

April 16, 2012

#### MEMORANDUM

TO:

District Board of Trustees

FROM:

Jim Murdaugh, President

SUBJECT:

Direct Support Organization - Audit Reports

### Item Description

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

## Overview and Background

These financial audits are provided to the Board for their review. The audits are conducted in compliance with Section 11.45(8), Florida Statutes. TCC Housing has two returns because of the one month stub period after the bonds were paid off before the TCCH could effectively be dissolved.

### Past Actions by the Board

The Board last reviewed the DSO Financial Audits on November 15, 2010 for the previous fiscal year.

### Funding/Financial Implications

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, 2011 and 2010

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#### 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. RODNEY E. REAMS, C.P.A.

> LINDAY, SIMPSON, C.P.A SCOTT C. HALL, C.P.A JOHN K. KIRK, 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, 2011 and 2010, 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, 2011 and 2010 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 December 11, 2011 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.

December 11, 2011

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

The discussion and analysis of Public Safety Academy Housing Inc.'s financial statements provides an overview of the financial activities for the year ended March 31, 2011. 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 Public Safety Academy Housing Inc. for fiscal years 2010 and 2011.

Public Safety Academy Housing Inc. was incorporated on February 26, 2003, as a direct support organization of Tallahassee Community College for the purpose of financing and constructing 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, Public Safety Academy Housing Inc. executed an agreement with the College whereby the College leases the housing facility from Public Safety Academy Housing Inc. and is responsible for operating and maintaining the facility. All revenues generated by the facility are retained by the College. In exchange, Public Safety Academy Housing Inc. receives a monthly lease payment in the amount of \$62,159 for its mortgage payment and operating expenses.

By design, Public Safety Academy Housing Inc. 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, 2011 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 Public Safety Academy Housing Inc.'s future activities can be expected to remain consistent with those of the 2011 fiscal year.

# PUBLIC SAFETY ACADEMY HOUSING, INC. STATEMENTS OF FINANCIAL POSITION March 31, 2011 and 2010

	<u>ASSETS</u>	2011	2010						
CURRENT ASSETS Cash Other receivable Lease receivable TOTAL CURREN		\$ 5,854 <u>62,160</u> 68,014	\$ 2,889 6,868 61,659 71,416						
PROPERTY AND EQUIPMENT, Net		7,013,331	7,293,218						
OTHER ASSETS Organizational costs, net Deferred loan cost, net		132,309 \$ <u>7,213,654</u>	1 141,760 \$ _7,506,395						
LIABILITIES AND NET DEFICIT									
CURRENT LIABILITIES Accrued interest payable Current portion of mortgage notes pa TOTAL CURRENT LI	yable	\$ 34,572 340,314 374,886	\$ 36,222 323,186 359,408						
LONG-TERM LIABILITIES  Mortgage note payable  TOTAL LI	ABILITIES	<u>7,025,380</u> 7,400,266	7,365,121 7,724,529						
NET DEFICIT Invested in capital assets, net of relat Unrestricted	ed debt	( 220,054) 33,442 ( 186,612)	( 253,328) 35,194 ( 218,134)						
		\$ <u>7,213,654</u>	\$ <u>7,506,395</u>						

# PUBLIC SAFETY ACADEMY HOUSING, INC. STATEMENTS OF ACTIVITIES AND CHANGE IN NET DEFICITS Years Ended March 31, 2011 and 2010

	2011	2010
OPERATING REVENUE  Lease income	\$ 743,414	\$ 739,913
OPERATING EXPENSES Depreciation Amortization Contractual services Bank fees	279,887 9,452 6,903 296,242	323,252 9,562 6,961 62 339,837
OPERATING INCOME	447,172	400,076
NONOPERATING INCOME (EXPENSE) Interest expense	( <u>415,650</u> ) ( <u>415,650</u> )	( <u>432,707</u> ) ( <u>432,707</u> )
CHANGE IN NET ASSETS	31,522	( 32,631)
BEGINNING NET DEFICIT	( 218,134)	(_185,503)
ENDING NET DEFICIT	\$( <u>186,612</u> )	\$( <u>218,134</u> )

# PUBLIC SAFETY ACADEMY HOUSING, INC. STATEMENTS OF CASH FLOWS Years Ended March 31, 2011 and 2010

	2011	2010
CASH FLOWS FROM OPERATING ACTIVITIES Rents and fees collected	\$ 749,781	\$ 739,913
Payments to vendors	( 6,903)	( 8,023)
Payments for interest expense	(417,300)	( 434,001)
	(	,
NET CASH PROVIDED BY		
OPERATING ACTIVITIES	325,578	297,889
CASH FLOWS FROM CAPITAL		
AND RELATED FINANCING ACTIVITIES		
Principal payments on long-term debt	(322,613)	(305,912)
NET CASH USED IN FINANCING ACTIVITIES	(322,613)	(305,912)
NET INCREASE (DECREASE) IN CASH	2,965	( 8,023)
CASH AT BEGINNING OF YEAR	2,889	10,912
CASITAT DEGININING OF TEAK	2,009	10,912
CASH AT END OF YEAR	\$5,854	\$2,889
RECONCILIATION OF CHANGES IN NET ASSETS TO		
CASH PROVIDED BY OPERATING ACTIVITIES		
Changes in net assets	\$ 31,522	\$( 32,631)
Adjustments to reconcile change in net assets		
to cash provided by operating activities:		
Depreciation and amortization	289,339	332,814
(Increase) decrease in:  Lease receivable	( 501)	
Other receivable	( 501)	( 1,000)
(Decrease) increase in:	6,868	( 1,000)
Accrued interest payable	(1,650)	(1,294)
2200 and Interest Payable	(	(
NET CASH PROVIDED BY		
OPERATING ACTIVITIES	\$ <u>325,578</u>	\$297,889

# PUBLIC SAFETY ACADEMY HOUSING, INC. NOTES TO FINANCIAL STATEMENTS March 31, 2011 and 2010

# 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 (the "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.

Furniture and equipment with a value of or costing over \$500 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 Organization has been granted tax exempt status 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, 2011 and 2010

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

Election to Apply FASB Statements - 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, 2011 to determine the need for any adjustments to and/or disclosures within the audited financial statements for the year ended March 31, 2011. Management has performed their analysis through the date of this report.

#### NOTE 2 - RELATED PARTY TRANSACTIONS

On May 21, 2004, the College entered into a long-term lease to rent ten acres of land to the Organization in order to build the housing complex. Terms of the lease grants the Organization 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, the Organization executed an agreement with the College to operate the housing complex. Terms of the agreement include monthly lease revenue amounting to \$61,659 through August 31, 2010, and then increased to \$62,159 through June 30, 2011; with automatic annual lease renewals unless thirty day prior notice of cancellation is given by either party. Total lease income earned for the years ended March 31, 2011 and 2010 amounted to \$743,414 and \$739,913 respectively.

#### NOTE 3 - PROPERTY AND EQUIPMENT

Property and equipment as of March 31, 2011 and 2010, is summarized as follows:

	2011	2010
Building	\$ 8,098,760	\$ 8,098,760
Furniture and equipment	577,950	577,950
• •	8,676,710	8,676,710
Accumulated depreciation	(1,663,379)	(1,383,492)
	\$ <u>7,013,331</u>	\$ 7,293,218

Depreciation expense for the years ended March 31, 2011 and 2010 amounted to \$279,887 and \$323,252, respectively.

# PUBLIC SAFETY ACADEMY HOUSING, INC. NOTES TO FINANCIAL STATEMENTS March 31, 2011 and 2010

# NOTE 4 - MORTGAGE NOTE PAYABLE

Mortgage note payable as of March 31, 2011 and 2010 was as follows:

	2011	2010
\$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.	\$ 7,365,694	\$ 7,688,307
Less current portion	(340,314)	(323,186)
	\$ <u>7,025,380</u>	\$ <u>7,365,121</u>

As of March 31, 2011, the scheduled maturities of the mortgage note payable was as follows:

March 31, 2012	\$ 340,314
2013	360,672
2014	381,115
2015	402,715
2016	424,709
Thereafter	5,456,169
	\$ <u>7,365,694</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 year ended March 31, 2011, and have issued our report thereon dated December 11, 2011. 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.

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 was not designed to identify all deficiencies in internal control over financial reporting that might be deficiencies, significant deficiencies, or Manhor Firm



material weaknesses. We did not identify an deficiencies in internal control over financial reporting that we consider to be material weaknesses as defines above.

#### 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 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 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.

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December 11, 2011

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. 2010

OMB No. 1545-0047

Open to Public Inspection

A	For the	2010 calendar year, or tax year beginning $APR \ 1$ , $2010$ and ending	MAR 31, 2011	
-	Check if	C Name of organization	D Employer identifi	
	applicable:	Traine of organization	D Employer identifi	Cation number
	Address	PUBLIC SAFETY ACADEMY HOUSING, INC.		
-	Name change	Doing Business As	36-4	549759
F	Initial return	Number and street (or P.O. box if mail is not delivered to street address)  Room/s		
F	Termin-	85 ACADEMY DRIVE		)201-8590
	—lated □Amende □return		G Gross receipts \$	743,414.
	Applica-	HAVANA, FL 32333	H(a) Is this a group re	
	pending	F Name and address of principal officer:E . E . EUNICE	for affiliates?	Yes X No
		85 ACADEMY DRIVE, HAVANA, FL 32333	H(b) Are all affiliates ind	
1	Tax-exen		CHORONE DELLA VOLUMENTE	list. (see instructions)
		: N/A	H(c) Group exemption	
		· · · · · · · · · · · · · · · · · · ·	rear of formation: 2003	
		Summary	rear or formation. 2005 p	VI Otate of logal dofficile, 2 2
-	-	riefly describe the organization's mission or most significant activities: OWN AND	OPERATE LAW E	NFORCEMNT
nce		CADEMY HOUSING FACILITY FOR STUDENTS ATTEND		
rna	_	heck this box if the organization discontinued its operations or disposed of n		
Governance			3	5
Ğ		umber of independent voting members of the governing body (Part VI, line 1b)		3
SS		otal number of individuals employed in calendar year 2010 (Part V, line 2a)		0
Activities &	6 To	otal number of volunteers (estimate if necessary)	6	0
cţì	7a To	otal unrelated business revenue from Part VIII, column (C), line 12	7a	0.
Ø	b N	et unrelated business taxable income from Form 990-T, line 34	7b	0.
		The state of the s	Prior Year	Current Year
ø	8 C	ontributions and grants (Part VIII, line 1h)	0.	0.
ň		ogram service revenue (Part VIII, line 2g)	0.	0.
Revenue		vestment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
Œ		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-32,630.	31,522.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-32,630.	31,522.
		rants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Be	enefits paid to or for members (Part IX, column (A), line 4)	0.	0.
S		alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
Expenses	16a Pr	ofessional fundraising fees (Part IX, column (A), line 11e)	0.	0.
dx	b To	otal fundraising expenses (Part IX, column (D), line 25)		
Ü		ther expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	0.	0.
	18 To	otal expenses. Add lines 13·17 (must equal Part IX, column (A), line 25)	0.	0.
	19 Re	evenue less expenses. Subtract line 18 from line 12	-32,630.	31,522.
let Assets or und Balances			Beginning of Current Year	End of Year
sets	20 To	otal assets (Part X, line 16)	7,506,395.	7,213,656.
t As	21 To	otal liabilities (Part X, line 26)	7,724,529.	7,400,268.
<u>-ū</u>	22 N	et assets or fund balances. Subtract line 21 from line 20	-218,134.	-186,612.
_		Signature Block		
Unde	er penaltie	es of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of m	y knowledge and belief, it is
true,	correct, a	and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	
		N		
Sigr	ո   Մ	Signature of officer	Date	
Here	e	E. E. EUNICE, BOARD DIRECTOR		
	P	Type or print name and title		
		rint/Type preparer's name Preparer's signature	Date Check	PTIN
Paid			self-employe	đ
		THOMSON BROCK LUGER & COMPANY	Firm's EIN ▶	
Use	Only Fi	rm's address 3375-G CAPITAL CIRCLE, N. E.		
		TALLAHASSEE, FL 32308	Phone no. (	850)385-7444
May	the IRS	discuss this return with the preparer shown above? (see instructions)		X Yes No

Page 3

Form 990 (2010) PUBLIC SAFET
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
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, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
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			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?  If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	12523		Date:
	as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
0.20	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	3 The first and an amount for an according to the first of the first of the following the first of the first			,,,
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	X
f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
343	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			Х
122	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Λ
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
2122	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
40	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		_X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			**
20-	complete Schedule G, Part III	19		X_
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that	00:		
	operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Form 990 (2010)

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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 United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II X 21 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 X 22 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 X 23 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 X 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I X 25b 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 X 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 27 contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III X 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28 instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV X 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M X 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M X 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I X 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X 32 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 X 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 X 34 Is any related organization a controlled entity within the meaning of section 512(b)(13)? 35 X 35 a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Yes X No 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 X 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

> X Form 990 (2010)

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

Page 5

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter ·0· if not applicable	Marin S	Mage	Tarasi
b	Enter the number of Forms W-2G included in line 1a. Enter ·0· if not applicable 1b 0			
С				
0.50	(gambling) winnings to prize winners?	1c	X	(Sections)
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	100	RAIS.	RIVER
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	NS mether	(E812-4)
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	100	10.534	State
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	MATERIAL STATES	X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	-00		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country:	-40	DOMER	
12	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	A CONTRACTOR OF THE CONTRACTOR	5a	BAPCHUS.	X
b		5b	-	X
c	THE PROPERTY OF THE PROPERTY O	5c	_	
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	- 50	_	
0	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	- Ua	-	
-	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	db		than a
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	70	130 A 190	Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b	-	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	70	_	
	to file Form 8282?	7c		Х
d	If IIV III II - III	70	Zanicka.	4980
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	nuspinos	X
f	AND AND	7f		X
g		7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	150007	NAME OF	EAST W
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	WHEN PL	Section 2
9	Sponsoring organizations maintaining donor advised funds.		TELLEGI	21793
а	Did the organization make any taxable distributions under section 4966?	9a		(ENTE
b		9b		
0	Section 501(c)(7) organizations. Enter:			EEE
a	Initiation fees and capital contributions included on Part VIII, line 12		HAR	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
1	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	METHOE	Charles and A
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.		Patel	An in
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schoolule O	4.41-		

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Form **990** (2010)

Form 990 (2010) PUBLIC SAFETY ACADEMY HOUSING, INC. 36-4549759 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. X Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year ..... b Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? X 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? X Does the organization have members or stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? X 7a b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X 8a b Each committee with authority to act on behalf of the governing body? X 8b 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 X Section 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, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 X 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c Does the organization have a written whistleblower policy? X 13 13 Does the organization have a written document retention and destruction policy? X 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X 15a b Other officers or key employees of the organization X 15b If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16a b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE 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. Another's website X Upon request Own website Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial 19

Form 990 (2010)

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

statements available to the public.

