraising fees (Part IX, column (A), line 11e)  | 4.50000000                                |                               |  |  |
| de  | b                                      | Total fundraising expenses (Part IX, column (D), line 25)  | 18.9                                      |                               |  |  |
| Ш   | 17                                     | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)   |   | 444,050.                      |  |  |
|   |  | Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)   | 20 10 10 10 10 10 10 10 10 10 10 10 10 10 | 444,050.                      | 421,472.                               |  |
|   |  | Revenue less expenses. Subtract line 18 from line 12   | - C. C. C. C. C. C. C. C. C. C. C. C. C.  | <128,219.                     | > <126,241.>                           |  |
| Ses   |  |  |   | inning of Current Year        | End of Year                            |  |
| sets or   | 20                                     | Total assets (Part X, line 16)   |   | 7,035,018.                    | 6,578,177.                             |  |
| Net Ass<br>Fund Ba  | 21                                     | Total liabilities (Part X, line 26)  |   | 6,612,000.                    | 6,281,400.                             |  |
| ESE.  | 22                                     | Net assets or fund balances. Subtract line 21 from line 20   |   | 423,018.                      | 296,777.                               |  |
|   | art II                                 | Signature Block  |   |                               |  |  |
|   |  | Under penalties of porjury, I declare that I have examined this return, including accompanying schedules and and complete declaration of which preparer (other than officer) is based on all information of which preparer has any | statements, a                             | nd to the best of my knowledg | ge and belief, it is true, correct,    |  |
|   |  | and complete tweclaration of preparer (other than officer) is based on all information of which preparer has any   | / knowleage                               | $\sim$ 1                      | X                                      |  |
| Sign   arbasy turn by 18.3/1.   |  |  |   |                               | 10                                     |  |
| Here Signature of officer // Date   |  |  |   |                               |  |  |
|   | MARJORIE WURNBULL, OPERATING OFFICER   |  |   |                               |  |  |
|   |  | Type or print name and title   |   |                               |  |  |
| Preparer's MI Ale Miles O O Date, Check if See See                        |  |  |   |                               | er's identifying number<br>structions) |  |
| Preparer's Firm's name (or TEOMSON BROCK LIGER & COMPANY FILL &           |  |  |   |                               |  |  |
|   |  |  |   |                               |  |  |
| use   | Only                                   | self-employed), 3375-C CAPITAL CIRCLE, N. E.   |   |                               |  |  |
|   |  | address, and TALLAHASSEE, FLORIDA 32308  |   | Phone no. ▶ (                 | 850)385-7444                           |  |
| May   | the IF                                 | RS discuss this return with the preparer shown above? (see instructions)   |   |                               | X Yes No                               |  |
|   |  | 4.40 LHA For Privacy Act and Paperwork Reduction Act Notice, see the sep   | arate inst                                | ructions.                     | Form 990 (2009)                        |  |

# TALLAHASSEE COMMUNITY COLLEGE 59-3654954 Page 2 Form 990 (2009) HOUSING, INC. Part III Statement of Program Service Accomplishments Briefly describe the organization's mission: NONE Did the organization undertake any significant program services during the year which were not listed on Yes X No the prior Form 990 or 990 EZ? If "Yes," describe these new services on Schedule O. Yes X No Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 295,231.) ) (Revenue \$ 415,509. including grants of \$ ) (Expenses \$ SERVICING THE EXISTING BOND DEBT RELATED TO THE ORIGINAL CONSTRUCTION OF THE STUDENT HOUSING PROJECT UNTIL REDEMPTION DATE JULY 2011 ) (Revenue \$ 4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ including grants of \$ 4c (Code: ) (Expenses \$ 4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ 4e Total program service expenses ▶ \$ 415,509. Form 990 (2009)

HOUSING, INC.

Part IV Checklist of Required Schedules No Yes 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A X 2 Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for 3 public office? If "Yes," complete Schedule C, Part I X 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and 5 reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 7 X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete 8 8 Х Schedule D, Part III Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide X 9 credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? 10 X If "Yes," complete Schedule D, Part V Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X 11 as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, 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. 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. 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. Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 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? If "Yes," complete Schedule D, Part X. 12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII. 12 12A Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, X\_ and program service activities outside the United States? If "Yes," complete Schedule F, Part I 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization 15 X or entity located outside the United States? If "Yes," complete Schedule F, Part II 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals X located outside the United States? If 'Yes," complete Schedule F, Part III 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, X 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines X 1c and 8a? If "Yes," complete Schedule G, Fart II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," X complete Schedule G, Pari ili 19 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 Form 990 (2009)

59-3654954 Page 4 Form 990 (2009) HOUSING, INC. Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the X 21 United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, X 22 column (A), line 2? If "Yes," complete Schedule I, Parts I and III 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 X 23 Schedule J. 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 X 24a Schedule K. If "No", go to line 25 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a X 25a disqualified person during the year? If "Yes," complete Schedule L, Part I 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 X Schedule L. Part I 25b 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified X 26 person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete X 27 Schedule L, Part III 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): X 28a a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X contributions? If "Yes," complete Schedule M 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? X If "Yes," complete Schedule N, Part I 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33  $\mathbf{X}_{-}$ sections 301.7701-2 and 301.7701-37 // "Yes," complete Schedule Fi, Part I 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 34 Is any related organization a controlled entity within the meaning of section 512(b)(13)? X If "Yes," complete Schedule R, Part V, line 2 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? X 36 If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization X

> X Form 990 (2009)

37

38

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

Note. All Form 990 filers are required to complete Schedule O.

TALLAHASSEE COMMUNITY COLLEGE 59-3654954 Page 5 HOUSING, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance No Yes 1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable 1a 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 10 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 0 2a filed for the calendar year ending with or within the year covered by this return 2b b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3a 3b b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X 5b b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited 50 Tax Shelter Transaction? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X 6a any contributions that were not tax coductible? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts 6b were not tax deductible? Organizations that may receive aeductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services 7a provided to the payor? 7b b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 70 d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal X 7e X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 75 X g For all contributions of qualified intellectual property, d'd the organization file Form 8899 as required? 79 X 711 h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a denor advised fund maintained by a sponsoring organization, have excess business holdings X 8 at any time during the year? Sponsoring organizations maintaining donor advised funds. X a Did the organization make any taxable distributions under section 4966? 9a b Did the organization make a distribution to a donor, donor advisor, or related person? X 95 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

Form 990 (2009)

12a

11

Section 501(c)(12) organizations, Entar:

a Gross income from members of shareholders

amounts due or received from them.)

b Gross income from other sources (Do not net amounts due or paid to other sources against

12a Section 4947(a)(1) non-exempt charitable trusts, is the organization filing Form 990 in lieu of Form 1041?

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year .....

11a

11b

Form 990 (2009) HOUSING, INC. 59-3654954 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