E.E. EUNICE - (850) 201-7002 85 ACADEMY DRIVE, HAVANA, FL

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
   Enter 0- in columns (D), (E), and (F) if no compensation was paid.
   List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

- 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) Average hours per			Pos	C) itior			(D)  Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W·2/1099·MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
JOHN PAYNE	1 00						À.			
DIRECTOR  JAMES SEWELL	1.00	X	_	A.	題	2	14	0.	0.	0.
DIRECTOR	1.00	х				é	À	0.	0.	0
FRANK MESSERSMITH	1.00	Δ	-		S	-		0.	0.	0.
EX OFFICIO	1.00	Х		A		100	F	0.	0.	0.
JAMES MURDAUGH	2.00					-		0.	0.	
EX OFFICIO	1.00	X	1					0.	140,410.	4,920.
E.E. EUNICE		M	7		_	$\vdash$				
DIRECTOR	1.00	Х	ħď	100		L		0.	88,657.	4,968.
		A	**************************************							
		Willy.								
	P 7									

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Form 990 (2010)

Par	t VII Section A. Officers, Directors, Tr	ıstees, Key Eı	nple	oyee	es, a	nd	High	est	Compensated Employ	rees (continued)			
	(A)	(B)			(0	C)			(D)	(E)		(F)	
	Name and title Average			Position (check all that apply)					Reportable	Reportable	199	stimat	
		hours per week	(C	T	T T T T				compensation from	compensation from related	a	mount other	
		(describe	ector					l	the	organizations	cor	npensa	
		hours for	0.0	93			sated		organization	(W-2/1099-MISC)		rom th	
		related organizations	truste	al trus		lee /ee	mpen		(W-2/1099-MISC)		9	ganiza id rela	
		in Schedule	Individual trustee or director	Institutional trustee	9	Key employee	Highest compensated employee	Jer.			U #1 (2000)	anizat	
		O)	indi	Insti	Officer	Key (	High	Former			"		
							_	_					
			_	-	_	-	╁	-			+		
									ALLE				
						_			AN T				
						-							<del>1172. 33 -</del>
							A				-		
			-			_	日	20			-		
			_				P S		Section 1				
							4						
1b	Sub-total				W	1	<b>&gt;</b>	7	0.	229,067		9,8	88.
C	Total from continuation sheets to Part VI	I, Section A	Δ			744	<b>&gt;</b>		0.	0			0.
d	Total (add lines 1b and 1c)	A	V						0.	229,067		9,8	88.
	Total number of individuals (including but n	ot limited to the	ose	liste	d at	ove	e) wi	o re	eceived more than \$100	,000 in reportable			,
	compensation from the organization	48		5.4				-				Yes	No
3	Did the organization list any former officer,	director or trus	stee	key	em	nlov	/ee	or h	ighest compensated en	anlovee on		103	140
	line 1a? If "Yes," complete Schedule J for si	uch individual	4	,,	0111	,p.10)	,00,	01 11	ignost compansated en	iployee on	3	SCHOOL STATE	Х
4	For any individual listed on line 1a, is the su	m of reportable	e co	mpe	ensa	tion	anc	oth	ner compensation from t	the organization	CHILDREN CHILDRE		
10	and related organizations greater than \$150	0,000? If "Yes,"	coi	nple	te S	Sche	dule	Jfo	or such individual		4		X
5	Did any person listed on line 1a receive or a	ccrue compen	sati	on fr	om	any	unr	elate	ed organization or indivi	dual for services			
	rendered to the organization? If "Yes," com ion B. Independent Contractors	plete Schedule	Jfo	or su	ch p	oers	on .				5		X
1	Complete this table for your five highest couthe organization.  NONE	npensated ind	ере	ndei	nt co	ontr	acto	rs th	nat received more than	\$100,000 of compen	sation	from	
	(A)							Т	(D)		11	×1	
	Name and business	address							(B) Description of se	ervices	<b>))</b> Compe		n
								$\top$					
								+					
								十					
0	Total number of indicate the second					95	515			The finess		I had a facility	
	Total number of independent contractors (in \$100,000 in compensation from the organize		t lin	nited	to t	thos 0		ted	above) who received m	ore than			
	#100,000 in compensation from the organiz	auon 🏴	_	-		U						990 /	2010

Form 990 (2010)

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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). (A) Total expenses (D) Fundraising (B) Program service (C) Management and Do not include amounts reported on lines 6b. 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members \_\_\_\_\_ Compensation of current officers, directors, trustees, and key employees ..... Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) ...... Other employee benefits 9 10 Payroll taxes Fees for services (non-employees): Management ..... b Legal ..... c Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees \_\_\_\_\_ Other \_\_\_\_\_ Advertising and promotion ..... 12 Office expenses 13 Information technology 14 15 Royalties Occupancy 16 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 ..... Payments to affiliates \_\_\_\_\_\_ 21 Depreciation, depletion, and amortization ..... 22 Insurance 23 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) a b C d e f All other expenses Total functional expenses. Add lines 1 through 24f 0 0. 0 0. 25 Joint costs. Check here | if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

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Pa	rt X	Balance Sheet		гт	
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	2,889.	1	5,855.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
Assets	4	Accounts receivable, net	68,527.	4	62,160.
	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)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net	A	7	
Ass	8	Inventories for sale or use	ALL A	8	
	9	Prepaid expenses and deferred charges	A-sum VIA	9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 8,866,281,			
	b	Less: accumulated depreciation 10b 1,720,640.	7,434,979.	10c	7,145,641.
	11	Investments - publicly traded securities	A	11	
	12	Investments - other securities. See Part IV, line 11	Villa.	12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	7,506,395.	16	7,213,656.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
S	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,			
iab		highest compensated employees, and disqualified persons. Complete Part II			
		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	7,688,307.	23	7,365,696.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	36,222.	25	34,572.
	26	Total liabilities. Add lines 17 through 25	7,724,529.	26	7,400,268.
		Organizations that follow SFAS 117, check here  and complete			
es		lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets		27	
Bal	28	Temporarily restricted net assets		28	
D	29	Permanently restricted net assets		29	
교		Organizations that do not follow SFAS 117, check here X and			
ò		complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds	0.	30	0.
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
let	32	Retained earnings, endowment, accumulated income, or other funds	-218,134.	32	-186,612.
2	33	Total net assets or fund balances	-218,134.	33	-186,612.
	34	Total liabilities and net assets/fund balances	7,506,395.	34	7,213,656.
					Form 990 (2010)

I OIII	1 ODDIC DAFETT ACADEMI MODEMA, INC.	50	434313	, ,	gc	
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		31,5		
2	Total expenses (must equal Part IX, column (A), line 25)	2		0 31,522		
3						
4					34.	
5					0.	
6	그는 얼마나 있는 그렇게 되는 얼마나 있는 것이 되는 그는 그는 그는 그를 가는 사람들이 되는 그는 그들은 경기에 가장하게 되었다면 그렇게 하는 것을 것을 하는 것을 하는 것을 하는 것을 하는 것을 것을 하는 것을 것을 하는 것을 하는 것을 것을 것을 하는 것을 것을 것을 수 없습니다. 것을 것을 것을 것을 수 없습니다. 것을 것을 것을 수 없습니다. 것을				12.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII				X	
				Yes	No	
1	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	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				X	
b Were the organization's financial statements audited by an independent accountant?				X		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,						
review, or compilation of its financial statements and selection of an independent accountant?				X		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue					
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	nale Au	dit	and the section of	1000000000	
	Act and OMB Circular A-133?				X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired au	dit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.					
				n 990	(2010)	
	Tank Very					

#### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

Inspection

Name of the organization

PUBLIC SAFETY ACADEMY HOUSING, INC.

Employer identification number 36-4549759

Part I	Reason	for Public Cha	rity Status (All organi	izations m	ust comple	te this pa	rt.) See ins	structions.				
The organ			because it is: (For lines									
1			es, or association of chu					i).				
2			70(b)(1)(A)(ii). (Attach S				-1111111	r				
3			oital service organization			170(b)(1	)(A)(iii).					
4			operated in conjunction					)(b)(1)(A)(i	ii). Enter th	ne hospita	's nan	ne.
	city, and sta		5					· · · · · · · ·		14 15 15		70%
5	An organizat	ion operated for the	benefit of a college or u	iniversity o	wned or o	perated b	v a govern	mental un	it describe	d in		
		(b)(1)(A)(iv). (Comp		2 2 2			Á					
6			nent or governmental un	it describe	ed in sectio	on 170(b)(	1)(A)(v).					
7			ceives a substantial part					or from the	e general p	ublic desc	ribed	in
		(b)(1)(A)(vi). (Comple			p = 1, 11 = 11. G	A		h.	gonorarp	obilo doce	11000	
8			section 170(b)(1)(A)(vi).	(Complete	e Part II.)	ATTEN	y and					
9 X			ceives: (1) more than 33			rom confi	ibutions r	nembersh	in fees, an	d aross re	ceints	from
	activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.											
	See section 509(a)(2). (Complete Part III.)											
10	An organization organized and operated exclusively to test for public safety. See section 509(a)(4).											
11	An organization organized and operated exclusively to test for public safety. See section 309(a)(4).  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or											
			ations described in sect									O.
			organization and comp				L). 000 <b>00</b>	011011 0001	u)(o)i one	ok the box	tilat	
	a Type				e III - Func		tegrated		d	Type III - (	Other	
е 🗌			at the organization is no					r more dis				an
f	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											
		rganization, check t		All the second								
g			organization accepted a	ny aift or c	ontribution	from any	of the foll	owing per	sons?			
			directly controls, either a								Yes	No
			upported organization?	VOCO)				(A-10-10)		11g(i)		1.0
			n described in (i) above?		•••••				************	11g(ii)		
	(iii) A 35% d	controlled entity of a	person described in (i)	or (ii) abov	e?		11g(iii)					
h	Provide the fo	ollowing information	about the supported or	ganization	(s).		**************		*************	. [5(/		
		Á	y a th		. ,							
(i) Name	of supported	(ii) EIN	(iii) Type of	(iv) Is the	organization	(v) Did yo	u notify the	(vi) Is	the	(vii) An	ount o	ıf
	anization	()	organization (described on lines 1-9	in col. (i) li	sted in your	organiza	tion in col.	(vi) ls organizatio (i) organiz	on in col.	SUP		11
			above or IRC section	governing document?		(i) of your support?		Ü.S	.?	000		
-			(see instructions))	Yes	No	Yes	No	Yes	No			
							VELSE.	400 600				
Total												
LHA For P	aperwork Re	duction Act Notice	, see the Instructions f	or				Schedul	e A (Form	990 or 99	0-F7)	2010

032021 12-21-10

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

## Schedule A (Form 990 or 990-EZ) 2010 | Part II | Support Schedule for Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and				, ,		
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to		l				
	or expended on its behalf					1	
3	The value of services or facilities						
J	furnished by a governmental unit to					1	
	the organization without charge						
4							
4	Total. Add lines 1 through 3	CONTRACTOR STATE	SILVER DESCRIPTION	PETABLIST SERVICE	- A.	THE THE PROPERTY OF THE PARTY O	
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support						
	ndar year (or fiscal year beginning in) ►	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4		460	P "Williams			
8	Gross income from interest,		47	<b>A</b>			
	dividends, payments received on			150		1	
	securities loans, rents, royalties		William .			1	
	and income from similar sources		-As	SALE OF			
9	Net income from unrelated business		AT.				
	activities, whether or not the		罗身。				
	business is regularly carried on	4					
10	Other income. Do not include gain		THE AND				
	or loss from the sale of capital	Ab.	A STATE OF THE PARTY OF THE PAR				
	assets (Explain in Part IV.)		A				
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for						
	organization, check this box and stor	here					
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2010 (	line 6, column (f) d	ivided by line 11, c	olumn (f))		14	%
15	Public support percentage from 2009	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2010. If the o	rganization did no	t check the box on	line 13, and line 1	4 is 33 1/3% or m	nore, check this box	and
	stop here. The organization qualifies	as a publicly supp	orted organization				
b	33 1/3% support test - 2009. If the o	rganization did no	t check a box on li	ne 13 or 16a, and I	ine 15 is 33 1/3%	or more, check this	box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						▶□
b	10% -facts-and-circumstances tes						)% or
	more, and if the organization meets the						01
	organization meets the "facts-and-circ						
18	Private foundation. If the organization						
-	Teamanann i tio organizatio	is did not diluon d	DON OF HIR TO, TO	i, 100, 17a, 01 170	, origon trils box a	ind see instructions	

Schedule A (Form 990 or 990-EZ) 2010

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

80	quality under the tests listed t	below, please com	piete Part II.)				
-	ction A. Public Support	1,10000		110000		[ /.\.oo4o	/O Total
	endar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.")						
2							
2	Gross receipts from admissions, merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the	739,958.	730 029	739,913.	739,913.	743,414.	3,703,126.
2	organization's tax-exempt purpose	737,330.	133,320.	139,913.	139,913.	743,414.	3,703,120.
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513				A-		
4	************						
4	Tax revenues levied for the organ-				WALL TO SERVICE STATE OF THE PARTY OF THE PA		
	ization's benefit and either paid to			4			
	or expended on its behalf			20			
5	The value of services or facilities			<b>分</b> 類	à T		
	furnished by a governmental unit to			A			
•	the organization without charge	720 050	720 020	720 012	720 012	742 414	2 702 106
	Total. Add lines 1 through 5	739,958.	739,928.	739,913.	739,913.	743,414.	3,703,126.
78	Amounts included on lines 1, 2, and				型		0
1.	3 received from disqualified persons Amounts included on lines 2 and 3 received			HALL THE			0.
i.	from other than disqualified persons that			We			
	exceed the greater of \$5,000 or 1% of the		4654	A ATTEMPT OF			0
	amount on line 13 for the year						0.
	Add lines 7a and 7b	Arrica san an arasa			neurosas servicios subs		
Sar	Public support (Subligation 7c from line 6.)	Etherneathics					3,703,126.
	ndar year (or fiscal year beginning in)	( ) 0000	A	/ ) 2000		I	
		(a) 2006 739, 958.	(b) 2007 739, 928.	(c) 2008 739, 913.	(d) 2009 739, 913.	(e) 2010 743,414.	(f) Total
	Amounts from line 6 Gross income from interest,	139,930.	133,340.	139,913.	739,913.	743,414.	3,703,126.
100	dividends, payments received on						
	securities loans, rents, royalties	<u> 2.</u>	THEFT				2.
L	and income from similar sources Unrelated business taxable income	4.	ACS0				۷.
I.	(less section 511 taxes) from businesses	Ab. William					
	acquired after June 30, 1975	A TELL T					
2	**********	2.					2
11	Add lines 10a and 10b	20					2.
	activities not included in line 10b.						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain	-45					
12	or loss from the sale of capital						
40	assets (Explain in Part IV.)	720 060	720 020	720 012	720 012	742 414	
	Total support (Add lines 9, 10c, 11, and 12.)	739,960.	739,928.		739,913.	743,414.	3,703,128.
14	First five years. If the Form 990 is for						ation,
Sac	check this box and stop hereetion C. Computation of Publ	in Cunnaut Da					
				. (0)		I I	100.00 %
10	Public support percentage for 2010 (I	ine 8, column (f) di	vided by line 13, c	olumn (f))			00 00
Sec	Public support percentage from 2009 ction D. Computation of Investigation	stment Income	Percentage			16	99.98 %
				- 10 - 1 (0)		[48]	.00 %
17	Investment income percentage for 20	2000 Cabadula A			constitutes of sales and sales and sales and sales and	17	
	Investment income percentage from 2			o line 4.4 and line		18	
194	33 1/3% support tests - 2010. If the						
h	more than 33 1/3%, check this box at 33 1/3% support tests 2000, if the						
I)	33 1/3% support tests - 2009. If the						
20	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organizatio	n did not check a l	box on line 14, 19a	a, or 19b, check th			
VUZUZ	O 12-21-10				Sch	edule A (Form 990	or 990-EZ) 2010

#### **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.

2010
Open to Public Inspection

Name of the organization

PUBLIC SAFETY ACADEMY HOUSING, INC.

Employer identification number 36-4549759

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	HE SEN MAR (1915년 ) 전 1920년 (1921년 - 1921년 ) 교육에 보고 1920년 (1921년 - 1921년 ) 1920년 - 1921년 (1921년 - 1921년 ) 1921	And the same of th
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	idvisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	
In.			
	rt II Conservation Easements. Complete if the org		Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	Cally Science	
	Preservation of land for public use (e.g., recreation or e	GPK 2007	storically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
	Tatal		Held at the End of the Tax Year
a	Total number of conservation easements		
b	Total acreage restricted by conservation easements		2b
4	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired a		
3	listed in the National Register	lanced outling righted as to mineted by the	2d
Ü	year	leased, extinguished, or terminated by th	e organization during the tax
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	A 27997	
	violations, and enforcement of the conservation easements it	Total Control of the	
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements of	during the year
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)?		
9	In Part XIV, describe how the organization reports conservation	on easements in its revenue and expense	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat		
	conservation easements.		
Pai	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or C	ther 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 (AS	C 958), not to report in its revenue state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furthera	ance of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that describ	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statemen	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pu	blic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art, historical treat	asures, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under SFAS 11	16 (ASC 958) relating to these items:	
a	Revenues included in Form 990, Part VIII, line 1	***************************************	\$
b	Assets included in Form 990, Part X		> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-20-10

Schedule D (Form 990) 2010

Schedule D (Form 990) 2010

4,790.

132,310.

7,145,641.

573,160.

57,261.

e Other

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

577,950.

189,571.

Part VII Investments - Other Securities.	See Form 990, Part X, line	12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method	of valuation: ear market value
(1) Financial derivatives			
(2) Closely-held equity interests	No. of the contract of the con		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H) (I)			
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)			and the state of t
Part VIII Investments - Program Related.	Son Form 000 Part V line	12	
		(c) Method	of valuation:
(a) Description of investment type	(b) Book value	Cost or end-of-ye	ear market value
(1)			
(2)			
(3)		The state of the s	
(4)	6		
(5)	4	The state of the s	
(6)			
(7)	400		
(8)	AND	Á	
(9)	ESTA ESTA		
(10)		<u> </u>	
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN T		
Part IX Other Assets. See Form 990, Part X, lin		The state of the s	
	a) Description		(b) Book value
(1)			
(2)	THE PARTY OF THE P		
(3)	ib. Alaib		
(4) (5)			
(6)	A W		
(7)			
(8)	4		
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col (B) li	ine 15.)		<b>b</b>
Part X Other Liabilities. See Form 990, Part 1	X, line 25.		
(a) Description of liability		(b) Amount	
(1) Federal income taxes			
(2) ACCRUED INTEREST PAYABLE		34,572.	
(3)			
(4)		\$17.5 KH S 12.5	
(5)			
(6)			
(7)			
(8)			
(9)			
(10)		<b></b>	
(11)		24 552	
Total. (Column (b) must equal Form 990, Part X, col (B) li	ne 25.)	34,572.	