| Sec    | ction A. Governing Body and Management   |                     |         |         | Γ     |
|--------|--|---------------------|---------|---------|-------|
| -      | Take the same to a first a south or a fill a south of the same to  | . 6                 | ſ       | Yes     | No    |
|        | Enter the number of voting members of the governing body  Enter the number of voting members that are independent  1b  | 6                   | 1       |         |       |
| ь<br>2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any of  |                     | - 1     | 1       |       |
| 2      | officer director to rate and reconstruction  | .1101               | 2       |         | x     |
| 3      | Did the organization delegate control over management duties customarily performed by or under the direct supplied the organization delegate control over management duties customarily performed by or under the direct supplied to the organization delegate control over management duties customarily performed by or under the direct supplied to the organization delegate control over management duties customarily performed by or under the direct supplied to the organization delegate control over management duties customarily performed by or under the direct supplied to the organization delegate control over management duties customarily performed by or under the direct supplied to the organization delegate control over management duties customarily performed by or under the direct supplied to the organization delegate control over management duties customarily performed by or under the direct supplied to the organization delegate control over management duties customarily performed by or under the direct supplied to the organization delegate the o | ervision            |         |         |       |
| J      | of officers, directors or trustees, or key employees to a management company or other person?  | 31 110.011          | 3       |         | x     |
| 4      | Did the organization make any significant changes to its organizational documents since the prior Form 990 was   | filed?              | 4       |         | X     |
| 5      | Did the organization become aware during the year of a material diversion of the organization's assets?  |                     | 5       |         | X     |
| 6      | Does the organization have members or stockholders?  | or the sections and | 6       |         | X     |
|        | Does the organization have members, stockholders, or other persons who may elect one or more members of the  | 9                   |         |         |       |
|        | governing body?  |                     | 7a      |         | X     |
| b      |  |                     | 7b      |         | X     |
| 8      | Did the organization contemporaneously document the meetings held or written actions undertaken during the year  | ear                 | 700     | T.      |       |
|        | by the following:  |                     |         | B .     | 1     |
| а      | The governing body?  |                     | 8a      | Х       |       |
| b      |  |                     | d9      | X       |       |
| 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       |         | X     |
| Sec    | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code   |                     |         |         |       |
|        |  |                     |         | Yes     | No    |
| 10a    | Does the organization have local chapters, branches, or affiliates?  |                     | 10a     |         | X     |
| b      | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, aft  | filiates,           |         |         |       |
|        | and branches to ensure their operations are consistent with those of the organization?   |                     | 10b     |         |       |
| 11     | Has the organization provided a copy of this Form 990 to all members of its governing body before filling the form   | ?                   | 11      | X       |       |
| 11A    | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |                     |         | 7, 4    | - 4   |
| 12a    | Does the organization have a written conflict of interest policy? If "No," go to line 13   |                     | 12a     |         | X     |
| b      | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise  |                     |         |         |       |
|        | to conflicts?  | #6 (#060EK (#100)   | 12b     |         |       |
| C      | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," described   | be                  |         |         |       |
|        | in Schedule O how this is done   | 501 3555 FLEE       | 12c     |         |       |
| 13     | Does the organization have a written whistleblower policy?   |                     | 13      |         | X     |
| 14     | Does the organization have a written document retention and destruction policy?  | <b>.</b>            | 14      |         | X     |
| 15     | Did the process for determining compensation of the following persons include a review and approval by independent   | ıdent               |         | 1       |       |
|        | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  |                     | 1 15    | Name of |       |
| a      | The organization's CEO, Executive Director, or top management official   |                     | 15a     |         | _X_   |
| b      | Other officers or key employees of the organization  | na marananika       | 150     |         | X     |
|        | 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  |                     | L 157   |         | 189   |
|        | taxable entity during the year?  |                     | 16a     |         | _X_   |
|        | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its particle.  | cipation            |         | 9       |       |
|        | in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's  |                     | + 87    | l la 1  | 19.0  |
|        | exempt status with respect to such arrangements?   |                     | 16b     |         |       |
|        | tion C. Disclosure   |                     |         |         |       |
|        | List the states with which a copy of this Form 990 is required to be filed ▶ FI₁   |                     |         |         |       |
|        | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s of the control of the contro | only) available     | for     |         |       |
|        | public inspection. Indicate how you make these available. Check all that apply   |                     |         |         |       |
|        | Cwn website Another's website X Upon request   |                     |         |         |       |
|        | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inte  | rest policy, an     | d ilita | ncial   |       |
|        | statements available to the public   |                     | b       |         |       |
|        | State the name, physical address, and telephone number of the person who possesses the books and records of  | trie organizat      | ion: 🏴  |         |       |
|        | MARJORIE TURNBULL - (850) 201-8580   |                     |         |         |       |
|        | 444 APPLEYARD DRIVE, TALLAHASSEE, FL 32304-2895  |                     | Eorm    | 990 (   | 2000  |
|        |  |                     | LOUI    | 100     | 2009) |

HOUSING, INC. Part VII 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. Use Schedule J-2 if additional space is needed.
- 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. 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, and 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.

| X Check this box if the organization did not of | ornpensate ar | y cu                           | mer                   | it of   | fice         | , dir                        | ecto  | or, or trustee. |                               |                       |
|---|---------------|--------------------------------|-----------------------|---------|--------------|------------------------------|-------|-----------------|-------------------------------|-----------------------|
| (A)   | (B)           |                                |                       |         | C)           |                              |       | (D)             | (E)                           | (F)                   |
| Name and Title                                  | Average       |                                |                       | Pos     |              |                              |       | Reportable      | Reportable                    | Estimated             |
|   | hours         | (c                             | heck                  | k all   | that         | app                          | ly)   | compensation    | compensation                  | arnount of            |
|   | per<br>week   | ctor                           |                       |         |              |                              |       | from<br>the     | from related<br>organizations | other<br>compensation |
|   | week          | or dire                        | D                     |         |              | ated                         |       | organization    | (W-2/1099-MISC)               | from the              |
|   |               | rstoc                          | truste                |         | 92           | pens                         |       | (W-2/1099-MISC) |                               | organization          |
|   |               | U31 tr                         | ional                 |         | yoldu        | t con                        |       |                 |                               | and related           |
|   |               | Individual trustoc or director | Institutional trusive | Officer | Kev employee | Highest compensated employee | Forme |                 |                               | organizations         |
| ED MURRAY                                       |               | -                              |                       |         |              | -                            |       |                 | _                             |                       |
| DIRECTOR  | 1.00          | X                              |                       |         |              | _                            | L.    | 0.              | 0.                            | 0.                    |
| RUSSELL DOSTER                                  |               |                                |                       |         |              |                              |       |                 |                               | •                     |
| DIRECTOR  | 100           | X                              |                       | _       |              | _                            | _     | 0.              | 0.                            | 0.                    |
| TODD SPERRY                                     | 4 00          |                                |                       |         |              |                              |       | 0               |                               | ^                     |
| DIRECTOR<br>WILLIAM D. LAW                      | 1.00          | X                              | - 5                   | -       |              |                              |       | 0.              | 0.                            | 0.                    |
| DIRECTOR  | 1.00          | w                              |                       |         |              |                              |       | 0.              | -316,091.                     | 46,312.               |
| BARBARA SLOAN                                   | 1,00          | 1                              |                       |         | -            |                              |       | 0.              | 7310,091.                     | 40,312.               |
| DIRECTOR  | 1.00          | 37                             |                       |         |              |                              |       | 0.              | 0.                            | 0.                    |
| DOUG BELL                                       |               | 45                             |                       |         |              |                              |       |                 |                               |                       |
| DIRECTOR  | 1.00          | x                              |                       |         |              |                              |       | 0.              | 0.                            | 0.                    |
| MARJORIE TURNBULL                               |               |                                |                       |         |              |                              |       |                 |                               |                       |
| OPERATING OFFICER                               | 1.00          |                                |                       | X       |              |                              |       | 0.              | 0.                            | 0.                    |
|   |               |                                |                       |         |              |                              |       |                 |                               |                       |
| 4   |               |                                |                       |         |              |                              |       |                 |                               |                       |
|   |               |                                |                       |         |              |                              |       |                 |                               |                       |
|   |               |                                |                       |         |              |                              |       |                 |                               | <del></del>           |
|   |               |                                |                       |         |              |                              |       |                 |                               |                       |
|   |               |                                |                       |         |              |                              |       |                 |                               |                       |
|   |               |                                |                       |         |              |                              |       |                 |                               |                       |
|   |               |                                |                       |         |              |                              |       |                 |                               |                       |
|   |               |                                |                       |         |              |                              |       |                 |                               |                       |
|   |               | -                              |                       |         |              |                              | -     |                 |                               |                       |
|   |               |                                |                       |         |              |                              | -     |                 |                               |                       |
|   |               | $\neg$                         |                       |         |              |                              | -     |                 |                               |                       |
|   |               |                                |                       |         |              |                              |       |                 |                               |                       |
|   |               |                                |                       |         |              |                              |       |                 |                               |                       |
|   |               |                                |                       |         |              |                              |       |                 |                               |                       |
|   |               |                                |                       |         |              |                              |       |                 |                               |                       |
|   |               |                                |                       |         |              |                              |       |                 |                               |                       |
|   |               |                                |                       |         |              | -                            |       |                 |                               |                       |
|   |               |                                |                       |         |              |                              |       |                 |                               |                       |

Form 990 (2009)

| Eor | m 990 (2009) TALLAHAS S<br>HOUSING,   | 리얼리아이었다 (리스타디아)   | MUI                                    | NI!                   | ŀΥ        | C:(          | OPI                          | JE(    | GE   | 59-365                                   | 495      | 4 F   | age 8                        |
|-----|---|---|--|-----------------------|-----------|--------------|------------------------------|--------|--|--|----------|---|------------------------------|
|     | rt VII Section A. Officers, Directors, Tru  |   | mple                                   |                       | s. a      | nd l         | High                         | est    | Compensated Employ                             |  |          |   |                              |
|     | (A) Name and title  | (B)<br>Average<br>hours   |  |                       | ((<br>Pos | C)<br>ition  |                              |        | (D)<br>Reportable<br>compensation              | (E) Reportable compensation from related |          | (F)<br>Estimat<br>amount<br>othe                  | of                           |
|     |   | per<br>week   | Individual trustee or director         | Institutional trustee | Officer   | Key employee | Highest compensated employee | Former | from<br>the<br>organization<br>(W-2/1099-MISC) | organizations<br>(W-2/1099-MISC          | ) oi     | mpens<br>from the<br>rganizatind rela<br>ganizati | ation<br>ne<br>ition<br>ited |
|     |   |   |  |                       |           |              |                              |        |  |  |          |   |                              |
|     |   |   |  |                       |           |              |                              |        |  |  |          |   |                              |
|     |   |   |  |                       |           |              |                              |        |  |  |          |   |                              |
|     | Total   |   | ا ــــــــــــــــــــــــــــــــــــ |                       | ····      | ····         | Þ                            |        | 0.   | 316,091                                  |          | 46,3  | 312.                         |
| 2   | Total number of individuals (including but no compensation from the organization          | ot limited to th  | iose                                   | list€                 | dat       | OOVE         | e) wr                        | no re  | eceived more than \$100                        | ,000 in reportable                       |          |   | 0                            |
|     | compensation from the organization  |   |  |                       | -         | -            |                              |        |  |  |          | Yes   | _                            |
| 3   | Did the organization list any former officer,   | director or tru   | stee                                   | , key                 | y em      | ploy         | yee,                         | or h   | ighest compensated er                          | nployee on                               | 91, 41   |   |                              |
|     | line 1a? If "Yes," complete Schedule J for su   |   |  | 17 (8)                |           |              | -540                         |        | at his owner and the                           |  | 3        |   | X                            |
| 4   | For any individual listed on line 1a, is the su   | Annual Company of the School of the Company of the |  |                       |           |              |                              |        |  | the organization                         |          | v   | 100                          |
| _   | and related organizations greater than \$150  |   |  |                       |           |              |                              |        |  | ione randered to                         | 4        | X   |                              |
| 5   | Did any person listed on line 1a receive or a the organization? If "Yes," complete Schedu |   |  |                       |           |              |                              |        |  |  | 5        | 1 1 1 1 1 1 1 1                                   | х                            |
| Sec | ction B. Independent Contractors  | 10 0 101 00011  |  |                       |           | 21.71        |                              |        |  |  |          |   |                              |
| 1   | Complete this table for your five highest cor   | npensated inc   | lepe                                   | nde                   | nt c      | ontr         | acto                         | rs th  | hat received more than                         | \$100,000 of compe                       | ensation | ı from  |                              |
|     | the organization. NONE  |   |  |                       |           |              |                              |        |  |  |          | (0)   |                              |
|     | (A)<br>Name and business  | address   |  |                       |           |              |                              |        | (B)<br>Description of s                        | ervices                                  |          | (C)<br>ensati                                     | on                           |
|     |   |   |  |                       |           |              |                              |        |  |  |          |   |                              |
|     |   |   |  | •                     |           |              |                              |        |  |  |          |   |                              |
|     |   |   |  |                       |           |              |                              | +      |  |  |          |   |                              |
| 2   | Total number of independent contractors (in   | cluding but n   | ot lir                                 | nited                 | d to      | thos         | se lis                       | sted   | above) who received n                          | nore than                                |          | PET NEX   |                              |

Form 990 (2009)

\$100,000 in compensation from the organization ▶ 0

TALLAHASSEE COMMUNITY COLLEGE

|             | (2009) HOUS   | ING, INC.           |   |  |                                      | 59-3654                      | 954 Page 9                          |
|-------------|---|---------------------|---|--|--------------------------------------|------------------------------|-------------------------------------|
| Part VI     | III Statement of Reve   | enue                |   | (A)<br>Total revenue   | (B)<br>Related or<br>exempt function | (C)<br>Unrelated<br>business | (D) Revenue excluded from tax under |
|             |   |                     |   |  | revenue                              | revenue                      | sections 512,<br>513, or 514        |
| mounts 1 a  | Federated campaigns Membership dues Fundraising events  | 1a<br>1b            |   |  |                                      |                              |                                     |
| imilar e    | d Related organizations   | 1d 1e               |   |  |                                      |                              |                                     |
| dother      | similar amounts not included about Noncash contributions included in line   | 0V3 [1f]            |   |  |                                      |                              |                                     |
| 3 E h       | Total. Add lines 1a-1f  |                     |   |  |                                      |                              |                                     |
|             | ĭ   |                     | Business Ccde                           |  |                                      |                              |                                     |
| b b         | )   |                     |   |  |                                      |                              |                                     |
| င် မြို့    |   |                     |   |  |                                      |                              |                                     |
| d of        |   |                     |   |  |                                      |                              |                                     |
| 2 a b c d   | All p   |                     |   |  |                                      |                              |                                     |
|             | 1 3   |                     |   |  | er erene                             |                              | Napal Carlo State                   |
| 3           | Total. Add lines 2a-2f  |                     |   |  |                                      |                              |                                     |
| "           | 2   | g dividends, intere | 20                                      | 295,231.   |                                      |                              | 295,231                             |
| 4           | Income from investment of ta  |                     |   |  |                                      |                              |                                     |
| 5           | Royalties   | ž0 - ž4             |   |  |                                      |                              |                                     |
|             | 3   | (i) Real            | (ii) Personal                           |  |                                      | History I                    |                                     |
| 6 a         | Gross Rents   |                     |   |  | Caracia Caracia                      | 100 1 1 1 1                  |                                     |
| l           | 2 0.7 m m / / / / / / / / / / / / / / / / /   |                     |   |  | 100                                  | Tempera e in<br>A Trubil est |                                     |
| С           | Rental income or (loss)   |                     |   |  |                                      |                              | 300,000                             |
|             | Net rental income or (loss)   | <u> </u>            |   |  |                                      |                              |                                     |
| 7 a         | Gross amount from sales of  | (i) Securities      | (ii) Other                              |  |                                      |                              |                                     |
|             | assets other than inventory   | 428134.             |   |  |                                      |                              |                                     |
| ь           | Less; cost or other basis   | 120124              |   |  | \$                                   |                              |                                     |
|             | and sales expenses Gain or (loss)   | 428134.             |   |  |                                      |                              | 1. 5.36                             |
|             |   | 0.                  |   | 0.   | 9 34 5                               |                              | 8.0 - ***                           |
| 0 -         | Gross income from fundraisin  |                     |   | 0.   |                                      | - Cartina Company            |                                     |
| 5           | including \$  | of                  |   |  |                                      |                              |                                     |
| Utner Keven | contributions reported on line  |                     |   |  |                                      |                              |                                     |
| 5           | \$ 1000000 PM - 100 | . a                 |   |  |                                      |                              | Los N = 1 To                        |
| ğ b         | Less: direct expenses   |                     |   | 400  | # 8 H                                |                              |                                     |
| С           | Net income or (loss) from fund  |                     | <u>                                </u> |  |                                      |                              |                                     |
| 9 a         | Gross income from garning ac  |                     |   |  |                                      |                              |                                     |
|             | Part IV, line 19  |                     |   |  |                                      |                              |                                     |
|             | Less: direct expenses   |                     |   |  |                                      |                              | Single 7                            |
|             | Net income or (loss) from gan<br>Gross sales of inventory, less   |                     | <b>P</b>                                | 2  |                                      | e a                          |                                     |
| iv a        |   | returns a           |   |  |                                      |                              |                                     |
| h           | Less: cost of goods sold  | b                   |   |  | 8" 0," = 1                           |                              |                                     |
|             | Net income or (loss) from sale  |                     | <b>I</b>                                |  |                                      |                              | 364 363 37.44 6                     |
|             | Miscellaneous Revenu  |                     | Business Code                           | The state of the s |                                      | 7/m - 1, 3/4/                |                                     |
| 11 a        |   |                     |   |  |                                      |                              |                                     |
| b           |   |                     |   |  |                                      |                              |                                     |
| c           |   |                     |   |  |                                      |                              |                                     |
| ď           |   |                     |   |  |                                      |                              |                                     |
|             | Total. Add lines 11a-11d  |                     |   | 005 004  |                                      |                              | 205 221                             |
| 12          | Total revenue. See instructions.  |                     | P                                       | 295,231.   | 0.                                   | 0.                           | 295,231 •<br>Form 990 (2009)        |

HOUSING, INC.