032053 12-20-10

#### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Name of the organization

PUBLIC SAFETY ACADEMY HOUSING, INC.

Employer identification number 36-4549759

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ENFORCEMENT ACADEMY

FORM 990, PART VI, SECTION A, LINE 7B: THE ENTITY IS A COMMUNITY COLLEGE DIRECT-SUPPORT ORGANIZATION THAT 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, BUT

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

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, ONE OF THE ENTITY'S BOARD MEMBERS SERVES AS A

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

PRESIDENT OF THE RELATED COLLEGE, AND ONE BOARD MEMBER SERVES AS THE

EXECUTIVE DIRECTOR OF THE RELATED SAFETY INSTITUTE.

FORM 990, PART VI, SECTION A, LINE 8B: 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, ONE OF THE ENTITY'S
BOARD MEMBERS SERVES AS A MEMBER OF THE DISTRICT BOARD OF TRUSTEES, ONE
BOARD MEMBER SERVES AS PRESIDENT OF THE RELATED COLLEGE, AND ONE BOARD

MEMBER SERVES AS EXECUTIVE DIRECTOR OF THE LAW ENFORCEMENT ACADEMY.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211 01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

PUBLIC SAFETY ACADEMY HOUSING, INC.	36-4549759
FORM 990, PART VI, SECTION B, LINE 11: THIS ENTITY IS A C	OMMUNITY COLLEGE
DIRECT-SUPPORT ORGANIZATION AND IS GOVERNED BY FLORIDA ST	ATUTE 1004.70,
WHICH MANADATES THAT THE DISTRICT BOARD OF TRUSTEES MEET	ANNUALLY TO REVIEW
AND APPROVE FORM 990 AND THE ANNUAL AUDIT. CURRENTLY, ONE	OF THE ENTITY'S
BOARD MEMBERS SERVES AS A MEMBER OF THE DISTRICT BOARD OF	TRUSTEES, ONE
BOARD MEMBER SERVES AS PRESIDENT OF THE RELATED COLLEGE,	AND ONE BOARD
MEMBER SERVES AS EXECUTIVE DIRECTOR OF THE SAFETY INSTITU	TE.
FORM 990, PART VI, SECTION C, LINE 19: FINANCIAL STATEMEN	TS AND ALL POLICY
AND GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON	REQUEST.
FORM 990, PART XI, LINE 2B:	
THE ORGANIZATION'S BOARD OF DIRECTORS ARE CHARGED WITH TH	E SELECTION
AND OVERSIGHT OF THE INDEPENDENT AUDITOR TO PERFORM THE A	NNUAL AUDIT OF
THE FINANCIAL STATEMENTS.	
REASONABLE CAUSE LATE FILING	
THIS RETURN IS BEING ELECTRONICALLY FILED LATE BECAUSE OF	THE IRS
SUSPENSION OF EXEMPT ORGANIZATION E-FILING BETWEEN 1/1/12	- 2/29/12.
THIS EXPLANATION IS IN REFERENCE TO IR-2011-120 AND HAS R	EASONABLE
CAUSE TO ELECTRONICALLY FILE AFTER THE EXTENDED DUE DATE	BUT BEFORE
3/30/12.	

#### SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047 2010 Open to Public Inspection

Name of the organization

PUBLIC SAFETY ACADEMY HOUSING, INC.

Employer identification number 36-4549759

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) Total income		(e) ne End-of-year assets		(f) Direct controlling entity	
Part II Identification of Related Tax-Exempt Organizations during the tax year.)	zations (Complete if the organization a	nswered "Yes" to Form 990	), Part IV, line	34 becaus	se it had one	or more r	elated tax-exen	npt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt C section	stat	(e) ablic charity us (if section 501(c)(3))		(f) t controlling entity	cont ent	g) 512(b)(13) rolled tity?
TALLAHASSEE COMMUNITY COLLEGE - 59-1141270 444 APPLEYARD DRIVE TALLAHASSEE, FL 32304	COMMUNITY COLLEGE	FLORIDA	501(C)(1)		(c)(1)	TALLAH	ASSEE	Yes	No X
	-								

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

Schedule R (Form 990) 2010

Part III	dentification 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 to the transfer of the design of the transfer of	ted
raitin	rganizations treated as a partnership during the tax year.)	

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Dispro		Code V-UBI amount in box 20 of Schedule	General or managing partner?	Percentage ownership
		country)		sections 512-514)		1100000000	Yes	No	K-1 (Form 1065)	Yes No	
						5					

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

(a)  Name, address, and EIN  of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

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

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?	No	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
a Recipit of (i) Interest (ii) annuities (iii) royalties or (iii) repatition from a controlled entity b GH, grant, or capital contribution from other organization(s) c GH, grant, or capital contribution from other organization(s) d Loans or loan guarantees to or for other organization(s) d Loans or loan guarantees to or for other organization(s) f Sale of assets to other organization(s) f Exchange of assets to other organization(s) f Exchange of assets f Sale of assets to other organization(s) f Exchange of assets f Sale of assets to other organization(s) f Exchange of assets f Sale of assets to other organization(s) f Exchange of assets f Sale of assets to other organization(s) f Exchange of assets f Sale of ass	1		ns with one or more	related organizations listed	d in Parts II·IV?			
b Gift, grant, or capital contribution to other organization(s) c Gift, grant, or capital contribution from other organization(s) d Loans or loan guarantees to or for other organization(s) e Loans or loan guarantees by other organization(s) f Sale of assets to other organization or other organization(s) f Sale of assets to other organization or other organization(s) f Sale of assets to other organization or organization for expenses f Sale of assets to other organization or expenses f Sale of assets to other organization or expenses f Sale of assets to other organization for expenses f Sale of assets to other organization or expenses f Sale of assets to other organization for expenses f Sale of assets to other organization for expenses f Sale of assets to other organization for expenses f Sale of assets to other organization for expenses f Sale of assets to other organization for expenses f Sale of assets to other organization for expenses f Sale of assets to other organization for expenses f Sale of assets to other organization for expenses f Sale of assets to other organization for expenses f Sale of as	а			N 774		1a		X
c Gift, grant, or capital contribution from other organization(s) d Loans or loan guarantees to or for other organization(s) e Loans or loan guarantees by other organization(s) f Sale of assets to other organization(s) f Sale of assets from other organization(s) f Exchange of assets from other organization(s) f Exchange of assets from other organization(s) f Exchange of assets f Could be a seed of sale of assets f Exchange of assets f Exchange of assets f Exchange of assets f Exchange of sale of assets f Exchange of assets f Exchange of sale of assets f Exchange of assets f Exchange of sale of assets f Exchange of assets f Exchange of assets f Exchange of assets f Exchange of Excitities, equipment, or other assets from other organization(s) f Exchange of Excitities, equipment, or other assets from other organization(s) f Exchange of Excitities, equipment, making a solicitations for other organization(s) f Exchange of Excitities, equipment, making lists, or other assets f Excitities, equipment, or other organization for expenses f Excitities, equipment, or other assets f Excitities,	b	Gift, grant, or capital contribution to other organization(s)				1b		
d Loans or loan guarantees to or for other organization(s)  e Loans or loan guarantees by other organization(s)  f Sale of assets to other organization(s)  g Purchase of assets from other organization(s)  h Exchange of assets  1 Lease of facilities, equipment, or other assets to other organization(s)  J Lease of facilities, equipment, or other assets from other organization(s)  I Lease of facilities, equipment, or other assets from other organization(s)  I Lease of facilities, equipment, or other assets from other organization(s)  I Lease of facilities, equipment, or other assets from other organization(s)  I Lease of facilities, equipment, or other assets from other organization(s)  I Reformance of services or membership or fundraising solicitations for other organization(s)  I Reformance of services or membership or fundraising solicitations by other organization(s)  I Reformance of services or membership or fundraising solicitations by other organization(s)  I Reformance of services or membership or fundraising solicitations by other organization(s)  I Reformance of services or membership or fundraising solicitations by other organization(s)  I Reformance of services or membership or fundraising solicitations by other organization(s)  I Reformance of services or membership or fundraising solicitations by other organization for expenses  I Reformance of services or membership or fundraising solicitations by other organization for expenses  I Reformance of services or membership or fundraising solicitations by other organization for expenses  I Reformance of services or membership or fundraising solicitations by other organization for expenses  I Reformance of services or membership or fundraising solicitations for other organization for expenses  I Reformance of services or membership or fundraising solicitations for other organization for expenses  I Reformance of services or membership or fundraising solicitations for other organization for expenses  I Reformance of services or membership or fundraising sol	С	Gift, grant, or capital contribution from other organization(s)			A	1c		100000
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g Purchase of assets from other organization(s) h Exchange of assets   Lease of facilities, equipment, or other assets to other organization(s)   J Lease of facilities, equipment, or other assets from other organization(s)   J Lease of facilities, equipment, or other assets from other organization(s)   J Lease of facilities, equipment, or other assets from other organization(s)   J Lease of facilities, equipment, or other assets from other organization(s)   J Lease of facilities, equipment, or other assets from other organization(s)   J Lease of facilities, equipment, or other assets from other organization(s)   J Lease of facilities, equipment, or other assets from other organization(s)   J Performance of services or membership or fundraising solicitations to other organization(s)   J Reformance of services or membership or fundraising solicitations by other organization(s)   J Reformance of services or membership or fundraising solicitations by other organization(s)   J Reformance of services or membership or fundraising solicitations by other organization(s)   J Reformance of services or membership or fundraising solicitations by other organization(s)   J Reformance of services or membership or fundraising solicitations by other organization of expenses   J Reformance of services or membership or fundraising solicitations by other organization of expenses   J Reformance of services or membership or fundraising solicitations by other organizations   J Reformance of services or membership or fundraising solicitations by other organizations   J Reformance of services or membership or fundraising solicitations by other organizations   J Reformance of services or membership or fundraising solicitations by other organizations   J Reformance of services or membership or fundraising solicitations by other organizations   J Reformance of services or membership or fundraising solicitations   J Reformance of services or membership or fundraising solicitations   J Reformance of services or membership or fundraising soli	f	Sale of assets to other organization(s)				1f		
h Exchange of assets  i Lease of facilities, equipment, or other assets to other organization(s)  j Lease of facilities, equipment, or other assets from other organization(s)  j Lease of facilities, equipment, or other assets from other organization(s)  ii X  ii X  j Lease of facilities, equipment, or other assets from other organization(s)  ii X  ii X								
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Performance of services or membership or fundraising solicitations by other organization(s)								100000
Performance of services or membership or fundralising solicitations by other organization(s)   II   X   X   M   Sharing of facilities, equipment, mailing lists, or other assets   II   X   X   X   X   X   X   X   X	k	Performance of services or membership or fundraising solicitations for other organ	nization(s)			1k	_	50000
n Sharing of paid employees  o Reimbursement paid to other organization for expenses  p Reimbursement paid by other organization for expenses  q Other transfer of cash or property to other organization(s)  r Other transfer of cash or property from other organization(s)  2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  (a)  Name of other organization  (b)  Transaction  Type (ar)  (c)  Amount involved  Method of determining amount involved  (1) TALLAHASSEE COMMUNITY COLLEGE  I 743,414. FAIR MARKET VALUE  (2)  (3)  (4)  (5)  (6)	- 1	Performance of services or membership or fundraising solicitations by other organ	ization(s)			11		
o Reimbursement paid to other organization for expenses p Reimbursement paid by other organization for expenses q Other transfer of cash or property to other organization(s) r Other transfer of cash or property from other organization(s) 2 If the answer to any of the above is "yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  (a) Name of other organization (b) Transaction Transaction Transaction Transaction Transaction Type (a-r)  (b) Transaction Transaction Type (a-r)  (c) Amount involved Method of determining amount involved  (d) Method of determining amount involved  (d) Transaction Transaction Type (a-r)  (d) Transaction Type (a-r)  (e)  (f) TALLAHASSEE COMMUNITY COLLEGE  I 743,414. FAIR MARKET VALUE	m	Sharing of facilities, equipment, mailing lists, or other assets				1m		
o Reimbursement paid to other organization for expenses p Reimbursement paid by other organization for expenses  q Other transfer of cash or property to other organization(s) r Other transfer of cash or property from other organization(s) 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  (a) Name of other organization (b) Transaction	n	Sharing of paid employees				1n		X
P Reimbursement paid by other organization for expenses  q Other transfer of cash or property to other organization(s) r Other transfer of cash or property from other organization(s) 1			A MINE			511500		
q Other transfer of cash or property to other organization(s) r Other transfer of cash or property from other organization(s) 1	0	Reimbursement paid to other organization for expenses	A.A			10		_
Tother transfer of cash or property from other organization(s)	p	Reimbursement paid by other organization for expenses				1p		X
Tother transfer of cash or property from other organization(s)			(A)					1,,
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  (a) Name of other organization (b) Transaction type (a-r)  (1) TALLAHASSEE COMMUNITY COLLEGE  I 743,414. FAIR MARKET VALUE  (3)  (4)  (5)  (6)							<u> </u>	1
Name of other organization Name of other organiz	<u>r</u>	Other transfer of cash or property from other organization(s)				1r		X
Name of other organization Transaction type (a-r)  Amount involved Method of determining amount involved  (1) TALLAHASSEE COMMUNITY COLLEGE I 743,414. FAIR MARKET VALUE  (2) (3) (4) (5)	_2_	If the answer to any of the above is "Yes," see the instructions for information on v	vho must complete	this line, including covered	relationships and transaction thresholds.			
(2) (3) (4) (5)		(a) Name of other organization	Transaction		Method of determin			
(4) (5) (6)	<u>(1)                                    </u>	ALLAHASSEE COMMUNITY COLLEGE	I	743,414.	FAIR MARKET VALUE			
(4) (5) (6)	(2)							
(5) (6)	(3)							
(6)	(4)							
(6)	(5)							
	(6)							

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

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	Are all p section organiz		(e) Share of end-of- year assets	Dispi tion alloca	f) ropor- nate itions?	(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		(h) leral or naging ther?
		country)	Yes	No		Yes	No	(Form 1065)	Yes	No
		<u>~()</u>		À						

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box	Page 2
- if you are filling for all Additional (Not Automatic) 3-Month Extension, complete only Part if and check this box	▶ X
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.  If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).	
Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed	i).
Type or Name of exempt organization Employer i	dentification number
	549759
File by the extended Number, street, and room or suite no. If a P.O. box, see instructions.  Number, street, and room or suite no. If a P.O. box, see instructions.	
City, town or post office, state, and ZIP code. For a foreign address, see instructions.  HAVANA, FL 32333	
Enter the Return code for the return that this application is for (file a separate application for each return)	0 1
Application Return Application	Return
Is For Code Is For	Code
Form 990 01	
Form 990·BL 02 Form 1041·A	08
Form 990-EZ 01 Form 4720	09
Form 990-PF 04 Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069	11
Form 990-T (trust other than above) 06 Form 8870	12
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed For E.E. EUNICE	n 8868.
• The books are in the care of ▶ 85 ACADEMY DRIVE - HAVANA, FL 32333  Telephone No. ▶ (850) 201-7002  FAX No. ▶	
Telephone No. ► (850) 201-7002 FAX No. ►  If the organization does not have an office or place of business in the United States, check this box	
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the w	whole group, shock this
box . If it is for part of the group, check this box . and attach a list with the names and EINs of all members the	
4 Frequest an additional 3-month extension of time until FEBRUARY 15, 2012.	extension is ior.
5 For calendar year or other tax year beginning APR 1, 2010, and ending MAR 31	. 2011
6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return	, , , , , , , , , , , , , , , , , , , ,
Change in accounting period	
7 State in detail why you need the extension	
WE RESPECTFULLY REQUEST ADDITIONAL TIME TO GATHER THE REQUIR	ED
INFORMATION TO FILE A COMPLETE AND ACCURATE RETURN.	
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	-
nonrefundable credits. See instructions.	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated	
tax payments made. Include any prior year overpayment allowed as a credit and any amount paid	
previously with Form 8868.	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using	•
EFTPS (Electronic Federal Tax Payment System). See instructions. 8c \$	0.
Signature and Verification	
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my kn It is true, correct, and complete, and that I am authorized to prepare this form.	owledge and belief,
Signature ► Title ► CPA Date ►	orm 9069 (Day 1 2011)

Form 8868 (Rev. 1-2011)

#### THIS IS NOT A FILEABLE COPY \*\*\*\*\*

### IRS e-file Signature Authorization

for an Exempt Organization

For calendar year 2010, or fiscal year beginning APR~1~ , 2010, and ending MAR~31~ ,20 11

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

Name of exempt organization

Form 8879-EO

Do not send to the IRS. Keep for your records.

See instructions.

Employer identification number

PUBLIC SAFETY ACADEMY HOUSING, INC.

36-4549759

Name and title of officer

E. E. EUNICE BOARD DIRECTOR

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879 EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter .0.). But, if you entered .0. on the return, then enter .0. on the applicable line below. Do not complete more than 1 line in Part I.