Part IX Statement of Functional Expenses

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

|     | All other organizations must compl<br>not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | (B) Program service expenses | (C) Management and general expenses | (D)<br>Fundraising<br>expenses |
|-----|--|-----------------------|------------------------------|-------------------------------------|--------------------------------|
| 1   | Grants and other assistance to governments and   |                       | САРСПОСО                     | goneral oxpones                     |                                |
| . 1 | organizations in the U.S. See Part IV, line 21   |                       |                              |                                     |                                |
| 2   | Grants and other assistance to individuals in  |                       |                              |                                     | 1.84                           |
| _   | the U.S. See Part IV, line 22  |                       |                              |                                     |                                |
| 3   | Grants and other assistance to governments,  |                       |                              |                                     |                                |
| 3   | organizations, and individuals outside the U.S.  |                       |                              | # 194<br># 194                      |                                |
|     | See Part IV, lines 15 and 16   |                       |                              |                                     |                                |
| 4   | Benefits paid to or for members  |                       |                              |                                     |                                |
| 5   | Compensation of current officers, directors,   |                       |                              |                                     |                                |
| Ü   | trustees, and key employees  |                       |                              |                                     |                                |
| 6   | Compensation not included above, to disqualified   |                       |                              |                                     |                                |
| Ü   | persons (as defined under section 4958(f)(1)) and  |                       |                              |                                     |                                |
|     | persons described in section 4958(c)(3)(B)   |                       |                              |                                     |                                |
| 7   | Other salaries and wages   |                       |                              |                                     |                                |
| 8   | Pension plan contributions (include section 401(k)   |                       |                              |                                     |                                |
|     | and section 403(b) employer contributions)   |                       |                              |                                     |                                |
| 9   | Other employee benefits  |                       |                              |                                     |                                |
| 10  | Payroll taxes  |                       |                              |                                     |                                |
| 11  | Fees for services (non-employees):   |                       |                              |                                     |                                |
| а   | Management   | 1,000.                |                              | 1,000.                              |                                |
| b   | Legal  |                       |                              |                                     |                                |
| c   | Accounting _   | 4,898.                |                              | 4,898.                              |                                |
| d   |  |                       |                              |                                     |                                |
| e   | Professional fundraising services. See Part IV, line 17  |                       |                              |                                     |                                |
| f   | Investment management fees   |                       |                              |                                     |                                |
| g   | Other  |                       |                              |                                     |                                |
| 12  | Advertising and promotion  |                       |                              |                                     |                                |
| 13  | Office expenses  | 65.                   |                              | 65.                                 |                                |
| 14  | Information technology   |                       |                              |                                     |                                |
| 15  | Povoltico  |                       |                              |                                     |                                |
| 16  | A CONTRACTOR OF THE PROPERTY O |                       |                              |                                     |                                |
| 17  | Travel   |                       |                              |                                     |                                |
| 18  | Payments of travel or entertainment expenses   |                       |                              |                                     |                                |
|     | for any federal, state, or local public officials  |                       |                              |                                     |                                |
| 19  | Conferences, conventions, and meetings   |                       |                              |                                     |                                |
| 20  | Interest   | 402,800.              | 402,800.                     |                                     |                                |
| 21  | Payments to affiliates   |                       |                              |                                     |                                |
| 22  | Depreciation, depletion, and amortization  |                       |                              |                                     |                                |
| 23  | Insurance  |                       |                              |                                     |                                |
| 24  | Other expenses. Itemize expenses not covered   |                       |                              |                                     |                                |
|     | above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total   |                       |                              | <b>i</b>                            |                                |
|     | miscellaneous may not exceed 5% of total expenses shown on line 25 below.)   |                       |                              |                                     |                                |
|     | BOND COSTS AMORTIZATION  | 1.2,586.              | 12,586.                      |                                     |                                |
| b   | ANNUAL REPORT FILING   | 123.                  | 123.                         |                                     |                                |
| C   |  |                       |                              |                                     |                                |
| d   |  |                       |                              |                                     |                                |
| е   |  |                       |                              |                                     |                                |
| - 8 | All other expenses   |                       |                              |                                     |                                |
|     | Total functional expenses. Add lines 1 through 24f   | 421,472.              | 415,509.                     | 5,963.                              | 0.                             |
| 26  | Joint costs. Check here 🄛 📋 if following   |                       |                              |                                     |                                |
|     | SOP 98-2. Complete this line only if the organization  |                       |                              |                                     |                                |
|     | reported in column (B) joint costs from a combined   |                       |                              |                                     |                                |
|     | educational campaign and fundraising solicitation  | i i                   |                              |                                     |                                |

932010 02-04-10

59-3654954 Page 11 Form 990 (2009) HOUSING, INC.

|                                  |  | (A)<br>Beginning of year                |          | (B)<br>End of year     |
|----------------------------------|--|---|----------|------------------------|
|                                  | Cash - non-interest-bearing  | 2099 0. / 0                             | 1        |                        |
| 1 2                              | Savings and temporary cash investments   | 46,163.                                 | 2        | 40,147.                |
| 3                                | Pledges and grants receivable, net   | 40,205.                                 | 3        |                        |
| 000                              | Accounts receivable, net   |   | 4        |                        |
| 4                                | Receivables from current and former officers, directors, trustees, key   | \$ 15 th \$20 miles 10 miles            |          | 7 7 YELV 55 18W        |
| 5                                | employees, and highest compensated employees. Complete Part II   |   |          |                        |
| - 1                              | of Schedule L  |   | 5        | 0.100                  |
| 6                                | Receivables from other disqualified persons (as defined under section  | The said of the said                    |          |                        |
| "                                | 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete   |   |          |                        |
|                                  | Part II of Schedule L  | 15% * 25 - 40 - 7                       | 6        |                        |
| 2 7                              | Notes and loans receivable, net  |   | 7        |                        |
| Assets 8                         | Incomplete for the allower way   |   | 8        |                        |
|                                  | Prepaid expenses and deferred charges  |   | 9        |                        |
| - 2                              | Land, buildings, and equipment: cost or other  |   | 3        |                        |
| 104                              |  | 1 12 6 3 4 7                            |          |                        |
| h                                | basis Complete Part VI of Schedule D 10a  Less: accumulated depreciation 10b   |   | 10c      | 1000                   |
| 11                               | Investments - publicly traded securities   | 6,668,182.                              | 11       | 6,240,048.             |
| 12                               | Investments - other securities See Part IV, line 11  | 0,000,202.                              | 12       | 0/210/010              |
| 13                               | 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2  |   | 13       |                        |
| 14                               |  |   | 14       |                        |
| 15                               |  | 320,673.                                | 15       | 297,982.               |
| 16                               | Other assets. See Part IV, Ine 13  Total assets. Add lines 1 through 15 (must equal line 34)   | 7,035,018.                              | 16       | 6,578,177              |
| 17                               | Accounts payable and accrued expenses  | 7,055,010.                              | 17       | <u> </u>               |
| 18                               | Grants payable   |   | 13       |                        |
| 19                               | Deferred revenue   |   | 19       |                        |
| 20                               | The state of the s | 6,400,000.                              | 20       | 6,080,000.             |
| A118551                          | Escrow or custodial account liability. Complete Part IV of Schedule D  | 0,200,0001                              | 21       | 7,000,000              |
| 22                               | Payables to current and former officers, directors, trustees, key employees,   |   |          |                        |
| 21 22                            | highest compensated employees, and disqualified persons. Complete Part II  |   |          |                        |
| ĭ                                | of Schedule L  |   | 22       |                        |
| 23                               | Secured mortgages and notes payable to unrelated third parties   |   | 23       |                        |
| 24                               | Unsecured notes and loans payable to unrelated third parties   |   | 24       |                        |
| 25                               | Other liabilities Complete Pan X of Schedule D   | 212,000.                                | 25       | 201,400.               |
| 26                               | Total liabilities, Add lines 17 through 25   | 6,612,000.                              | 26       | 6,281,400.             |
|                                  | Organizations that follow SFAS 117, check here X and complete  |   |          |                        |
| ,                                | lines 27 through 29, and lines 33 and 34.  |   | The Squi |                        |
| 27                               | Unrestricted net assets  | 423,018.                                | 27       | 296,777.               |
| 28                               | Temporarily restricted net assets  |   | 23       |                        |
| 29                               | Permanently restricted not assets  |   | 29       |                        |
|                                  | Organizations that do not follow SFAS 117, check here   B   and  |   |          |                        |
| 5                                | complete lines 30 through \$4.   |   |          |                        |
| 30                               | Capital stock or trust principal, or current funds   |   | 30       | 50. 10                 |
| 31                               | Paid-in or capital surplus, or land, building, or equipment fund   |   | 31       |                        |
| 27<br>28<br>29<br>30<br>31<br>32 | Retained earnings, endowment, accumulated income, or other funds   |   | 32       |                        |
| 33                               | Total net assets or fund balances  | 423,018.                                | 33       | 296,777.               |
| 34                               | Total liabilities and net assets/fund balances   | 7,035,018.                              | 3/1      | 6,578,177.             |
|                                  | The state of the s | 1.1.2.2.1.2.2.1.2.2.2.2.2.2.2.2.2.2.2.2 |          | Form <b>990</b> (2009) |

Form 990 (2009)

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form 990 (2009)

3a

3b

Act and OMB Circular A-133?