1a	Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	31522
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
За	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	
	Part and the second sec		

#### Part II **Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's	PIN:	check	one	hox	on	lv

X I authorize	THOMSON	BROCK	LUGER	&	COMPANY	to enter my PIN	05019
		4		ERO	firm name		Enter five numbers, bu do not enter all zeros

as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(les) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \*\*\*\* THIS IS NOT A FILEABLE COPY \*\*\*\* Date ▶

#### Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

59409005019 do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2010 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

**ERO Must Retain This Form - See Instructions** Do Not Submit This Form To the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions. 023051 12-27-10

Form 8879-EO (2010)

ERO's signature

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

FINANCIAL STATEMENTS Years Ended June 30, 2011 and 2010

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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.

> LINDAY, SIMPSON, C.P.A. SCOTT C. HALL, 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 Tallahassee Community College Housing, Inc. (a nonprofit organization) as of June 30, 2011 and 2010, 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, 2011 and 2010 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 November 17, 2011 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.

Thomson Beacle huges + Complany

November 17, 2011



# TALLAHASSEE COMMUNITY COLLEGE HOUSING, INC. STATEMENTS OF FINANCIAL POSITION June 30, 2011 and 2010

	2011	2010
<u>ASSETS</u>		
CURRENT ASSETS		
Cash	\$ 35,200	\$ 40,147
Current portion of escrow deposit investments	5,763,415	476,633
Accrued interest on escrow deposit investments	135,729	146,953
TOTAL CURRENT ASSETS	5,934,344	663,733
OTHER ASSETS		
Long-term escrow deposit investments  Bond issue costs (less accumulated amortization	<b>₩</b>   ≈2	5,763,415
of \$374,216 and \$223,187, respectively)		151,029
	\$ _5,934,344	\$ <u>6,578,177</u>
LIABILITIES AND NET ASSE	<u>TS</u>	
CURRENT LIABILITIES		
Bond interest payable	\$ 189,144	\$ 201,400
Current portion of bonds payable	5,710,000	370,000
TOTAL CURRENT LIABILITIES	5,899,144	571,400
LONG-TERM LIABILITIES		
Bonds payable		5,710,000
TOTAL LIABILITIES	5,899,144	6,281,400
NET ASSETS		
Unrestricted	35,200	296,777
	\$ <u>5,934,344</u>	\$ <u>6,578,177</u>

# TALLAHASSEE COMMUNITY COLLEGE HOUSING, INC. STATEMENTS OF ACTIVITIES Years Ended June 30, 2011 and 2010

	-	2011	-	2010
OPERATING INCOME Investment income	\$	346	\$	69
EXPENSES Professional fees Management fees Administrative expenses Postage and supplies		4,778 500 15 5,293	_	4,898 1,000 123 65 6,086
CHANGE IN OPERATING INCOME	(	4,947)	(	6,017)
NON-OPERATING INCOME (EXPENSE) Investment income on escrow deposit investments Interest expense on defeased bonds Bond cost amortization	( (	272,687 378,288) 151,029) 256,630)	(	295,162 402,800) 12,586) 120,224)
CHANGE IN UNRESTRICTED NET ASSETS	(	261,577)	(	126,241)
NET ASSETS BEGINNING OF YEAR		296,777	-	423,018
NET ASSETS END OF YEAR	\$	35,200	\$_	296,777

#### TALLAHASSEE COMMUNITY COLLEGE HOUSING, INC. STATEMENTS OF CASH FLOWS Years Ended June 30, 2011 and 2010

	2011	2010
CASH FLOWS FROM OPERATING ACTIVITIES Investment earnings	\$ 284,257	\$ 305,336
Cash paid for services	( 5,293)	( 6,086)
Interest paid	(390,544)	( <u>413,400</u> )
NET CASH USED IN OPERATING ACTIVITIES	(111,580)	(114,150)
CASH FLOWS FROM INVESTING ACTIVITIES Escrow deposit investment proceeds	476,633	428,134
NET CASH PROVIDED BY	170,035	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
INVESTING ACTIVITIES	476,633	428,134
CASH FLOWS FROM FINANCING ACTIVITIES		
Bond redemption payments	( <u>370,000</u> )	(320,000)
NET CASH USED IN FINANCING ACTIVITIES	( <u>370,000</u> )	( <u>320,000</u> )
NET DECREASE IN CASH	( 4,947)	( 6,016)
CASH AT BEGINNING OF YEAR	40,147	46,163
CASH AT END OF YEAR	\$35,200	\$40,147
RECONCILIATION OF CHANGE IN UNRESTRICTED NET ASSETS TO NET CASH PROVIDED		
BY OPERATING ACTIVITIES:  Change in Unrestricted Net Assets	\$( 261,577)	\$( 126,241)
Adjustments to reconcile change in net assets	Φ( 201,377)	ψ( 120,241)
to net cash used in operating activities:		
Amortization	151,029	12,586
(Increase) decrease in:	11.004	10 105
Accrued investment receivable Increase (decrease) in:	11,224	10,105
Bond interest payable	( 12,256)	(10,600)
NET CASH USED IN		,
OPERATING ACTIVITIES	\$( <u>111,580</u> )	\$( <u>114,150</u> )

## 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:

Basis of Accounting - 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 carnings 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, 2011 to determine the need for any adjustments to and/or disclosures within the audited financial statements for the year ended June 30, 2011. Management has performed their analysis through the date of this report.

#### 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.

#### 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, 2011 and 2010 consist of the following:

			2011	2010
	Interest		Fair	Fair
State and Local Government Series	Rate	Maturity	Value	Value
U.S. Treasury Notes	4.71%	7/1/2010	\$ -	\$ 424,447
U.S. Treasury Notes	4.71%	1/1/2011	<del></del>	52,186
U.S. Treasury Notes	4.71%	7/1/2011	5,763,415	5,763,415
CONTRACTOR			5,763,415	6,240,048
Less current portion			(5,763,415)	(_476,633)
			\$	\$ <u>5,763,415</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 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.

#### NOTE 4 - BONDS PAYABLE (Continued)

Bonds payable at June 30, 2011 and 2010 were as follows:

	2011	2010
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 maturity or the earlier redemption thereof. These bonds are		
subject to redemption beginning in 2002 until final maturity.	\$ 5,710,000	\$ 6,080,000
Less current portion	(5,710,000)	(_370,000)
	\$	\$ <u>5,710,000</u>

As of June 30, 2011, the scheduled maturities of bonds payable are as follows:

July 1, 2011

\$ 5,710,000

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.

#### NOTE 6 - SUBSEQUENT EVENTS

On June 29, 2011, the Board unanimously approved the dissolution of Tallahassee Community College Housing, Inc. to take place after the outstanding bonds have been redeemed in their entirety in accordance with the debt defeasment escrow agreement on July 1, 2011 and all outstanding professional services have been settled. The remaining net assets are to be contributed to Tallahassee Community College Foundation in accordance with its Articles of Incorporation and within 31 days of its fiscal year ended June 30, 2011. The following is a summary of the subsequent Statement of

#### NOTE 6 - SUBSEQUENT EVENTS (Continued)

Activities reflecting the remaining distribution of assets after the outstanding bonds and accrued interest were redeemed in their entirety through the date of dissolution on August 1, 2011:

		y 1, 2011 to gust 1, 2011				
OPERATING INCOME Investment income	\$	62				
EXPENSES Contribution to TCC Foundation Professional fees Administrative expenses	4,	277 950 <u>35</u> 262				
CHANGE IN UNRESTRICTED NET ASSETS	( 35,	200)				
NET ASSETS BEGINNING OF YEAR	35,	200				
NET ASSETS AS OF AUGUST 1, 2011	\$	*				

#### 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. SCOTT C. HALL, C.P.A. CHRISTINA J. WILL, C.P.A.

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 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, 2011 and 2010, and have issued our report thereon dated November 17, 2011. 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.

Thomson Brock huger tlongung November 17, 2011

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

OMB No. 1545-0047

Α	For th	e 2010 calendar year, or tax year beginning $$ JUL $$ L $$ , $$ ZULU $$ and $\epsilon$	ending J	UN 30, ZULL	
В	Check if applicab	TALLAHASSEE COMMUNITY COLLEGE		D Employer identifi	cation number
	Addre				
	Name	Doing Business As	59-3	654954	
	Initial return		Room/suite	E Telephone numbe	r
	Termi	444 APPLEYARD DRIVE	(850		
	Amen return	City or town, state or country, and ZIP + 4	G Gross receipts \$	749,666.	
	Applie			H(a) Is this a group r	eturn
	pendi	F Name and address of principal officer:MARJORIE TURNBULL		for affiliates?	Yes X No
		444 APPLEYARD DRIVE, ADMIN. BUILDING, T	CALLAH	H(b) Are all affiliates in	cluded? Yes No
1	Tax-ex	empt status: X 501(c)(3)	r 527	If "No," attach a	list. (see instructions)
		te: ► N/A	\ \	H(c) Group exemption	
		organization: X Corporation Trust Association Other ▶	L Year	of formation: 2000	$arphi$ State of legal domicile: $\mathrm{FL}$
P	art I	Summary	Aming		
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			
ern		Check this box 🕨 🔲 if the organization discontinued its operations or dispos			
Š		Number of voting members of the governing body (Part VI, line 1a)			5
8		Number of independent voting members of the governing body (Part VI, line 1b)			4
es		Total number of individuals employed in calendar year 2010 (Part V, line 2a)			0
ž		Total number of volunteers (estimate if necessary)			0
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, line 34			0.
			_	Prior Year	Current Year
ne		Contributions and grants (Part VIII, line 1h)		0.	0.
Revenue		Program service revenue (Part VIII, line 2g)		0. 295,231.	
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)			273,033.
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0. 295,231.	273,033.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		295,231.	0.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		U •	
EX	, b	Total fundraising expenses (Part IX, column (D), line 25)	0.	421,472.	534,610.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		421,472.	
		Total expenses. Add lines 13:17 (must equal Part IX, column (A), line 25)		-126,241.	-261,577.
or	19	Revenue less expenses. Subtract line 18 from line 12			
ance	20	Total access (Part V. line 10)	De	ginning of Current Year 6,578,177.	End of Year 5,934,344.
ASSE	20	Total assets (Part X, line 16)		6,281,400.	5,899,144.
Net Assets	22	Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20	······  —	296,777.	35,200.
P	art II	Signature Block		230,1111	3372001
-	and a street or other	Ities of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of m	v knowledge and belief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of whi			, momouge and sener, are
-		A service and a service property (earlier distinctions) to become of all mornitation of the	ion propuror	I I I I I I I I I I I I I I I I I I I	
Sig	ın	Signature of officer		Date	
Hei		MARJORIE TURNBULL, OPERATING OFFICER			
		Type or print name and title			
-		Print/Type preparer's name Preparer's signature	TI	Date Check	PTIN
Pai	d		self-employ	ed	
Pre	parer	Firm's name THOMSON BROCK LUGER & COMPANY		Firm's EIN	
Use	Only	Firm's address 3375-G CAPITAL CIRCLE, N. E.			
_		TALLAHASSEE, FL 32308		Phone no. (	850)385-7444
Ma	y the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Pa	Part III Statement of Program Service Accomplishments  Check if Schedule O contains a response to any question in this Part III	
1		
2	y and the same of	Yes X No
	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 service	ces?Yes X No
4	If "Yes," describe these changes on Schedule O.  Describe the exempt purpose achievements for each of the organization's three largest program services be	avaganças ve
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount	
	allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	a (Code: ) (Expenses \$ 529,317. including grants of \$ SERVICING THE EXISTING BOND DEBT RELATED TO THE ORIGINAL ORIGINA ORIGINAL ORIGINAL ORIGINAL ORIGINAL ORIGINAL ORIGINAL ORIGINAL O	)(Revenue \$ 273,032.) NAL CONSTRUCTION
	OF THE STUDENT HOUSING PROJECT UNTIL REDEMPTION DATE	
	A A	
4b	b (Code: ) (Expenses \$ including grants of \$	) (Revenue \$)
		AL-)
4c	C (Code: ) (Expenses \$ including grants of \$	) (Revenue \$)
		WHEN THE REAL PROPERTY OF THE
4.1		
40	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$	A.
4e	E Total program service expenses 529, 317.	1
		Form 990 (2010)

Form 990 (2010) HOUSING, INC.
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1	Х	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5_		-
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			Х
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	-	- 21
	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			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable.		Wall	
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
¥300	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	0 201		v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	11c		- 22
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
D	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, Parts I and IV	441-		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b		21
10	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	10		<u> </u>
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			2,100
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Form 990 (2010)

Form 990 (2010) HOUSING, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		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		х
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	Х	
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		х
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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
07	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	02/02/1		\ <sub>V</sub>
28	Schedule L, Part III	27	107451634	Х
20	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
a	instructions for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	00-	HENE	Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		- 25
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
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	20		
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
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		X
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?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Yes X No			
	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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
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	Х	

Form 990 (2010)

Forn	1990 (2010) HOUSING, INC. 59-3654	954	Р	age 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			district constitution of
No.	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter ·0· if not applicable		TENERAL PARTY	
b	Enter the number of Forms W-2G included in line 1a. Enter ·0· if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	THE STATE OF		
	filed for the calendar year ending with or within the year covered by this return 2a 0			-37 ATE
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
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
d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	No.		
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.	1/8/2	<b>静城</b>	
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 990 (2010) 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.

	Check if Schedule O contains a response to any question in this Part VI			X						
Sec	tion A. Governing Body and Management		,							
	i i		Yes	No						
1a		5								
b	Enter the number of voting members included in line 1a, above, who are independent	4								
2										
	officer, director, trustee, or key employee?  Did the organization delegate control over management duties customarily performed by or under the direct supervision									
3	, particular designation of the second of th									
	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 governing documents since the prior Form 990 was filed?		_	X						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	_	X						
	6 Does the organization have members or stockholders?									
7a	governing body?									
h		7a 7b	-	X						
	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	70	The same	77						
O	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
a		8a	х	(SUR)						
b	The governing body?  Each committee with authority to act on behalf of the governing body?	8b	X							
9	Each committee with authority to act on behalf of the governing body?  Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OD								
•	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 Revenue Code.)	10	-							
	The country of the co		Yes	No						
10a	Does the organization have local chapters, branches, or affiliates?	10a	100	X						
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	1.2.1								
	and branches to ensure their operations are consistent with those of the organization?	10b								
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Х							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
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 could give rise									
	to conflicts?	12b								
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	in Schedule O how this is done	12c								
13	Does the organization have a written whistleblower policy?	13		X						
14	Does the organization have a written document retention and destruction policy?	14		Х						
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?	<b>Here</b>								
a	The organization's CEO, Executive Director, or top management official	15a		X						
b	Other officers or key employees of the organization	15b	Other Gran	Х						
10	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)									
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			v						
h	taxable entity during the year?	16a	SCHINE	X						
D	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16h	Marial	DESIGNATION OF THE PERSON OF T						
Sec	tion C. Disclosure	16b								
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	e for								
.813	public inspection. Indicate how you make these available. Check all that apply.	0 101								
	Own website Another's website X Upon request									
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy,	and fins	ncial							
	statements available to the public.									
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiz	ation:	>							
	MARJORIE TURNBULL - (850) 201-8580		-							
	444 APPLEYARD DRIVE, TALLAHASSEE, FL 32304-2895									
		-	000	0010:						

Form **990** (2010)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter · O· in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, 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.

Check this box if neither the organization n (A)	(B)			((	2)			(D)	(E)	(F)
Name and Title	Average			Pos				Reportable	Reportable	Estimated
	hours per week (describe hours for related organizations in Schedule O)	ustee or director	Institutional trustee	c all		Highest compensated employee	Γ	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
ED MURRAY		55003				W	h.			
DIRECTOR	1.00	X	_	4		7		0.	0.	0
RUSSELL DOSTER	4 00					4	À			
DIRECTOR	1.00	X			_	_	日	0.	0.	0
TODD SPERRY	1 00			A		mal i	F			
DIRECTOR BARBARA SLOAN	1.00	Х			THE REAL PROPERTY.	Me.	<u> </u>	0.	0.	0
DIRECTOR	1 00	v	<b>.</b>					0.	202 101	E 10/
DOUG BELL	1.00	X	19	A		-	├-	0.	202,181.	5,184
DIRECTOR	1.00	х	s/	F			1	0.	0.	0
MARJORIE TURNBULL	1.00	Λ		3".	-	$\vdash$	$\vdash$	0.	0.	- 0
OPERATING OFFICER	1.00	A	>	Х				0.	0.	0
		7								

032007 12-21-10

Part VII Section A. Officers, Directors, Tr		nplo	oyee			High	nest	Compensated Employ	ees (continued)			
(A)	(B)			(C	. 55			(D)	(E)	١.	(F)	20 A C
Name and title	Average hours per	(c)		Posi all t			oly)	Reportable compensation	Reportable compensation	200	Estimate Imount	
	week		Γ	П		T	Ī	from	from related		other	
	(describe hours for	trustee or director				, n		the	organizations		mpensa	
	related	tee or (	stee			ensaled		organization (W-2/1099-MISC)	(W-2/1099-MISC)		from th ganizat	
	organizations		nal tri		loyee	Compi		(17 27 1000 111100)			nd rela	
	in Schedule O)	Individual	Institutional trustee	Officer	Key employee	Highest compens employee	Former			or	ganizat	ions
	0,	-		0	- ×	工品	Œ					
		Н					-	A		+		
			_				-		**************			
							_	AND				
										_		
							arriti		***************************************			
							gavi					
					<del>,</del>	4	À	Description (		1		
1b Sub-total		Ш			Blue	<b>D</b>	9	0.	202,181		5,1	84.
c Total from continuation sheets to Part V	II, Section A	φ			- Hogel	<b>&gt;</b>	7	0.	0			0.
d Total (add lines 1b and 1c)	<i>f</i>	Ø						0.	202,181	•	5,1	84.
<ul> <li>Total number of individuals (including but r compensation from the organization</li> </ul>	ot limited to th	ose	liste	d ab	ove	e) wh	10 re	eceived more than \$100	,000 in reportable			0
, and a garmanian	7			7		-		W-19-10-10-10-10-10-10-10-10-10-10-10-10-10-			Yes	No
3 Did the organization list any former officer,	director or trus	stee,	, key	em <sub>l</sub>	ploy	/ee,	or h	ighest compensated en	nployee on			
line 1a? If "Yes," complete Schedule J for s	uch individual	AF.								. 3	S MAGNA	X
4 For any individual listed on line 1a, is the st and related organizations greater than \$15	im of reportable	e co	mpe	ensa	tion	and	oth	ner compensation from t	the organization	Malas	х	YE W
5 Did any person listed on line 1a receive or a	accrue compen	sati	npie on fi	om :	cne anv	unr	elate	or such individual ed organization or indivi	dual for services	. 4	A	
rendered to the organization? If "Yes," com								ed organization of indivi	dual for services	. 5	HORIDOS.	Х
Section B. Independent Contractors	h.											
<ol> <li>Complete this table for your five highest co the organization.</li> </ol> NONE	mpensated ind	epe	nde	nt co	ontra	acto	rs th	hat received more than	\$100,000 of compe	nsation	from	
(A) Name and business	n d dun n							(B)			C)	263
Name and business	address						+	Description of se	ervices	Compe	ensatio	n ——
							7					-
					_		4					
							1					
			-			-	+					
							1					
2 Total number of independent contractors (i \$100,000 in compensation from the organia		ot lim	nited	l to t	hos 0		ted	above) who received m	ore than			
+ : solves in companion non the organiz	anon		-				241000		Tel Co.	Form	990 c	2010)

Form 990 (2010)

Pai	rt VII	Statement of Revenue					
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
rts rts		Federated campaigns 1a					
Contributions, gifts, grants and other similar amounts	b	Membership dues1b					100
an, c	С	Fundraising events1c					
agit	d	Related organizations 1d					
S, III		Government grants (contributions) 1e					
it s	f	All other contributions, gifts, grants, and					
호		similar amounts not included above 1f					
gg	g	Noncash contributions included in lines 1a-1f: \$					
9 g	h	Total. Add lines 1a-1f					
			siness Code				
છ	2 a			- ALIANIA AND AND AND AND AND AND AND AND AND AN	The same of the sa		The same of the sa
ه څ	b				- Vola		
SSE	С						
eam	d			A			
Program Service Revenue	е			AF	The second		
4	f	All other program service revenue		49	A		
		Total. Add lines 2a-2f	<b>D</b>	THE STATE OF THE S			<b>选用的表面是在</b>
	3	Investment income (including dividends, interest, a		ALIVERA	National Control	parts the Unit of the 12 curves	Market Military and the 18
		other similar amounts)		273,033.	7		273,033.
	4	Income from investment of tax-exempt bond proce	eds >	WA A			2,0,000
	5	Royalties	_	ories Williams			
	95		Personal		MERCAL ENGINEERING PA		
	6 a	Gross Rents	/1 GISORAL				
		at the state of th					
		Rental income or (loss)					
		And the Market New York Statement of the Control of			ZARESTA BERKERNANIA		CALL COMOSINA
			and Armille				ATTEMPT TO THE STATE OF
	/ a	156600	(ii) Other				
- [	ь	,	48				
- 1	D	Less: cost or other basis and sales expenses 476633.					
			- Alle				
			#				
	0 0	Net gain or (loss)	Þ	0.	ZASSEKSKI KARIOTEKSI I		PERMITS INCOME.
e l	8 a	Gross income from fundraising events (not					
Other Reven		including \$ of					
æ		contributions reported on line 1c). See					
her		Part IV, line 18					
ਠ		Less: direct expenses b					
			🕨	draft status plants are consta		TANK NORTH	
	9 a	Gross income from gaming activities. See					
	¥6	Part IV, line 19 a					
		Less: direct expenses b					
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowancesa					
		Less: cost of goods soldb					
_	С	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue Bus	iness Code				
13	11 a						
	b						
	C						
	d	All other revenue					
	e	Total. Add lines 11a-11d				A STATE BASE	
	12	Total revenue. See instructions.	▶ □	273,033.	0.	0.	273,033.
032009 12-21-1	0				-		Form <b>990</b> (2010)

#### Part IX | Statement of Functional Expenses

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

	Section 501(c) All other organizations must con	)(3) and 501(c)(4) organiza nolete column (A) but are			)).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21		onpeniede	9	
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.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees			4	
6	Compensation not included above, to disqualified		1	À	
	persons (as defined under section 4958(f)(1)) and		Aristma		
	persons described in section 4958(c)(3)(B)		Atilia		
7	Other salaries and wages		410	4	
8	Pension plan contributions (include section 401(k)		/ 19		
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):	200 100 100		742 N. 1999	
a	Management	500.		500.	
b	Legal	,4ff	b Williams		
С	Accounting	4,778.	A	4,778.	
d	Lobbying	The second secon			
е	Professional fundraising services. See Part IV, line 17	The state of the s			
f	Investment management fees	AL.	Collection (Collection)		
g	Other				
12	Advertising and promotion				
13	Office expenses	15.		15.	
14	Information technology	***************************************			
15	Royalties				
16	Occupancy				
17	Travel	THE STATE OF THE S			
18	Payments of travel or entertainment expenses	A W			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	378,288.	378,288.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
а	BOND COSTS AMORTIZATION	151,029.	151,029.		
b		TOT, 049.	TJT, UZJ.		
C					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	534,610.	529,317.	5,293.	0
26	Joint costs. Check here Jif following SOP	334,010.	323,311.	3,293.	0
20	98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

032010 12-21-10

Form 990 (2010)
Part X | Balance Sheet

				(A) Beginning of year		<b>(B)</b> End of year
	1	Cash · non-interest-bearing			1	
	2	Savings and temporary cash investments		40,147.	2	35,200
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, d				
		employees, and highest compensated employe	es. Complete Part II			
		of Schedule L			5	
	6	Receivables from other disqualified persons (as	defined under section			
		4958(f)(1)), persons described in section 4958(c	c)(3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 501(c)(9) voluntary			
ا م		employees' beneficiary organizations (see instru	ictions)		6	
Assers	7	Notes and loans receivable, net		A	7	
AS	8	Inventories for sale or use	Will	8		
	9	Despeid supress and defended to	***************************************	Accessed the second	9	
	10a	Land, buildings, and equipment: cost or other	1 1			
		basis. Complete Part VI of Schedule D				
	b	Less: accumulated depreciation		Total Paris	10c	
	11	Investments - publicly traded securities	6,240,048.	11	5,763,415	
	12	Investments - other securities. See Part IV, line		12		
- 1	13	Investments - program-related. See Part IV, line		13		
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		297,982.	15	135,729
_	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	6,578,177.	16	5,934,344
	17	Accounts payable and accrued expenses		17		
	18	Grants payable	(d) (1)		18	
	19	Deferred revenue			19	
3	20	Tax-exempt bond liabilities		6,080,000.	20	5,710,000
	21	Escrow or custodial account liability. Complete	And the second s		21	
	22	Payables to current and former officers, director	DATE. FREE AND			
Liabilities		highest compensated employees, and disqualif	ed persons. Complete Part II			
1		of Schedule L			22	
	23	Secured mortgages and notes payable to unrela			23	
	24	Unsecured notes and loans payable to unrelate			24	400 414
	25	Other liabilities. Complete Part X of Schedule D	5	201,400.	25	189,144
$\dashv$	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check he	122	6,281,400.	26	5,899,144
			ere X and complete			
ver Assets of Fund Datalices		lines 27 through 29, and lines 33 and 34.		006 999		25 222
	27	Unrestricted net assets	22.1.1.2.2.2.1.1.2.1.1.2.2.1.2.2.1.2.2.1.3.2.1.3.2.1.2.2.1.2.2.2.2	296,777.	27	35,200
1	28	Temporarily restricted net assets	***************************************		28	
	29				29	
-		Organizations that do not follow SFAS 117, c	heck here 🕨 📖 and			
5		complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
		Paid-in or capital surplus, or land, building, or ed			31	
		Retained earnings, endowment, accumulated in		006 888	32	25 222
	33	Total net assets or fund balances		296,777.	33	35,200.
	34	Total liabilities and net assets/fund balances		6,578,177.	34	5,934,344. Form <b>990</b> (2010

Other changes in net assets or fund balances (explain in Schedule O)

Forn	1990 (2010) HOUSING,	INC.	59-3	654954	Page 12
Pa	rt XI Reconciliation of Net Assets	S			
	Check if Schedule O contains a resp	onse to any question in this Part XI			
1	Total revenue (must equal Part VIII, column	(A), line 12)	111	273	3,033
2	Total expenses (must equal Part IX, column		2	534	1,610
3	Revenue less expenses. Subtract line 2 fro		3	-261	L,577
4	Net assets or fund balances at beginning of	f year (must equal Part X, line 33, column (A))	4	296	5,777

6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) 6	3	5,2	00.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response to any question in this Part XII			X
			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	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,		**	
	review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	separate basis, consolidated basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	3a		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		
	AT A	Form	990 (	2010)

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support** 

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

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

2010

Open to Public Inspection

Name of the organization

TALLAHASSEE COMMUNITY COLLEGE HOUSING, INC.

Employer identification number 59-3654954

Part I	Reason	for Public Char	<b>ity Status</b> (All organi	zations mu	st comple	te this par	t.) See ins	tructions.				
The organ	ization is not	a private foundation	because it is: (For lines	1 through	11, check	only one b	oox.)					
1			s, or association of chui	-				).				
2			70(b)(1)(A)(ii). (Attach So					5				
3			ital service organization			170(b)(1)	(A)(iii).					
4			operated in conjunction					/b)/1\/Δ\/ii	i) Enter th	ne hosnital	s nam	e
-	city, and stat		operated in conjunction	with a nos	pital acso	ribed iii <b>s</b> e	otton 170	(1)(1)(1)	iji Eritor ti	io noopitai	O main	01
5			benefit of a college or u	uniunvaitu a	unad as a	acratad by		montal uni	t dooribo	d in		
3				miversity o	whea or of	berated by	a govern	mental uni	t describe	a III		
- []		(b)(1)(A)(iv). (Compl	1.52									
6			ent or governmental un				The state of the s					
7 📖	An organizat	ion that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit o	or from the	general p	ublic desc	ribed in	1
	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	( <b>b)(1)(A)(vi).</b> (Comple	property commonts			Alle		ha.				
8	A community	/ trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II.)	ABB	7	W.				
9	An organizat	ion that normally rec	eives: (1) more than 33	1/3% of its	support f	rom contri	butions, n	nembershi	p fees, an	d gross red	eipts f	from
	activities rela	ited to its exempt fur	nctions - subject to certa	ain excepti	ons, and (	2) no more	than 33	1/3% of its	support f	rom gross	invest	ment
			axable income (less sec			100 mm 2 100 mm 17				_		
		509(a)(2). (Complete			A PER		<b>)</b>	,				
10			perated exclusively to te	est for publ	ic safety. S	See section	n 509(a)(4	4).				
11 X			perated exclusively for t						v out the r	nurnoses o	f one o	or
(I is standard			ations described in sect		The second second second	and the second						
			organization and compl	6000000	17		.j. 000 <b>30</b> 0	JU011 505(i	ajjoj. One.	SK THE BOX	triat	
	a Type		<b>→</b> 1.5	c Typ	Telepool 1		in avatad		d 🔲	Type III - C	Whor	
e X	50.0		200									•
6 [17]			at the organization is not									1
			han one or more publicl	* * * * * * * * * * * * * * * * * * * *	-				∂(a)(1) or s	ection 509	(a)(2).	
f	If the organiz	ation received a writ	ten determination from	AND.		**************************************						
	supporting o	rganization, check th	nis box	<u></u>								556.00
g	Since Augus	t 17, 2006, has the c	organization accepted a	ny gift or co	ontribution	from any	of the foll	owing pers	sons?			
	(i) A perso	n who directly or ind	irectly controls, either a	lone or tog	ether with	persons o	lescribed	in (ii) and (i	iii) below,		Yes	No
	the gove	eming body of the si	upported organization?	<b>*</b>						. 11g(i)		Х
	(ii) A family	member of a persor	n described in (i) above?	·						. 11g(ii)		X
	(iii) A 35% d	controlled entity of a	person described in (i)	or (ii) above	e?					11g(iii)		X
h			about the supported or									
			Path	9	(-).							
(i) Nama	of supported	COLUMN COLUMN	(iii) Type of	(iv) Is the o	rganization	(v) Did you	i notify the	(vi) ls	the	(vii) Am	ount of	
A12	nization	(ii) EIN	organization	in col. (i) lis		organizat		Lorganizatio	on in col. I	(VII) AIII Supj		
orga	meddon		(described on lines 1-9	governing	document?		support?	(i) organize U.S.	? .?	ծարլ	1011	
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No			
יאד.ד.אי	HASSEE		(oromonanion)	103	140	103	140	103	NO			
		59-1141270	c			v			77			Λ
		39-11412/0	O	X		X			X			0.
	HASSEE	FA 0001400	F									^
COMMO	MITY CO	59-2091480	5	Х		Х			Х			0.
				ablations!			20710		12-5-1116-12			
otal												0.

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

Schedule A (Form 990 or 990-EZ) 2010

032021 12-21-10

## Schedule A (Form 990 or 990-EZ) 2010 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support							
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	fumished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3				A			
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)							
6	Public support. Subtract line 5 from line 4.	THE WEATHER	744 E E E E E E E E E E E E E E E E E E					
	ction B. Total Support		,			,		
	ndar year (or fiscal year beginning in) ▶	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total	
	Amounts from line 4		48					
8	Gross income from interest,			A				
	dividends, payments received on			) j				
	securities loans, rents, royalties		Veh					
	and income from similar sources		A	tage -				
9	Net income from unrelated business		# A					
	activities, whether or not the	4	K AF A					
40	business is regularly carried on							
10	Other income. Do not include gain		***************************************					
	or loss from the sale of capital		A					
44	assets (Explain in Part IV.)	Activities and the	ASY	Sandy-recovery than the ASS	Variable in successive			
	Total support, Add lines 7 through 10	164 166 1	NEW THE PERSON NAMED IN					
	Gross receipts from related activities,					12		
10	First five years. If the Form 990 is for organization, check this box and stop						<b>.</b> []	
Sec	ction C. Computation of Publ	ic Support Pe	rcentage					
	Public support percentage for 2010 (I			oolumn (fi)		44	0/	
15	Public support percentage from 2009	Schedule A. Part	II line 14	.oidinin (i))		15	<u>%</u>	
16a	33 1/3% support test - 2010.If the or	raanization did not	check the box on	line 13 and line 1	4 ic 22 1/20/ or m			
	stop here. The organization qualifies							
b	33 1/3% support test - 2009.If the or	raanization did not	check a box on li	ne 13 or 16a and I	ine 15 is 33 1/3%	or more check thi	e hov	
	and stop here. The organization quali							
17a	10% -facts-and-circumstances test	t - 2010.If the orga	nization did not cl	neck a box on line	13 16a or 16b a	and line 14 is 10% o	or more	
	7a 10% -facts-and-circumstances test - 2010.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	t - 2009.If the orga	inization did not ch	neck a box on line	13, 16a, 16b. or 1	7a, and line 15 is 1	0% or	
	more, and if the organization meets th						9x74A   13 <b>7</b> 454	
	organization meets the "facts-and-circ							
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	ind see instructions	▶□	
					that all	dule A (Form 990	RECOMMEND RESIDENCE	

032022 12-21-10

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

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

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and	,			3.2		,,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	20 900 10 100000						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	inone under coeties F10				A		
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to				The state of the s		
	or avpanded on its behalf			Á		1	
5	The value of services or facilities			.cotte	TO THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUM		
J	furnished by a governmental unit to			/ / / / / / / / / / / / / / / / / / /			
	the organization without charge						
•	***				<u> </u>		
	Total. Add lines 1 through 5			AND NOTE OF	<u> </u>		
16	Amounts included on lines 1, 2, and				4		
6	3 received from disqualified persons						
I.	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the		Alle				
	amount on line 13 for the year			A			
	Add lines 7a and 7b		200	1223			
8	Public support (Subtractine 7c from line 6.)						
-	ction B. Total Support		- A	CENTER OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO THE PERSON NAMED I			
	ndar year (or fiscal year beginning in) 🕨	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 6		V AV				
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
-	and income from similar sources						
b	Unrelated business taxable income		A				
	(less section 511 taxes) from businesses	A THE SALES					
	acquired after June 30, 1975	自智。	(a)				
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b.						
	whether or not the business is	Williams.					
	regularly carried on	AND STATES					Į
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	r the organization's	first, second, thir	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3) organiz	ation.
	check this box and stop here						<b>▶</b> □
Sec	ction C. Computation of Publ	ic Support Per	rcentage				
15	Public support percentage for 2010 (	line 8, column (f) di	ivided by line 13, o	column (f))		15	%
16	Public support percentage from 2009	Schedule A, Part	III, line 15	*************************		16	%
Sec	ction D. Computation of Inve	stment Income	e Percentage				
	Investment income percentage for 20			ne 13. column (f))	******	17	%
18	Investment income percentage from	2009 Schedule A. I				18	%
	33 1/3% support tests - 2010. If the						
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2009. If the	organization did n	ot check a hov on	line 14 or line 10a	and line 16 is me	re than 33 1/20%	and
	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization						
	3 12-21-10	did not officer a	50X 011 IIIIC 14, 136	a, or 190, Greek III		edule A (Form 990	THE RESERVE AND THE PERSON OF

#### 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.

2010
Open to Public Inspection

Name of the organization

TALLAHASSEE COMMUNITY COLLEGE HOUSING, INC.