## **SCHEDULE A**

Department of the Treasury

(Form 990 or 990-EZ)

# Public Charity Status and Public Support

2009

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.

Open to Public

Employer identification number Name of the organization TALLAHASSEE COMMUNITY COLLEGE 59-3654954 HOUSING, INC. Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv), (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment Income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 X An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3), Check the box that describes the type of supporting organization and complete lines 11e through 11h. d \_\_\_ Type III - Other c Type III - Functionally integrated a Type I b X. Type II e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, No X 11g(i) the governing body of the supported organization? X 11g(ii) (ii) A family member of a person described in (i) above? 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). (iii) Type of (vi) Is the organization in col. (iv) is the organization (v) Did you notify the (vii) Amount of (i) Name of supported (ii) EIN organization in col. (i) listed in your organization in col. (i) organized in the U.S.? support organization (described on lines 1-9 (i) of your support? governing document? above or IRC section. Yes (see instructions)) Yes No No Yes No TALLAHASSEE X 0. COMMUNITY CO59-11412706 X TALLAHASSEE 0. X COMMUNITY CO59-20914805 X X 0.

932021 02-08-10

Form 990 cr 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for

| Pa         | art III   Support Schedule for (   | Organizations       | Described in        | Section 509(a      | )(2) (Complete only i                    | f you checked the bo | x on line 9 of Part I.) |
|------------|--|---------------------|---------------------|--------------------|--|----------------------|-------------------------|
| Se         | ction A. Public Support  |                     |                     |                    |  |                      |                         |
| Cal        | endar year (or fiscal year beginning in)   | (a) 2005            | (b) 2006            | (c) 2007           | (d) 2008                                 | (e) 2009             | (f) Total               |
| 1          | Gifts, grants, contributions, and  |                     |                     |                    |  |                      |                         |
|            | membership fees received. (Do not  |                     |                     |                    |  |                      |                         |
|            | include any "unusual grants.")   |                     |                     |                    |  |                      |                         |
| 2          | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |                     |                     |                    |  | 20                   |                         |
| 3          | Gross receipts from activities that  |                     |                     |                    |  |                      |                         |
|            | are not an unrelated trade or bus-   |                     |                     |                    |  |                      |                         |
|            | iness under section 513  |                     |                     |                    |  |                      |                         |
| 4          | Tax revenues levied for the organ-<br>ization's benefit and either paid to<br>or expended on its behalf  |                     |                     |                    |  |                      |                         |
| 5          | The value of services or facilities  |                     |                     |                    |  |                      |                         |
|            | furnished by a governmental unit to  | 100                 |                     |                    |  |                      |                         |
|            | the organization without charge  |                     |                     |                    |  |                      |                         |
| 6          | Total. Add lines 1 through 5   |                     |                     |                    |  |                      |                         |
| 7 <i>a</i> | Amounts included on lines 1, 2, and  |                     |                     |                    |  |                      |                         |
|            | 3 received from disqualified persons   |                     |                     |                    |  |                      |                         |
| b          | Amounts included on lines 2 and 3 received<br>from other than disqualified persons that<br>exceed the greater of \$5,000 or 1% of the<br>amount on line 13 for the year  |                     |                     |                    |  |                      |                         |
| C          | Add lines 7a and 7b  |                     |                     |                    |  |                      |                         |
| 8          | Public support (Subtract line 7c from line 6)  | -75 44 1 7          |                     |                    | 1667.64                                  |                      |                         |
|            | ction B. Total Support   |                     |                     | ,                  |  |                      |                         |
|            | endar year (or fiscal year beginning in)   | (a) 2005            | (b) 2006            | (c) 2007           | (d) 2008                                 | (e) 2009             | (f) Total               |
|            | Amounts from line 6  |                     |                     |                    |  |                      |                         |
| 10a        | Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties<br>and income from similar sources                                  |                     |                     |                    |  |                      |                         |
| b          | Unrelated business taxable income  |                     |                     | j                  |  |                      |                         |
|            | (less section 511 taxes) from businesses acquired after June 30, 1975  |                     |                     |                    |  |                      |                         |
|            | Add lines 10a and 10b  Net income from un elated business activities not included in line 10b, whether or not the business is regularly carried on                       |                     |                     |                    |  |                      |                         |
| 12         | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  |                     |                     |                    |  |                      |                         |
| 13         | Total support (Add lines 9, 10c, 11, and 12)   |                     |                     |                    |  |                      |                         |
| 14         | First five years. If the Form 990 is for   |                     |                     |                    |  |                      | ation,                  |
|            | check this box and stop here   |                     |                     |                    | .41.010.010.010.010.010.010.010.010.010. | <del></del>          |                         |
|            | tion C. Computation of Publi   |                     |                     |                    |  |                      |                         |
|            | Public support percentage for 2009 (I  |                     |                     |                    |  | 15                   | %                       |
|            | Public support percentage from 2008  |                     |                     |                    |  | 16                   | %                       |
|            | tion D. Computation of Inves   |                     | ·                   |                    |  |                      |                         |
|            | Investment income percentage for 20  |                     |                     | e 13, column (f))  |  | 17                   | <u>%</u>                |
|            | Investment income percentage from 2  |                     |                     | , v (457 41/2014)) | No son or some court of the court of the | 18                   | %                       |
| 19a        | 33 1/3% support tests - 2009. If the   |                     |                     |                    |  |                      | 7 is not                |
|            | more than 33 1/3%, check this box ar   |                     |                     |                    |  |                      | ▶ 🔲                     |
|            | 33 1/3% support tests - 2008. If the   |                     |                     |                    |  |                      | ind                     |
|            | line 18 is not more than 33 1/3%, che  |                     |                     |                    |  |                      |                         |
| 20_        | Private foundation, If the organization  | n did not check a l | oox on line 14, 19a | or 195, check th   |  | tructions            |                         |
|            |  |                     |                     |                    | Scho                                     | DOUBLE A LEARN 996   | LOC 950-1-21 2009       |

# Schedule D

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990,
 Part IV, line 6, 7, 8, 9, 10, 11, or 12.
 Attach to Form 990.
 See separate instructions.