 $Employer\ identification\ number\\ 59-3654954$ 

Pa	rt I Organizations Maintaining Donor Advise organization answered "Yes" to Form 990, Part IV, line		Other Similar Fund	s or Accou	unts. Complete if the
	organization answered fes to Form 990, Part IV, line		or advised funds	(b) Fun	ds and other accounts
1	Total number at end of year	(4) 2011	or davised farius	(6)1 (11)	as una outer accounte
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in v		assets held in donor advi	sed funds	
	are the organization's property, subject to the organization's				Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writin	ig that grant funds can be	e used only	
	for charitable purposes and not for the benefit of the donor o	r donor advisor	, or for any other purpose	e conferring	
Da	impermissible private benefit?				Yes No
Pa				Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization		ALCOHOL: 4000A	40	
	Preservation of land for public use (e.g., recreation or e	ducation) L	Preservation of an hi		
	Protection of natural habitat	L	Preservation of a cer	tified historic	structure
2	Preservation of open space				
-	Complete lines 2a through 2d if the organization held a qualifi day of the tax year.	led conservatio	n contribution in the form	of a conserva	ation easement on the last
	day of the tax year.				Held at the End of the Tax Year
а	Total number of conservation easements	A STATE OF THE PARTY OF THE PAR		2a	Tield at the End of the Tax Tear
b			A		
C	Number of conservation easements on a certified historic stru	ucture included	in (a)	2c	***************************************
d	Number of conservation easements included in (c) acquired a	after 8/17/06, ar	nd not on a historic struct	ture	
	listed in the National Register		7	2d	
3	Number of conservation easements modified, transferred, rele	eased, extingui	shed, or terminated by th	e organization	during the tax
	year -				
4	Number of states where property subject to conservation eas				
5	Does the organization have a written policy regarding the peri		30 IS W W W W W W W W W W W W W W W W W W		
6	violations, and enforcement of the conservation easements it				Yes No
7	Staff and volunteer hours devoted to monitoring, inspecting, a	and enforcing d	conservation easements of	during the yea	r <b></b>
8	Amount of expenses incurred in monitoring, inspecting, and e Does each conservation easement reported on line 2(d) above	inforcing conse	rvation easements during	g the year >	<u> </u>
U					Yes No
9	and section 170(h)(4)(B)(ii)?  In Part XIV, describe how the organization reports conservation.	on easemente i	ite revenue and evnene	o etatament a	and halance cheet and
	include, if applicable, the text of the footnote to the organizati				
	conservation easements.	orro manolaro	tatomento triat accombes	tire organizat	ion s accounting to
Par	t III Organizations Maintaining Collections of	Art, Histori	cal Treasures, or O	ther Simila	ar Assets.
	Complete if the organization answered "Yes" to Form S	990, Part IV, line	e 8.		
1a	If the organization elected, as permitted under SFAS 116 (ASC				
	historical treasures, or other similar assets held for public exhi	ibition, education	on, or research in furthera	nce of public	service, provide, in Part XIV,
	the text of the footnote to its financial statements that describ				
b	If the organization elected, as permitted under SFAS 116 (ASC	C 958), to repor	t in its revenue statemen	t and balance	sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ucation, or rese	earch in furtherance of pu	blic service, p	rovide the following amounts
	relating to these items:				
	(i) Revenues included in Form 990, Part VIII, line 1			🕨 🤋	
2	(ii) Assets included in Form 990, Part X			🕨 🕄	S
-	If the organization received or held works of art, historical trea the following amounts required to be reported under SFAS 11			aı gaın, provide	9
а	Revenues included in Form 990. Part VIII. line 1	0 (490 328) tel	ating to these items:	<b>N</b> 0	
b	Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X				
					·

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Schedule D (Form 990) 2010

Sche	edule D (Form 990) 2010 HOUSING	TNC.						59-36	5495	4 P	age 2
	rt III Organizations Maintaining C		rt. Hist	orical Tr	easu	res. or Oth	er S				
3	Using the organization's acquisition, access		THE RESERVE TO SECURE								
	(check all that apply):	ion, and other roots	40, 011001	cany or the	1011011	g u.a. a. a	J				
а	Public exhibition		d 🔲 l	oan or exc	hanae	programs					
b	Scholarly research			Other							
С	Preservation for future generations										
4	Provide a description of the organization's c	ollections and expla	in how th	ev further t	he ora	anization's ex	empt	purpose in Pai	t XIV.		
5	During the year, did the organization solicit of										
8	to be sold to raise funds rather than to be m		** 1. CO. CO. CO. CO. ** 1. L. CO. CO. CO. CO. CO. CO. CO. CO. CO. CO						Yes		No
Pai	t IV Escrow and Custodial Arran										
	reported an amount on Form 990, Pa			g							
1a	Is the organization an agent, trustee, custod	ian or other interme	diary for o	contribution	is or o	ther assets no	ot inclu	ıded			
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIV										
						A	Г		Amount		
c	Beginning balance					(A)		1c			
d	Additions during the year							1d			
е	Distributions during the year							1e			
f	Ending balance							1f			
2a	Did the organization include an amount on F	orm 990. Part X. line	21?		<i></i>				Yes	T	No
	If "Yes," explain the arrangement in Part XIV		= = 1.00 ++++	4		<b>*************************************</b>					
	t V Endowment Funds. Complete i		nswered '	'Yes" to Fo	rm 99	0, Part IV, line	10.		7		
		(a) Current year		ior year				hree years back	(e) Four	years	back
1a	Beginning of year balance		(-,-	107					attiva la		
	Contributions			EA.	M		Egg.				
С	Net investment earnings, gains, and losses		-c1950	, White					S. S. S. S.		
d	Grants or scholarships		AFF	A							<b>FEB</b>
е	Other expenditures for facilities			T VAL							
	and programs										
f	Administrative expenses	Α.	· valgi	guer .			Birth		2 5 15		
g	End of year balance									TEV:	
2	Provide the estimated percentage of the year	r end balance held :	as:				Discount Co.				
а	Board designated or quasi-endowment		%								
	Permanent endowment ▶	%	di								
	Autoria de la companya del companya del companya de la companya de	%	<b>P</b>								
	Are there endowment funds not in the posse	ession of the organiz	ation that	t are held a	nd adı	ministered for	the or	ganization			
	by:				.,			gaa	Γ	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations			• • • • • • • • • • • • • • • • • • • •					3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Sched	ule R?					3b		
4	Describe in Part XIV the intended uses of the								. [ 0.0 ]		
Par		nent. See Form 990	0. Part X.	line 10.	-		-				-
	Description of investment	(a) Cost or c		(b) Cost	or oth	er (c) A	Accum	ulated	(d) Book	valu	е
		basis (investr		basis			eprecia		(, 500)		o <del>e</del> fo
1a	Land				· · · · · · · · · · · · · · · · · · ·						
	Buildings					STORE SHALL		STATE STATE OF THE			
С	Leasehold improvements	***									
	Equipment										

Schedule D (Form 990) 2010

0.

e Other .....

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

HOUSING, INC.

Part VII Investments - Other Securities. s	see Form 990, Part X, line 1	2.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)		A	
Total (Col.(b) must equal Form 000, Post V, and (f)) line 10 \ \mathbb{D}			
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)			A CHARLES OF RELEASE
Part VIII Investments - Program Related.	See Form 990, Part X, line		nn.
(a) Description of investment type	(b) Book value	(c) Method of valuation  Cost or end-of-year marke	
(1)		Soot of one of your marke	· raido
(1)			
(3)			
(4)	6	The state of the s	
(5)	A A		
(6)		A AND	
(7)	ALCOHOL:	The same of the sa	
(8)	- Angely	discontinuo di control	
(9)	F-104 - A	22 A	
(10)	Villa A		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)	4.00		
Part IX Other Assets. See Form 990, Part X, lin	e 15.		
	) Description		(b) Book value
(1)			
(2)			
(3)	70"		
(4)	h. <i>A</i>		
(5)	The state of the s		
(6)	- W		
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col (B) lin	ne 15.)		
Part X Other Liabilities. See Form 990, Part X	, line 25.		
1. (a) Description of liability		(b) Amount	
(1) Federal income taxes			
(2) BOND INTEREST PAYABLE		189,144.	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, col (B) lin	e 25.)	189,144.	
2. FIN 48 (ASC 740) FOOINGTE, IN Part XIV, provide the text of the foothote.	to the organization's financial states	ments that reports the organization's frability for tincertain to	ax positions under

18

Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Audite	d Financial	Statements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		273,033.
2	Total expenses (Form 990, Part IX, column (A), line 25)			534,610.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	AND ASSESSMENT OF THE PARTY OF		-261,577.
4	Net unrealized gains (losses) on investments			
5	Donated services and use of facilities			
6	Investment expenses			
7	Prior period adjustments			
8	Other (Describe in Part XIV.)			
9	Total adjustments (net). Add lines 4 through 8			0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10		-261,577.
Pai	rt XII Reconciliation of Revenue per Audited Financial Statements Wit	h Revenue	per Return	
1	Total revenue, gains, and other support per audited financial statements		1	273,033.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	3			
b	Donated services and use of facilities 2b			
С	Recoveries of prior year grants	THE PARTY OF THE P		
d	Other (Describe in Part XIV.)	DIVERSE AND A		~
е	Add lines 2a through 2d	<u>.</u>	2e	0.
3	Subtract line 2e from line 1	<u></u>	3	273,033.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	Ŧ	美国自	
a	Investment expenses not included on Form 990, Part VIII, line 7b	<u> </u>		
b	Other (Describe in Part XIV.)	7	2041	1000
C	Add lines 4a and 4b			0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	273,033.
Pai	rt XIII Reconciliation of Expenses per Audited Financial Statements W	ith Expense	s per Retur	
1	Total expenses and losses per audited financial statements		1	534,610.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities 2a			
b	Prior year adjustments 2b			
C	Other losses 2c		E SEELE	
d			<b>建筑</b>	2
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	534,610.
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.)			1000
C	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		-	534,610.
-	rt XIV Supplemental Information			
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a			
X, lin	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this إ	part to provide	any additional ir	nformation.
-				

#### SCHEDULE J (Form 990)

Part I

#### 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.

2010

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service
Name of the organization

**Questions Regarding Compensation** 

Department of the Treasury

► Attach to Form 990. ► See separate instructions.

TALLAHASSEE COMMUNITY COLLEGE

HOUSING, INC.

Employer identification number 59-3654954

Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax 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 reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment from the organization or a related organization? X Participate in, or receive payment from, a supplemental nonqualified retirement plan? X c 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. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? X X b Any related organization? 5b If "Yes" to line 5a or 5b, describe in Part III. 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? X 6a b Any related organization? X 6b If "Yes" to line 6a or 6b, describe in Part III. 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 X 7 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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III X If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2010

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

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

Note. The sum of columns (B)(i)-(iii) 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-M	ISC compensation	(C)	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	benefits	(B)(i)·(D)	reported in prior Form 990 or Form 990-EZ
	(i)	0.	0.	0.		0.	0.	0.
1 BARBARA SLOAN	(ii)	202,181.	0.	0.	0.	5,184.	207,365.	0.
	(i)							
_2	(ii)							
	(i)	***************************************			W VOA VOA			
3	(ii) (i)			art Marie				
4	(ii)			A	A VIEW PROPERTY.			
	(i)							
5	(ii)		A	· Part	ÿ.			
	(i)			A				
6	(ii)		TO A	A. A.				
	(i)		A VIX	407				
7	(ii)		A VA	<i>y</i>				
	(i)		A MAY NO.					
8	(ii)		A ALL					
	(i)	- 100	189					
9	(ii) (i)							
_10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
12	(i)							
15	(ii)							
46	(i)							
16	(ii)							

#### **SCHEDULE 0**

(Form 990 or 990-EZ)

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

TALLAHASSEE COMMUNITY COLLEGE HOUSING, INC.

Employer identification number 59-3654954

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
COMPLEX IN AUGUST 2006 UNTIL JULY 1, 2011 AT WHICH TIME THE ORIGINAL
BONDS CAN BE REDEEMED.
FORM 990, PART VI, SECTION B, LINE 11: THE OPERATING OFFICER REVIEWS THE
INDEPENDENTLY PREPARED 990 BY THE ORGANIZATION'S CPA FIRM BEFORE
SUBMITTING. THE HOUSING 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 ORGANIZATION'S BOARD OF DIRECTORS ARE CHARGED WITH THE SELECTION
AND OVERSIGHT OF THE INDEPENDENT AUDITOR ENGAGED TO AUDIT THE ANNUAL
FINANCIAL STATEMENTS.
· ·
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#### SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

#### **Related Organizations and Unrelated Partnerships**

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

➤ See separate instructions.

OMB No. 1545-0047 2010 Open to Public Inspection

Name of the organization

TALLAHASSEE COMMUNITY COLLEGE HOUSING, INC.

Employer identification number 59-3654954

(a)  Name, address, and EIN  of disregarded entity	10 To				(e) End-of-year assets Direct of e		g	
Part II Identification of Related Tax-Exempt Organizations during the tax year.)	zations (Complete if the organization	n answered "Yes" to Form 990	), Part IV, line 34 b	ecause it had one	or more r	elated tax-exer	npt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section		(f) t controlling entity	cont ent	g) 512(b)(13) rolled tity?
TALLAHASSEE COMMUNITY COLLEGE - 59-1141270				501(c)(3))	-		Yes	No
444 APPLEYARD DRIVE	-							
TALLAHASSEE, FL 32304	COMMUNITY COLLEGE	FLORIDA	501(C)1	170(B)(1)(A)	N/A			Х
	-							
				<u> </u>	-			
					1			

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Dispro ate allo	portion- cations?	Code V-UBI amount in box 20 of Schedule	managing partner?	Percentag ownershi
		foreign country)	14.6	sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes No	
2)						>					

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

(a)  Name, address, and EIN  of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
	2.4						

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

	Services Ser					,	
No	ote. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				200	Yes	No
1	3-0						37
	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		X
	Gift, grant, or capital contribution to other organization(s)				1b		X
C	Gift, grant, or capital contribution from other organization(s)			<u>al</u>	1c		X
d	Loans or loan guarantees to or for other organization(s)				1d		X
е	Loans or loan guarantees by other organization(s)				1e		X
f	Sale of assets to other organization(s)				1f		X
	Purchase of assets from other organization(s)				1g		X
	Exchange of assets				1h		X
i	Lease of facilities, equipment, or other assets to other organization(s)		Activity and the second		1i		X
			(6)A 100				
i	Lease of facilities, equipment, or other assets from other organization(s)				1j		X
k	Performance of services or membership or fundraising solicitations for other organization(s)	H	A **-		1k		X
1	Performance of services or membership or fundraising solicitations by other organization(s)				11		X
m	n Sharing of facilities, equipment, mailing lists, or other assets				1m		X
	Sharing of paid employees				1n		X
0	Reimbursement paid to other organization for expenses				10		X
	Reimbursement paid by other organization for expenses				1p		X
12	Troinibules many para by early organization for expenses						
a	Other transfer of cash or property to other organization(s)				1q		X
r	Other transfer of cash or property from other organization(s)				1r		X
	If the answer to any of the above is "Yes," see the instructions for information on who must co						
	(a) (b)  Name of other organization type (	) ction	(c) Amount involved	(d) Method of determining amount involved		-	
1)							
2)							
-/							
3)							
4)							
5)							
-1							
3)							
<u>,</u>						33 111	

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

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity			d) partners 501(c)(3) ations?	(e) Share of end-of- year assets	Disp	f) ropor- nate itions?	(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	eral or aging ner?
		country)	Yes			Yes	No	(Form 1065)	Yes	No
		(								
	4	>O		À						
	<b>→</b>								P)	

### TALLAHASSEE COMMUNITY COLLEGE

Schedule R (Form 990) 2010 HOUSING, INC.	59-3654954 P	Page 5
Part VII   Supplemental Information		
Complete this part to provide additional information for responses to questions on Schedule R (see i	nstructions).	
A.		