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

TALLAHASSEE COMMUNITY COLLEGE

Employer identification number 59-3654954

HOUSING, INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 2 Aggregate grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the cloner or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easement's. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of an historically important land area Preservation of land for public use (e.g., recreation or pleasure) Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements b Total acreage restricted by conservation easements 20 c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation essements included in (c) acquired after 8/17/06 Number of conservation ease, nents modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located |> Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the icothole to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 900, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 02-01-10 Schedule D (Form 990) 2009

# TALLAHASSEE COMMUNITY COLLEGE

|       | edule D (Form 990) 2009 HOUSING  |                        |  |                        |  | 365495           |         |              |
|-------|--|------------------------|--|------------------------|--|------------------|---------|--------------|
| Pa    | rt III   Organizations Maintaining (   |                        |  |                        |  |                  |         |              |
| 3     | Using the organization's acquisition, access                                   | sion, and other record | ds, check any of the   | e following that are a | significant use o                        | f its collection | n item  | S            |
|       | (check all that apply):  |                        |  |                        |  |                  |         |              |
| а     | Public exhibition  | C                      | Loan or ex   | change programs        |  |                  |         |              |
| b     | Scholarly research   | 6                      | Other  |                        |  |                  |         |              |
| С     | Preservation for future generations  |                        |  |                        |  |                  |         |              |
| 4     | Provide a description of the organization's of                                 | collections and explai | in how they further  | the organization's ex  | rempt purpose in                         | Part XIV.        |         |              |
| 5     | During the year, did the organization solicit                                  | or receive donations   | of art, historical tre   | asures, or other simil | ar assets                                | -                |         | _            |
| _     | to be sold to raise funds rather than to be n                                  | naintained as part of  | the organization's o   | collection?            |  | . Yes            |         | No           |
| Pa    | rt IV Escrow and Custodial Arrar   | gements. Compl         | ete if organization a  | answered "Yes" to Fo   | orm 990, Part IV,                        | line 9, or       |         |              |
|       | reported an amount on Form 990, Pa   | ert X, line 21.        |  |                        |  |                  |         |              |
| 1a    | Is the organization an agent, trustee, custoo                                  | fian or other intermed | diary for contributio  | ns or other assets no  | ot included                              |                  | -       |              |
|       | E 200 D 1 100  | *******                |  |                        |  | Yes              |         | No           |
| b     | If "Yes," explain the arrangement in Part XIV                                  |                        |  |                        | ADMIT AC AT US 1222 MANAGEMENT OF        |                  |         |              |
|       |  |                        |  |                        |  | Amoun            | nt      |              |
| С     | Beginning balance  |                        |  |                        | 1c                                       |                  |         |              |
| d     | Additions during the year  |                        | 1. 45 (1) (0.1040)0001 (2)   |                        | 1d                                       |                  |         |              |
| е     | Distributions during the year  | CART NA MAKE A N.      |  |                        | 2  |                  |         |              |
| f     | Ending balance   | PAS IN UNITED STATES   |  |                        | Sf                                       |                  |         |              |
|       | Did the organization include an amount on F                                    |                        |  |                        |  | Yes              |         | No           |
|       | If "Yes," explain the arrangement in Part XIV                                  |                        |  |                        |  |                  |         | Mark Control |
|       | rt V   Endowment Funds, Complete   |                        | swered "Yes" to Fo   | orm 990, Part IV, line | 10.                                      |                  |         |              |
|       |  | (a) Current year       | (b) Prior year   | (c) Two years back     |  | ack (e) Fou      | r years | back         |
| 1a    | Beginning of year balance  | (13)                   |  | 1.16%                  | 127.22                                   | The second       |         |              |
| b     | Contributions  |                        |  |                        |  |                  |         | 17/18        |
| c     | Net investment earnings, gains, and losses                                     |                        |  |                        |  |                  |         |              |
| q     | Grants or scholarships   |                        |  | Taran Makada           | 101-10                                   | 1177             | -Zeiter |              |
|       | Other expenditures for facilities  |                        |  | The second sections    | 1111                                     |                  | -       | F            |
| ·     | and programs   |                        |  |                        |  |                  |         |              |
| f     | Administrative expenses  |                        |  |                        | 1777                                     |                  |         |              |
| g     | End of year balance  |                        |  |                        |  |                  |         | - 24         |
| 2     | Provide the estimated percentage of the year                                   | r and belance hald a   | ne:  |                        | 1  |                  |         |              |
|       | Board designated or quasi endowment.   |                        | %  |                        |  |                  |         |              |
| b     | Permanent endowment  | 38                     | _70  |                        |  |                  |         |              |
|       |  | %<br>%                 |  |                        |  |                  |         |              |
|       | Are there endowment funds not in the posse                                     |                        | ation that are hald a  | and administered for   | the executation                          |                  |         |              |
| Sa    |  | ession of the organiza | ation that are neid a  | and administered for   | the organization                         | 1                | Yes     | No           |
|       | by:  |                        |  |                        |  | 3a(i)            | 105     | INO          |
|       | (i) unrelated organizations  |                        | 4 4 5 110000 5   |                        |  |                  |         |              |
| 1.    | (ii) related organizations   |                        | 0.1-1.1-00   |                        | 1 10 10 10 10 10 10 10 10 10 10 10 10 10 | 3a(ii)           |         |              |
|       | If "Yes" to 3a(ii), are the related organizations                              |                        |  |                        | ATTACH THE RESIDENCE                     | 3b               |         |              |
|       | Describe in Part XIV the intended uses of the tVI Investments - Land, Building |                        |  | ) Dort V line 10       |  |                  |         |              |
| Fai   |  |                        |  |                        | A  | /-II Dan         | L       |              |
|       | Description of investment  | (a) Cost or of         | The state of the s |                        | Accumulated<br>epreciation               | (d) Boo          | k valu  | 3            |
|       | Fand   | basis (investr         | rand Dasis   | (other) de             | Spieciation                              |                  |         |              |
|       | Land<br>D. Ildian  |                        |  |                        |  |                  |         |              |
|       | Buildings  | -                      |  |                        |  |                  |         |              |
|       | Leasehold improvements   |                        |  |                        |  |                  |         |              |
|       | Equipment  |                        |  |                        |  |                  |         |              |
|       | Add lines 1a through 1e /Column (dl. roust a                                   |                        |  |                        | <u> </u>                                 |                  |         | 0.           |
| LOtal | and ings to income le thought the renet a                                      | augi Form 490 Port     | x column (R) line  | 111101-1               | its-                                     | er .             |         | 11 .         |

Schedule D (Form 990) 2009

| (a) Description of liability                                      | (b) Amount |
|---|------------|
| Federal income taxes  |            |
| BOND INTEREST PAYABLE   | 201,400.   |
|   |            |
|   |            |
|   |            |
|   |            |
|   |            |
|   |            |
|   |            |
|   |            |
| Total. (Column (b) must equal Form 930, Part X, col (B) line 25.) | 201,400.   |

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48. 932053 02-01-10

TALLAHASSEE COMMUNITY COLLEGE 59-3654954 Page 4 Schedule D (Form 990) 2009 HOUSING, INC. Part XI | Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements 295,231. 1 Total revenue (Form 990, Part VIII, column (A), line 12) 421,472. 2 Total expenses (Form 990, Part IX, column (A), line 25) 2 <126,241.> Excess or (deficit) for the year Subtract line 2 from line 1 3 3 4 Net unrealized gains (losses) on investments 4 5 Donated services and use of facilities 5 6 Investment expenses 6 7 7 Prior period adjustments 8 Other (Describe in Part XIV.) 0. 9 Total adjustments (net). Add lines 4 through 8 9 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 Part XII | Reconciliation of Flevenue per Audited Financial Statements With Revenue per Return 295,231. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments 2a b Donated services and use of facilities 2b c Recoveries of prior year grants 2c 2d d Other (Describe in Part XIV.) 2e e Add lines 2a through 2d 295,231. 3 Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIV.) 4b 40 c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 950, Part I, line 12.) Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 421,472. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a **b** Prior year adjustments 26 c Other losses 2c d Other (Describe in Part XIV.) 0. 2e e Add lines 2a through 2d 421,472. 3 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIV) c Add lines 4a and 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule D (Form 990) 2009

# SCHEDULE J (Form 990)

Department of the Treasury

# Compensation Information

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

Part IV, line 23.

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

▶ Attach to Form 990. ▶ See separate instructions. TALLAHASSEE COMMUNITY COLLEGE

Employer identification number 59-3654954

Schedule J (Form 990) 2009

|     | HOODING, INC.   | 3654954 | 4   |       |
|-----|---|---------|-----|-------|
| P   | art 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.  |         | 2.0 |       |
|     | First-class or charter travel Housing allowance or residence for personal use   |         | . 1 |       |
|     | Travel for companions Payments for business use of personal residence   |         |     |       |
|     | Tax indemnification 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 on line 1a are checked, did the organization follow a written policy regarding payment or   |         |     | Til   |
|     | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain  | 1b      |     |       |
| 2   | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,  |         |     |       |
| -75 | trustees, and the CEO/Executive Director, regarding the items checked in line 1a?   | 2       |     |       |
|     |   | 1 16    |     |       |
| 3   | Indicate which, if any, of the following the organization uses to establish the compensation of the organization's  |         |     | is .4 |
| 100 | CEO/Executive Director. Check all that apply.   | 1 3     |     | 1     |
|     | Compensation committee Written employment contract  |         |     |       |
|     | Independent compensation consultant Compensation survey or study  |         |     |       |
|     | Form 990 of other organizations Approval by the board or compensation committee   | 1 1     |     |       |
|     |   |         |     |       |
| 4   | During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing  |         |     |       |
| 8   | organization or a related organization:   |         |     |       |
| а   | Receive a severance payment or change-of-control payment?   | 4a      |     | X     |
| b   |   | 46      |     | X     |
| С   | Participate in, or receive payment from, an equity-based compensation arrangement?  |         |     | X     |
|     | If "Yes" to any of lines 4a.c, list the persons and provide the applicable amounts for each item in Part III.   |         |     | 100   |
|     |   |         |     |       |
|     | Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.   | 1,000   |     |       |
| 5   | For persons listed in Form 930, Part VII, Section A, line 1a, did the organization pay or accrue any compensation   |         |     |       |
|     | contingent on the revenues of:  |         |     | 1     |
| а   | The organization?   | 5a      |     | X     |
| b   | Any related organization?   | 5b      |     | X     |
|     | If "Yes" to line 5a o: 5b, describe in Fart III.  |         |     |       |
| 6   | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation   | 43.23   |     |       |
|     | contingent on the net earnings of.  |         |     |       |
| а   | The organization?   | 6а      |     | X_    |
|     | Any related organization?   | 6'3     |     | X     |
|     | If "Yes" to line 6a or 6b, describe in Part III.  |         |     |       |
| 7   | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments   |         |     | 0,000 |
|     | not described in lines 5 and 67 li "Yes," describe in Part III  | 7       |     | X     |
|     | That described in the 3 of the C. F. 103, the control in the true   |         |     |       |
| 8   |   |         |     |       |
|     | Were any amounts reported in Form 930, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8       |     | х     |
|     | Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the   | 8       |     | х     |

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59-3654954

HOUSING, INC.

Schedule J (Form 990) 2009

Part : Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 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.

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|                | (B) Breakdown of         | (B) Breakdown of W-2 and/or 1099-MISC compensation | SC compensation                     | 0  | 6                      | (E)                            | (£)  |
|----------------|--------------------------|--|-------------------------------------|--|------------------------|--------------------------------|--|
| (A) Name       | (i) Base<br>compensation | (ii) Bonus & incentive compensation                | (iii) Other reportable compensation | Retirement and other deferred compensation | Nontaxable<br>benefits | Total of columns<br>(B)(i)-(D) | Compensation reported in prior Form 990 or Form 990-EZ |
| 5              | 0,                       | 0  | 0                                   | 0  | 0                      | 0                              | 0  |
| WILLIAM D. LAW | 316,09                   | 0  |                                     | 41,658,                                    | 4,644.                 | 362,403.                       | 0  |
| 9              |                          |  |                                     |  |                        |                                |  |
| (B)            | ú                        |  |                                     |  |                        |                                |  |
|                |                          |  |                                     |  |                        |                                |  |
| · <u>E</u>     | - E                      |  |                                     |  |                        |                                |  |
|                |                          |  |                                     |  |                        |                                |  |
| 15)            | 1)                       |  |                                     |  |                        |                                |  |
| 9              |                          |  |                                     |  |                        |                                |  |
| <u>:</u>       | n l                      |  |                                     |  |                        |                                |  |
| (1)            | 0                        |  |                                     |  |                        |                                |  |
| <u> </u>       | 10                       |  |                                     |  |                        |                                |  |
| 9              | 9                        |  |                                     |  |                        |                                |  |
| (B)            | (1)                      |  |                                     |  |                        |                                |  |
| 3)             | 0                        |  |                                     |  |                        |                                |  |
| <u>5</u>       | i)                       |  |                                     |  |                        |                                |  |
| <u>0</u>       | .i.                      |  |                                     |  |                        |                                |  |
| 9              | (ii                      |  |                                     |  |                        |                                |  |
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| U              | (ii)                     |  |                                     |  |                        |                                |  |
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| 9              |                          |  |                                     |  |                        |                                |  |

Schedule J (Form 990) 2009

# SCHEDULE O

Department of the Treasury

(Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

TALLAHASSEE COMMUNITY COLLEGE HOUSING INC.

Employer identification number 59-3654954

| 1100011107 11100  |
|---|
| FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:          |
| COMPLEX IN AUGUST 2006 UNITL JULY 1, 2011 AT WHICH TIME THE ORIGINAL    |
| BONDS CAN BE REDEEMED.  |
|   |
| FORM 990, PART VI, SECTION B, LINE 11: THE OPERATING OFFICE REVIEWS THE |
| INDEPENDANTLY PREPARED 990 BY THE ORGANIZATION'S CPA FIRM BEFORE        |
| SUBMITTING. THE HOUSE BOARD AND DISTRICT BOARD OF TRUSTEES IS NOTIFIED  |
| ANNUALLY OF ITS FILING IS ACCORDANCE WITH FLORIDA STATUTE.              |
|   |
| FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING     |
| DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. THE      |
|   |
| ORGANIZATION DOES NOT REQUIRE A CONFLICT OF INTEREST POLICY.            |
|   |
| FORM 990, PART XI, LINE 2B:   |
| THE ORGANIZATIONS BOARD OF DIRECTORS ARE CHARGED WITH THE SELECTION AND |
| OVERSIGHT OF THE INDEPENDENT ACCOUNTANT TO AUDIT THE FINANCIAL          |
| STATEMENTS.   |
|   |
|   |
|   |
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|   |

2009 Open to Public Inspection Employer identification number 59 – 3654954 OMB No. 1545-0047 Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 Attach to Form 990. Related Organizations and Unrelated Partnerships TALLAHASSEE COMMUNITY COLLEGE HOUSING, INC. Name of the organization Department of the Treasury SCHEDULER (Form 991)

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) 125

|      | (a)<br>Name, address, ਜਾਵੇਂ ਤੋਂ।ਪ<br>of disregarded entity   | (b)<br>Timary activity                 | (c) Legal domicile (state or foreign country) | (a)<br>Total income   | (e)<br>End-of-year assets | (f) Direct controlling entity |    |
|------|--|--|---|-----------------------|---------------------------|-------------------------------|----|
|      |  |  |   |                       |                           |                               | ş. |
|      |  |  |   |                       |                           |                               | ,  |
|      |  |  |   |                       |                           |                               | ř  |
|      |  |  |   |                       |                           |                               | ě  |
| Sart | i<br>ਜਿਲ ਜਰੀਜਿਟ ਹੋਰਨ of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt<br>organizations during the tax year.) | dous (Complete if the organization and | swered "Yes" to Form 990, Par                 | t IV, line 34 because | it had one or more re     | slated tax-exempt             | 1  |

| (a) Name, addreso, and EIN of related organization                         | (b)<br>Primary activity | (c) Legal domicile (state or foreign country) | (d)<br>Exempt Code<br>section           | (e) Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling<br>entity |
|--|-------------------------|---|---|--|-------------------------------------|
| TALLAHASSEE COMMUNITY COLLEGE - 59-1141270 444 APPLEYARD DRIVE mailahassee | GOG TION VILLE          | 2010  |   | 47 ( 4 ) ( 5 ) ( G ) ( G )                       | 4                                   |
|  |                         |   | 4 6 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 |  |                                     |
|  |                         |   |   |  |                                     |
|  |                         |   |   |  |                                     |

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932161

Schedule R (Form 990) 2009

TALLAHASSEE COMMUNITY COLLEGE HOUSING, INC.