#### Form **8868**

(Rev. January 2011)

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

• If you	are filing for an Automatic 3-Month Extension, comple	te only P	art I and check this box			X	
<ul><li>If you</li></ul>	are filing for an Additional (Not Automatic) 3-Month Ex	tension,	complete only Part II (on page 2 of this	form)			
Do not	complete Part II unless you have already been granted a	an automa	atic 3-month extension on a previously f	iled Fo	rm 8868.		
Electro	nic filing (e-file). You can electronically file Form 8868 if	you need	a 3-month automatic extension of time t	to file (	6 months for a corpo	oration	
required	to file Form 990-T), or an additional (not automatic) 3-mo	nth exten	sion of time. You can electronically file F	orm 8	868 to request an ex	ktension	
of time t	o file any of the forms listed in Part I or Part II with the ex	ception of	f Form 8870, Information Return for Trar	nsfers	Associated With Cer	tain	
Persona	I Benefit Contracts, which must be sent to the IRS in page	er format	(see instructions). For more details on t	he ele	ctronic filing of this fo	orm.	
	w.irs.gov/efile and click on e-file for Charities & Nonprofits						
Part I							
A corpor	ration required to file Form 990-T and requesting an autor	natic 6·m	onth extension - check this box and con	nplete			
Part I on	* *************************************						
	corporations (including 1120-C filers), partnerships, REM come tax returns.	IICs, and i	trusts must use Form 7004 to request ar	n exter	nsion of time		
Type or	Name of exempt organization		A STATE OF THE PARTY OF THE PAR	Emp	loyer identification	number	
print	TALLAHASSEE COMMUNITY COLLI	EGE		5	9-3654954		
File by the due date fo filing your	Number, street, and room or suite no. If a P.O. box, s  444 APPLEYARD DRIVE	ee instruc	etions.				
return. See instructions		oreign add	dress, see instructions.				
	111111111111111111111111111111111111111						
Enter the	e Return code for the return that this application is for (file	e a separa	ate application for each return)			0 1	
Application			Application	-		Return	
ls For			Is For			Code	
Form 99	0	Code 01	Form 990-T (corporation)			07	
Form 99	D·BL	02	Form 1041-A			08	
Form 99	D-EZ	.01	Form 4720			09	
Form 990	O-PF	04	Form 5227		10		
Form 990	O-T (sec. 401(a) or 408(a) trust)	05	Form 6069				
90 10 10 10 10 10	O-T (trust other than above)	06	Form 8870			11	
	MARJORIE TURNBU						
<ul> <li>The b</li> <li>Telept</li> </ul>	ooks are in the care of ▶ 444 APPLEYARD In those No. ▶ (850) 201-8580	DRIVE	- TALLAHASSEE, FL 3	230	4-2895		
	organization does not have an office or place of business	e in tha Llr					
<ul><li>If this</li></ul>	is for a Group Return, enter the organization's four digit	Group Exe	emotion Number (GEN) If this	ie ie fo	r the whole group, cl	hock this	
box >	. If it is for part of the group, check this box	and atta	ich a liet with the names and FINs of all	mamh	are the extension is	for	
A STATE OF THE PARTY OF T	equest an automatic 3-month (6 months for a corporation				ers the extension is	101.	
	FEBRUARY 15, 2012, to file the exempt	t organiza	tion return for the organization named a	hove	The extension		
is f	or the organization's return for:	c organiza	tion rotalin for the organization named a		THO OXIGINATOR		
<b></b>	calendar year or						
$\triangleright$	X tax year beginning JUL 1, 2010	, an	dending JUN 30, 2011				
2 If th	ne tax year entered in line 1 is for less than 12 months, cl Change in accounting period	heck reas	on: Initial return Fina	al retur	n		
	nis application is for Form 990·BL, 990·PF, 990·T, 4720, o	or 6069, e	nter the tentative tax, less any				
08	nrefundable credits. See instructions.		× -	3a	\$	0.	
	nis application is for Form 990-PF, 990-T, 4720, or 6069,						
	imated tax payments made. Include any prior year overp			3b	\$	0.	
	ance due. Subtract line 3b from line 3a. Include your pa					~	
	using EFTPS (Electronic Federal Tax Payment System).			3c	\$	0.	
Jaution.	If you are going to make an electronic fund withdrawal w	ith this Fo	orm 8868, see Form 8453-EO and Form	8879-	EO for payment instr	uctions.	

023841 01-16-12

For Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2011)

#### THIS IS NOT A FILEABLE COPY \*\*\*\*\*

### IRS e-file Signature Authorization

for an Exempt Organization

For calendar year 2010, or fiscal year beginning UL 1 , 2010, and ending UN 30 ,20 11

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service Name of exempt organization

Form 8879-EO

Do not send to the IRS. Keep for your records.

See instructions.

Employer identification number

TALLAHASSEE COMMUNITY COLLEGE HOUSING, INC.

59-3654954

Name and title of officer

MARJORIE TURNBULL OPERATING OFFICER

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879 EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter .0.). But, if you entered .0. on the return, then enter .0. on the applicable line below. Do not complete more than 1 line in Part I.

1a	Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	273033
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

#### Part II **Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission. (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's	PIN:	check	one	box	onl	v
-----------	------	-------	-----	-----	-----	---

X I authorize	THOMSON	BROCK	LUGER	&	COMPANY	to enter my PIN	99056
		4		ERO	firm name		nter five numbers, b do not enter all zeros

as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \*\*\*\* THIS IS NOT A FILEABLE COPY \*\*\*\* Date ▶

#### Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

59409099056 do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2010 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ **ERO Must Retain This Form - See Instructions** 

Do Not Submit This Form To the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2010)

### Form **990**

Department of the Treasury

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

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

benefit trust or private foundation)

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

2010
Open to Public Inspection

A For the 2010 calendar year, or tax year beginning JUL 1, 2011 and ending AUG 1, 2011 B Check if applicable D Employer identification number C Name of organization TALLAHASSEE COMMUNITY COLLEGE Address change HOUSING, INC. Name change 59-3654954 Doing Business As Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number X Termin-444 APPLEYARD DRIVE (850) 201-8580 Amended return 5,763,477. G Gross receipts \$ City or town, state or country, and ZIP + 4 Applica-TALLAHASSEE, FL H(a) Is this a group return pending F Name and address of principal officer: MARJORIE TURNBULL Yes X No for affiliates? 444 APPLEYARD DRIVE, ADMIN. BUILDING, TALLAH H(b) Are all affiliates included? Yes No I Tax-exempt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions) J Website: ► N/A H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation: 2000 M State of legal domicile: FL Part I Summary 1 Briefly describe the organization's mission or most significant activities: TO FACILITATE THE DEFEASED DEBT Activities & Governance SECURITIES HELD IN TRUST FROM THE SALE OF THE STUDENT APARTMENT Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. 5 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 0 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 0 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 0. **Current Year** 0. Contributions and grants (Part VIII, line 1h) Revenue 0. Program service revenue (Part VIII, line 2g) 0. 62. 273,032. Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 11 0. 62. Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12) ....... 273.032. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 534,610. 35,262. 35,262. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 534,610. Revenue less expenses. Subtract line 18 from line 12 -261,578.-35,200.**Beginning of Current Year** End of Year 5,934,344. Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 0. 5,899,144. Net assets or fund balances. Subtract line 21 from line 20 35,200. 0. Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign Here MARJORIE TURNBULL, OPERATING OFFICER Type or print name and title Print/Type preparer's name Date PTIN Preparer's signature Paid self-employed Preparer Firm's name THOMSON BROCK LUGER & COMPANY Firm's EIN Firm's address 3375-G CAPITAL CIRCLE, N. E. Use Only TALLAHASSEE, FL 32308 Phone no. (850)385-7444 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

4d Other program services. (Describe in Schedule O.)

4e Total program service expenses

including grants of \$

TALLAHASSEE COMM	UNITY COLLEGE	
990 (2010) HOUSING, INC.	P-L	59-3654954 Page <b>2</b>
t III Statement of Program Service Accompl		
Check if Schedule O contains a response to any que Briefly describe the organization's mission: NONE	estion in this Part III	
Did the organization undertake any significant program ser the prior Form 990 or 990-EZ?	vices during the year which were no	77
If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant		
If "Yes," describe these changes on Schedule O.  Describe the exempt purpose achievements for each of the		
Section 501(c)(3) and 501(c)(4) organizations and section 4 allocations to others, the total expenses, and revenue, if an	947(a)(1) trusts are required to repo	ort the amount of grants and
(Code: ) (Expenses \$	including grants of \$	) (Revenue \$ 62.)
SERVICING THE EXISTING BOND DOOR THE STUDENT HOUSING PROJECT	EBT RELATED TO THE	ORIGINAL CONSTRUCTION
		9
(Code:) (Expenses \$	including grants of \$	) (Revenue \$)
A		
<u> </u>	7	
	7	
(Code:) (Expenses \$	including grants of \$	) (Revenue \$)

Form 990 (2010)

(Expenses \$

(Code:

) (Revenue \$

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#### TALLAHASSEE COMMUNITY COLLEGE HOUSING, INC.

Form 990 (2010) HOUSING, INC
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	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, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	6		х
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		
	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			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?  If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X		K.M.	
	as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
-	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			Х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	110		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			2000
	Schedule D, Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	1		37
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		21
×	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	140		
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			50960
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			37
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
20a	complete Schedule G, Part III	19		<u>X</u>
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note</b> . Some Form 990 filers that	20a		22
	operate one or more hospitals must attach audited financial statements (see instructions)	20b		
		-		-

Form 990 (2010)

# Form 990 (2010) HOUSING, INC. Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			177
	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		Х
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		х
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		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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			v
	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		Х
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):			
a	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
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 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	Х	
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
1200	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?		***	
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	37
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Х
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
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			
	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	
			000	

Form 990 (2010)

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

	Check if Schedule O contains a response to any question in this Part v				
		1 1 0		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter ·0· if not applicable	1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b U			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		40	Х	Minte
22	(gambling) winnings to prize winners?  Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	I I	1c	Z V	THE SECTION
20	filed for the calendar year ending with or within the year covered by this return	22 0			
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	24	2b	Bostes	
,	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instruction		2.0	15.612	IKE K
3a	Did to the state of the state o		За	THERE	Х
	KING-IIIII CI-I-E COOTC III CI-II-C		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other		- 0.0		-
-0.734510	financial account in a foreign country (such as a bank account, securities account, or other financial	888	4a		Х
b	If "Yes," enter the name of the foreign country:				
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans-		5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to				
	any contributions that were not tax deductible?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se		7a		X
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				١
009	to file Form 8282?		7c	Salue (all II	Х
d	If "Yes," indicate the number of Forms 8282 filed during the year		ENVIS	MINE	37
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont		7f	-	X
g h	If the organization received a contribution of qualified intellectual property, did the organization file F		7g		X
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.		7h	DE AVE	A
Ü	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at		8	10200	AMERICA
9	Sponsoring organizations maintaining donor advised funds.	any time during the year:	0	SECRES!	ayalis
a	Did the organization make any taxable distributions under section 4966?		9a	and enter	# STATE OF THE
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:			E158/6	
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against		角輪		
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
		12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		STE		
a	Is the organization licensed to issue qualified health plans in more than one state?		13a	Marie Land	th ska-1
h	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	المدا			
c	organization is licensed to issue qualified health plans	13b			
14a	Enter the amount of reserves on hand	13c	140	DOM:	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	 e О	14a 14b		- 23
-	paymonts: in the provide an explanation in other		THE RESIDENCE IN	990 (	2010)
				/	,

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HOUSING, INC. 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.

	Check if Schedule O contains a response to any question in this Part VI			X		
Sec	tion A. Governing Body and Management					
			Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year					
b	Enter the number of voting members included in line 1a, above, who are independent 1b 4					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	<b>東語</b>				
	officer, director, trustee, or key employee?	2		X		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision					
	of officers, directors or trustees, or key employees to a management company or other person?	3		X		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X		
6	Does the organization have members or stockholders?	6		X		
7a	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 persons?	7b		Х		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
	by the following:					
a	The governing body?	8a	Х			
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 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		
	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, affiliates,					
	and branches to ensure their operations are consistent with those of the organization?	10b				
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Х			
b	garman in the second se					
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?	12b				
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe					
	in Schedule O how this is done	12c				
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		Piles.			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
a	The organization's CEO, Executive Director, or top management official	15a		X		
b	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 arrangement with a					
	taxable entity during the year?	16a		X		
	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation					
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's					
	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					
	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.					
40	Own website					
	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and the conflict of interest policy is a conflict of interest policy.	nd fina	ncial			
	statements available to the public.	Ca Mari				
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion:				
	MARJORIE TURNBULL - (850) 201-8580					
- 37	444 APPLEYARD DRIVE, TALLAHASSEE, FL 32304-2895					

032006 12-21-10

Form 990 (2010)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter ·0· in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, 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.

Check this box if neither the organization r	or any related (B)	orga	aniza		C)	mpe	nsa	ted any current officer, o	lirector, or trustee. (E)	(F)
Name and Title	Average				o, sitior	1		Reportable	Reportable compensation	Estimated
Name and This	hours per	(c				app	ly)	compensation		amount of
	week (describe hours for related organizations in Schedule O)	ustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099·MISC)	other compensation from the organization and related organizations
ED MURRAY	12 00 000				Г	1	À.			92944
DIRECTOR	1.00	X		d		P		0.	0.	0.
RUSSELL DOSTER				鬱		- 4	à			
DIRECTOR	1.00	X			$\perp$	_		0.	0.	0.
TODD SPERRY	1 00	١,,		#		mé	37		0	0
DIRECTOR BARBARA SLOAN	1.00	X			1000	Aller .	_	0.	0.	0 .
DIRECTOR	1.00	x	dir-					0.	117,939.	3,024
DOUG BELL	1.00	A	7	A	-	-	-	0.	111,555.	3,024
DIRECTOR	1.00	Х	24	W.				0.	0.	0
MARJORIE TURNBULL	A.		4			$\vdash$	$\vdash$			-
OPERATING OFFICER	1.00	A	>	Х				0.	0.	0
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032007 12-21-10

ra	rt VII   Section A. Officers, Directors, Tr		nplo	oyee			High	nest	OPSELAN.				/r:\	
	(A) Name and title	(B) Average			ر) Pos	C) itior	1		(D) Reportable	(E) Reportable		Fo	(F) timate	ed
	Name and title	hours per week	(c	heck				oly)	compensation	compensation from related	n	an	nount other	of
		(describe	irector						the	organization	s	com	pensa	ation
		hours for related	trustee or director	stee			ensaled		organization (W-2/1099-MISC)	(W-2/1099-MIS	SC)		om th anizat	
		organizations	sur l'er	onal tru		oloyee	compe		(17 27 1000 111100)			an	d relat	ted
		in Schedule O)	Individual	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizati	ons
-							T							
-														
									A					
									19 N					
								Section 1						
							4	jjië.						
					- 4	es(St)	THE STATE OF THE S		A)					
					個	-	4	À	And the state of t					
1b	Sub-total	L				<b>.</b>	<b> </b>	7	0.	117,9	39.		3,0	24
c	Total from continuation sheets to Part V	II, Section A	.a				-		0.	448.0	0.		2 4	0
d	Total (add lines 1b and 1c)								0.	117,9			3,0	24
	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	ed at	OOVE	e) Wi	no re	eceived more than \$100	,000 in reportable	ie			
			W.		7								Yes	No
3	Did the organization list any former officer,	director or tru	stee	, key	em/	plo	yee,	or h	ighest compensated er	nployee on		3		X
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the st	ım of reportabl	e cc	 mpe	ensa	tion	and	d oth	ner compensation from	the organization				22
	and related organizations greater than \$150	0,000? If "Yes,	" coi	mple	ete S	Sche	edule	e J fe	or such individual			4		X
5	Did any person listed on line 1a receive or a							elate	ed organization or indiv	idual for services	00			X
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	piete Scheaut	9 J T	or su	icn į	pers	son .			•••••		5		Λ
1	Complete this table for your five highest co	mpensated inc	lepe	nde	nt c	ontr	racto	ors ti	nat received more than	\$100,000 of con	pens	ation f	rom	
	(A) Name and business	address							(B) Description of s	services	С	(C ompe		'n
								1						
								1						
<u> </u>								+						
		***************************************							***************************************					
2	Total number of independent contractors (in \$100,000 in compensation from the organization from the organizati		ot lir	nited	d to	-	se lis	sted	above) who received m	nore than				