Schedule R (Form 990) 2009

"destriffication of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) 59-3654954

Page 2

| (6)   | as a particular production of the tax year.)   | 3  | ir)                           | 3   |                                     | 5                          |  |                                   |  |                                    |
|---|--|--|-------------------------------|---|-------------------------------------|----------------------------|--|-----------------------------------|--|------------------------------------|
| Name, address, and EIN<br>of related organization           | Primary activity   | (c)  Le Jan Bollo (state or foreign country) | (a) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) |                                     | (f) Share of total ncome e | (g)<br>Sharc of<br>end-of-year<br>assets | Disproportionate ate allocations? | Code V-UBI<br>amount in box<br>20 of Schedule<br>K-1 (Form 1065) | General or<br>managing<br>partner? |
|   |  |  |                               |   |                                     |                            |  | 2                                 |  |                                    |
|   |  |  |                               |   |                                     |                            |  |                                   |  |                                    |
|   |  |  |                               |   |                                     |                            |  |                                   |  |                                    |
|   |  |  |                               |   |                                     |                            |  |                                   |  |                                    |
| raining described of Poleted Organizations treated as a cor | ್ರೆಡುಗ್ಗೆಗೊಳ್ಳಲ್ಲಿ ಗ್ರೌಸಿಸಿದ್ದರು ಸಾವರ್ಣ ಪಾರ್ವಿಸಿಸುವ ಸಾಧ್ಯಕ್ಷಣಗಳ ಗುಂತು ಪ್ರಸಾಣಕ್ಷಣಗಳ ಸಾಹ್ಯಕ್ಷ್ಯ ಸಂಪ್ರಾಸಿಸಿಕ ಸಂಪರ್ಣಕ್ಷ್ಣಿಸಿ ಸಂಪರ್ಣಕ್ಷ್ಣಿಸಿ ಸಂಪರ್ಣಕ್ಷ್ಣಿಸಿ ಸಂಪರ್ಣಕ್ಷ್ಣಿಸಿ ಸಂಪರ್ಣಕ್ಷ್ಣಿಸಿ ಸಂಪರ್ಣಕ್ಷ್ಣಿಸಿ ಸಂಪರ್ಣಕ್ಷ್ಣಿಸಿ ಸಂಪರ್ಣಕ್ಷ್ಣಿಸಿ ಸಂಪರ್ಣಕ್ಷ್ಣಿಸಿ ಸಂಪರ್ಣಕ್ಷ್ಣಿಸಿಸಿ ಸಂಪರ್ಣಕ್ಷ್ಣಿಸಿ ಸಂಪರ್ಣಕ್ಷಿಸಿ ಸಂಪರ್ಣಕ್ಷ್ಣಿಸಿ ಸಂಪರ್ಣಕ್ಷಿಸಿ ಸಿ ಸಂಪರ್ಣಕ್ಷಿಸಿ ಸಿ | poration or<br>x year.)                      | Trust (Complete if t          | he organizatio  | n answered "Ye                      | s" to Form 990, F          | art IV, line 34                          | t because it ha                   | ad one or more r   | elated                             |
| (a) Name, address, and EIN of related organization          | NI<br>Ni   | <u>6</u> -                                   | (b)<br>Primary activity       | (c) Legal domicile (state or foreign country)   | (a)<br>Direct controlling<br>entity | (C corp, S corp, or trust) | y Share of total                         |                                   | (g)<br>Share of<br>end-of-year ov<br>assets                      | (h)<br>Percentage<br>ownership     |
|   |  |  |                               |   |                                     |                            |  |                                   |  |                                    |
|   |  |  |                               |   |                                     |                            |  |                                   |  |                                    |
|   |  | 11   |                               |   |                                     |                            |  |                                   |  |                                    |
|   |  |  |                               |   |                                     |                            |  |                                   |  |                                    |
|   |  |  |                               |   |                                     |                            |  |                                   |  |                                    |
| 932162 07-21-10   |  |  | 24                            |   |                                     |                            |  | Sche                              | Schedule R (Form 990) 2009                                       | 90) 2009                           |

# TALLAHASSEE COMMUNITY COLLEGE

Schedule R (Form 990) 2009 HOUSING, INC.

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

Page 3

59-3654954

| Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.   |   | 207                        | N. C.      |
|---|---|----------------------------|------------|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?                         |   |                            | -          |
|   |   | ū                          | ×          |
| b Gift, grant, or capital contribution to other organization(s)   |   |                            | ×          |
|   |   |                            | ×          |
| d Loans or loan guarantees to or for other organization(s)  | • | 1                          | >          |
| e Loans or loan guarantees by other organization(s)   |   | 0 (                        | 4 >        |
|   |   | שַ                         | 4          |
| f Sale of assets to other organization(s)   |   | 4                          |            |
|   |   |                            | 4          |
|   |   | D)                         | ×          |
|   |   | 4                          | ×          |
| i Lease of facilities, equipment, or other assets to other organization(s)  |   | 1                          | ×          |
|   |   |                            | 11         |
|   |   | ÷.                         | ×          |
|   |   | ¥                          | ×          |
| ! Performance of services or membership or fundraising solicitations by other organization(s)   |   | =                          | ×          |
|   |   | - Tu                       | ×          |
| n Sharing of paid employees   |   | 4                          | М          |
|   |   |                            |            |
|   |   | 20                         | ×          |
| p Reimbursement paid by other organization for expenses   |   | 1                          | ×          |
|   |   |                            | 110        |
| q Other transfer of cash or property to other organization(s)   |   | Ď.                         | ×          |
| Other transfer of cash or property from other organization(s)   |   | 1r                         | ×          |
| 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds | ction thresholds.                       |                            |            |
| (a) Name of other organization(s)   | (b)<br>Transaction<br>type (a-r)        | (c)<br>Amount involved     | ved<br>ved |
| (1)   |   |                            |            |
|   |   |                            |            |
|   |   |                            |            |
| (4)   |   |                            |            |
|   |   |                            |            |
| (3)   |   |                            |            |
| (9)   |   |                            |            |
| 922163 02-04-10   | Sched                                   | Schedule R (Form 990) 2009 | 90) 2009   |

TALLAHASSEE COMMUNITY COLLEGE

59-3654954

Page 4

Schedule R (Form 990) 2009 HOUSING, INC.

Part V. (Irrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (2)                                 |                  |            |   |                                 |                                       |                  |                                    |
|-------------------------------------|------------------|------------|---|---------------------------------|---------------------------------------|------------------|------------------------------------|
| ND Proc society of Man              | (6)              |            | Đ   | (e)                             |                                       | (b)              | E                                  |
| value, accordes, and mily of entity | Frimary activity | ile<br>ign | Are all partners<br>section 501(c)(3)<br>organizations? | Share of end-of-<br>ycar assets | Dispropor-<br>tionate<br>allocations? | amount in box 20 | General or<br>managing<br>partner? |
|                                     |                  | country)   | Yes No  |                                 |                                       | (Form 1065)      | 1                                  |
|                                     |                  |            |   |                                 |                                       |                  |                                    |
|                                     |                  |            |   |                                 |                                       |                  |                                    |
|                                     |                  |            |   |                                 |                                       |                  |                                    |
|                                     |                  |            |   |                                 |                                       |                  |                                    |
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|                                     |                  |            |   |                                 |                                       |                  | -                                  |
|                                     |                  |            |   |                                 |                                       |                  |                                    |
|                                     |                  |            |   |                                 |                                       |                  |                                    |
|                                     |                  |            |   |                                 |                                       |                  | -                                  |
|                                     |                  |            |   |                                 |                                       |                  | _                                  |
|                                     |                  |            |   |                                 |                                       |                  |                                    |
|                                     |                  |            |   |                                 |                                       |                  |                                    |
|                                     |                  |            |   |                                 |                                       |                  |                                    |
|                                     |                  |            |   |                                 |                                       |                  |                                    |
|                                     |                  |            |   |                                 | _                                     |                  |                                    |
|                                     |                  |            |   |                                 |                                       |                  |                                    |
|                                     |                  |            |   |                                 |                                       |                  |                                    |
|                                     |                  |            |   |                                 |                                       |                  |                                    |
|                                     |                  |            |   |                                 |                                       |                  |                                    |
|                                     |                  |            |   |                                 |                                       |                  |                                    |
|                                     |                  |            |   |                                 |                                       |                  |                                    |
|                                     |                  |            |   |                                 |                                       |                  |                                    |
|                                     |                  |            |   |                                 |                                       |                  |                                    |
|                                     |                  |            |   |                                 |                                       |                  |                                    |
|                                     |                  |            |   |                                 |                                       |                  |                                    |
|                                     |                  |            |   |                                 |                                       |                  |                                    |
|                                     |                  |            |   |                                 |                                       |                  |                                    |
|                                     |                  |            |   |                                 |                                       |                  |                                    |
|                                     |                  |            |   |                                 |                                       |                  |                                    |
|                                     |                  |            |   |                                 |                                       |                  |                                    |
|                                     |                  |            |   |                                 |                                       |                  |                                    |
|                                     |                  |            |   |                                 |                                       |                  |                                    |
|                                     |                  |            |   |                                 |                                       |                  |                                    |
|                                     |                  |            |   |                                 |                                       |                  |                                    |
|                                     |                  |            |   |                                 |                                       |                  |                                    |

Schedule R (Form 990) 2009

# Public Safety Academy Housing 2010-2011

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Dr. John Payne, Former TCC Trustee

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