Form 990 (2010) HOUSING, INC.

		ii Statement of Reve	nue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1 a	Federated campaigns	1a					
grai		Membership dues						
am am		Fundraising events						
ig i	d	Related organizations						
Sim	е							
ie cti	f	All other contributions, gifts, gran	8 1			SECTION OF		
Contributions, gifts, grants and other similar amounts		similar amounts not included abo						
등림	g							
-	- 11	Total. Add lines 1a-1f		Business Code	nii ilabike natenk			
ø	2 a			Business Code		The state of the s		
S Si	b					VIII)		
Program Service Revenue	C					All Market		
eve	d				Á			
9	е					789		
φ.	f	All other program service reve	enue		402	Ally		
	g	Total. Add lines 2a-2f						
	3	Investment income (including						
		other similar amounts)			62.			62.
	4	Income from investment of ta						
	5	Royalties		633				
	۰.	O D -1	(i) Real	(ii) Personal				
		Gross Rents		100				
		Less: rental expenses						
		Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	5,763,415	THE RESERVE AND ADDRESS OF THE PARTY OF THE				
	b	Less: cost or other basis		"What				
		and sales expenses	5,763,415					
	С	Gain or (loss)						
	d	Net gain or (loss)		<b>&gt;</b>	0.			
nue	8 a	Gross income from fundraisin						
le le		including \$	14000 ACCTO	7				
Other Reve		contributions reported on line	The state of the s					
her		Part IV, line 18	a					
ਠੋ		Less: direct expenses						
		Gross income from gaming ac		<b>&gt;</b>				120.25.53.25.05.1E
- 1	V u	Part IV, line 19						
	b	Less: direct expenses						
- 1		Net income or (loss) from gam			THE RESERVE AND THE	MATERIAL PROPERTY OF THE PARTY		E ALEXA CHURCHES ELECTION
		Gross sales of inventory, less						
		and allowances						
	b	Less: cost of goods sold	b					
L	С	Net income or (loss) from sale	s of inventory					
L		Miscellaneous Revenu	е	Business Code				
	11 a							
	b							
	C							
	d	All other revenue				BOST CONTRACTOR OF THE STATE OF	MARKANIA MARKANIA	U DESCRIPTION OF THE PROPERTY
	12	Total. Add lines 11a-11d Total revenue. See instructions.			62.	0.	0.	62.
032009 12-21-		. 5.2.1 10101110. 000 111311110110115.			02.	0.1	0.	Form <b>990</b> (2010)

Form 990 (2010)

### 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).

1 2 3 4 5	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S.				
3	Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments,			4.00 E FOR THE EAST OF THE	
3	the U.S. See Part IV, line 22 Grants and other assistance to governments,				
4	Grants and other assistance to governments,				
4					
	organizations, and individuals outside the U.S.				
	3				
	See Part IV, lines 15 and 16				
5	Benefits paid to or for members				
	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified		V	Ď.	
	persons (as defined under section 4958(f)(1)) and		Allegan	113	
	persons described in section 4958(c)(3)(B)		ALIE		
7	Other salaries and wages		ATTA	No.	
8	Pension plan contributions (include section 401(k)		AT THE		
	and section 403(b) employer contributions)		4		
9	Other employee benefits				
10	Payroll taxes		4		
11	Fees for services (non-employees):		欄 猫		
	Management				
	Legal	cili	a Victorial		
	Accounting	4,950.	A	4,950.	
d	Lobbying		VIIIA VIIIA	-,	
Α.	Professional fundraising services. See Part IV, line 17	TOTAL		NOT THE EAST OF RELIEF	
f	Investment management fees		EPP PROPERTY OF THE PARTY OF TH		
	100 AND				
12	Other Advertising and promotion	ANY ANY			
	Advertising and promotion	35.		35.	
13	Office expenses	30.		33.	
	Information technology				
15	Royalties	A - A			
16	Occupancy				
17	Travel	WEY			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	747			
	Conferences, conventions, and meetings				
20	Interest				
	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
а	CONTRIBUTION TO TCC	30,277.		30,277.	THE ROLL OF STREET, ST
b		55,4111		30/2/11	
c					
d					
e					
	All other expenses				
		35,262.	0.	35,262.	0
	Total functional expenses. Add lines 1 through 24f	33,402.	0.	33,404.	0
	Joint costs. Check here  If following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

032010 12-21-10

			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash · non-interest-bearing		1	0.
	2	Savings and temporary cash investments	35,200.	2	0.
	3	Pledges and grants receivable, net		3	0.
	4	Accounts receivable, net		4	0.
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
		of Schedule L	WE I BUT THE PROPERTY OF THE PARTY OF THE PA	5	0.
	6	Receivables from other disqualified persons (as defined under section		270.5	
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instructions)	THE REPORT OF THE PROPERTY OF THE PARTY OF T	6	0.
ets	7	Notes and loans receivable, net		7	0.
Assets	8	Inventories for sale or use	SILIA VIIIA	8	0.
Q.	9	Prepaid expenses and deferred charges		9	0.
		Land, buildings, and equipment: cost or other			
	100	basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b		10c	0.
	11	Investments - publicly traded securities	5,763,415.	11	0.
	12	Investments - other securities. See Part IV, line 11		12	0.
	13	Investments - program-related. See Part IV, line 11		13	0.
	14	Intangible assets		14	0.
	15	Other assets. See Part IV, line 11	135,729.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	0.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	5,710,000.	20	
S	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,	PLOSE FOR LYNCH AMERICA		
ig		highest compensated employees, and disqualified persons. Complete Part II			
Ë	1	TOTAL AND		22	
	23	of Schedule L 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		25	0.
	26	Total liabilities. Add lines 17 through 25		26	0.
-	1.0	Organizations that follow SFAS 117, check here   X and complete		20	
S		lines 27 through 29, and lines 33 and 34.			
ဥင	27		35,200.	27	0.
alar	28	Unrestricted net assets Temporarily restricted net assets		28	<u>_</u>
Ö				29	
Š	120	Organizations that do not follow SFAS 117, check here	THE RESERVE OF THE PROPERTY OF THE	23	
P.		complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds	AND CASH OF A PROPERTY OF STATE	30	
sse		Paid-in or capital surplus, or land, building, or equipment fund	•	31	
t A		Retained earnings, endowment, accumulated income, or other funds		32	
Š				33	0.
	34	Total net assets or fund balances  Total liabilities and net assets/fund balances	5,934,344.	34	0.
		Total madifitios and not associs/fully balances	7/204/044.	04	Form <b>990</b> (2010)

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

Forn	1990 (2010) HOUSING, INC.	39-3	034334	Pa	je iz		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response to any question in this Part XI						
		1			(1)		
1	Total revenue (must equal Part VIII, column (A), line 12)	1			$\frac{62}{62}$ .		
2	Total expenses (must equal Part IX, column (A), line 25)						
3	Revenue less expenses. Subtract line 2 from line 1	3			00.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3 !	5,2	00.		
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.		
6							
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response to any question in this Part XII				X		
				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.		lieb)	E BE		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
b	Were the organization's financial statements audited by an independent accountant?		2b		X		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th						
	review, or compilation of its financial statements and selection of an independent accountant?		2c				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch						
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a					
	separate basis, consolidated basis, or both:		10000				
	Separate basis Consolidated basis Both consolidated and separate basis						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit					
	Act and OMB Circular A-133?		3a		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ						

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

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

2010

Open to Public Inspection

Name of the organization

TALLAHASSEE COMMUNITY COLLEGE HOUSING INC.

Employer identification number 59-3654954

		TIOODITAC							0.0		E-17-E-1	
Part I	Reason	for Public Char	ity Status (All organi	zations mu	st complet	te this par	t.) See ins	tructions.				
The organ			because it is: (For lines									
1			s, or association of chu									
2	A school des	cribed in section 17	70(b)(1)(A)(ii). (Attach So	hedule E.)								
3	A hospital or	a cooperative hospi	tal service organization	described	in section	170(b)(1)	(A)(iii).					
4			operated in conjunction					(b)(1)(A)(i	i). Enter th	e hospital'	s nam	ie,
	city, and stat		. v.		4 B							
5	An organizat	ion operated for the	benefit of a college or u	niversity o	wned or op	perated by	a governi	nental un	t describe	d in		
		(b)(1)(A)(iv). (Comple	1 HO HO HOUSE	5			A					
6			ent or governmental un	it describe	d in sectio	n 170(b)(	D(A)(v).					
7			eives a substantial part				Control of the Contro	r from the	general p	ublic desc	ribed i	n
		(b)(1)(A)(vi). (Comple		or no capp	on nom a	4		h-	3			
8			section 170(b)(1)(A)(vi).	(Complete	Part II )	antilità.	-					
9			eives: (1) more than 33			rom contri	butions n	nomharchi	n fees and	d aross rea	reints	from
•			nctions - subject to certa				27					
			axable income (less sec									
		509(a)(2). (Complete		tionstita	ix) iloiti bu	31163363	içquired b	y the orga	ilization a	ter ourie o	0, 107	0.
10			perated exclusively to te	ot for publ	in onfatu S	Con contin	n 500/a\/	1)				
11 X			perated exclusively for the						y out the r	nirnosas c	of one	or
11 (22)			ations described in secti		A STATE OF THE PARTY OF THE PAR							O1
			organization and compl	419925745	12		.). See <b>se</b> (	,tion sost	ajjoj. Onet	A UIG DOX	tilat	
	a Type			c Typ			carated		d $\square$	Type III - C	Ther	
e X				Parameter .	Accord .		•	u mara dia		1.500		n
e (AA)			at the organization is not			525						11
			han one or more publicl						e(a)(1) or s	action ana	(a)(z).	
f			ten determination from									
1001	supporting o	rganization, check th	nis box	<u>.</u>								
g			organization accepted a							į		
			irectly controls, either a								Yes	No
	the gove	eming body of the s	upported organization?	<u></u>						11g(i)		X
	(ii) A family	member of a persor	n described in (i) above?	) 						11g(ii)		X
			person described in (i)							11g(iii)		X
h	Provide the f	ollowing information	about the supported or	ganization	(s).							
	,	Á										
(i) Name	of supported	(ii) EIN 💐	(iii) Type of organization		rganization			(vi) la organizați	the	(vii) Am	ount o	f
orga	anization		(described on lines 1-9		sted in your	organizat		(i) organiz U.S	ed in the	supp	port	
			above or IRC section		document?	(i) of your	Supports					
			(see instructions))	Yes	No	Yes	No	Yes	No			
	HASSEE						100					2
		59-1141270	6	X		X		Х				0.
	HASSEE											
COMMU	NITY CO	59-2091480	5	X		X		Х		3	0,2	<u>77.</u>
												-
					STEEN SE		y taken	Brown S	25286.216			
otal										3	0,2	77.

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

Schedule A (Form 990 or 990-EZ) 2010

032021 12-21-10

Schedule A (Form 990 or 990-EZ) 2010

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3				A		
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ⊳	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4		A112E	b dillings			
8	Gross income from interest,			<b>A</b>			
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources		A	Elle.			
9	Net income from unrelated business						
	activities, whether or not the	A.					
	business is regularly carried on	4					
10	Other income. Do not include gain		THE				
	or loss from the sale of capital	A	A				
	assets (Explain in Part IV.)	4 Village	ABY				
11	<b>Total support.</b> Add lines 7 through 10						
	Gross receipts from related activities,	The state of the s				12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	x year as a section	on 501(c)(3)	
Car	organization, check this box and stor	here					▶└┴
	ction C. Computation of Publ	Will Amore		View View			
	Public support percentage for 2010 (					14	%
	Public support percentage from 2009					15	%
16a	33 1/3% support test - 2010.If the o						
201	stop here. The organization qualifies						
b	33 1/3% support test - 2009.If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac			AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	Partition of the Control of the Property also and Partition	The Contract of the Contract o	
200	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the						
10	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b		THE RESERVE TO SERVER THE PROPERTY OF THE PROP	TO STATE OF STREET WAS CARRY
					Sche	edule A (Form 990	or 990-EZ) 2010

## Schedule A (Form 990 or 990-EZ) 2010 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support	otow, picase com	piete i ait ii.j				
	endar year (or fiscal year beginning in)	(a) 2006	(h) 2007	(0) 2009	(4) 2000	(e) 2010	(f) Total
	Gifts, grants, contributions, and	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(8) 2010	(i) Total
	membership fees received. (Do not		ľ				
	include any "unusual grants.")			1			
2	Gross receipts from admissions,						
2	merchandise sold or services per-						
	formed, or facilities furnished in			1			
	any activity that is related to the						
725	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513				A		
4	Tax revenues levied for the organ-				VA		
	ization's benefit and either paid to				The second		
	or expended on its behalf			Á			
5	The value of services or facilities			411	A W		
	furnished by a governmental unit to						
	the organization without charge				7		
6	Total. Add lines 1 through 5			74/19	às.		
	Amounts included on lines 1, 2, and			AL PROPERTY.	(a)		
	3 received from disqualified persons				- A		
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that		A MIT	When A			
	exceed the greater of \$5,000 or 1% of the		AFF	A CARTINES.			
	amount on line 13 for the year			- All			
^	Add lines 7a and 7b		HIA				
800	Public support (Sublication 7c from line 6.)						
			- A				
	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6						
ıva	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	A					
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses	4					
	acquired after June 30, 1975		407				
С	Add lines 10a and 10b	御 本 電					
11	Net income from unrelated business	4.47					
	activities not included in line 10b,	THE REAL PROPERTY.					
	whether or not the business is regularly carried on						
12	Other income. Do not include gain	4					
	or loss from the sale of capital						
12	assets (Explain in Part IV.)						
		. 46	6-1 1 11:	1.6 11 600 1		5047.1(0)	
14	First five years. If the Form 990 is for						
200	check this box and stop here	io Cunnord Do		***********************			PL
	tion C. Computation of Publ			and the same of th			
15	Public support percentage for 2010 (I	ine 8, column (f) di	vided by line 13,	column (f))		15	<u>%</u>
16	Public support percentage from 2009	Schedule A, Part	III, line 15			16	%
	tion D. Computation of Inves						
17	Investment income percentage for 20	10 (line 10c, colum	nn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from 2	2009 Schedule A, f	Part III, line 17	***************		18	%
	33 1/3% support tests - 2010. If the					3 1/3%, and line 1	17 is not
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2009. If the						
	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organizatio						
	3 12-21-10	III III III III III III III III I		a, 51 100, 01100K tr		and the second s	0 or 990-EZ) 2010

#### SCHEDULE N (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### Liquidation, Termination, Dissolution, or Significant Disposition of Assets

▶ Complete if the organization answered "Yes" to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.

Attach certified copies of any articles of dissolution, resolutions, or plans.

Attach to Form 990 or 990-EZ.

2010

Open to Public Inspection

Name of the organization

TALLAHASSEE COMMUNITY COLLEGE HOUSING, INC.

Employer identification number 59-3654954

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	recipi tax-exen	Section of sient(s) (if mpt) or type entity	
					all YA	TALLAHASSEE COMMUNITY COLLEGE			
					V3000 - 4500 P	444 APPLEYARD DRIVE			
CASH		08/01/11	30,277.	CASH VALUE	59-2091480	TALLAHASSEE, FL 32304	501(C)3		
			9						
					L			Yes	No
2 Did	or will any officer, director, trustee, or h	yay amployaa of tha	organization:				1,133,1	163	140
			0				2a	moretage )	X
b Bec	ome an employee of, or independent of	contractor for, a succ	cessor or transferee orga	nization?			2b		X
	ome a direct or indirect owner of a suc						0-		X
						ssolution?			X

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

Schedule N (Form 990 or 990-EZ) (2010)

Schedule N (Form 990 or 990-EZ) (2010) HOUSING, INC.

Part I Liquidation, Termination, or Dissolution (continued)

Pa	tt   Liquidation, Termination, or Disso	iution (continued)							
	Note. If the organization distributed all of	its assets during the	tax year, then Form 990	), Part X, column (B) shoul	d equal -0		_	Yes	No
3	Did the organization distribute its assets i	n accordance with it	s governing instrument(s	s)? If "No," describe in Par	t III		3	X	
48									X
ł	If "Yes," did the organization provide such	n notice?					4b		X
5	Did the organization discharge or pay all li							X	
6a									X
b	Did the organization discharge or defease								X
c	If "Yes," describe in Part III how the organ	nization defeased or	otherwise settled these I	iabilities. If "No," explain ir	Part III.		33,000		
						anization answered "Yes" to Form 990, F	art IV, lir	ie 32, c	or
	Form 990-EZ, line 36. Part II can be du				- Stille				
1	(a) Description of asset(s)	(b) Date of	(c) Fair market value of		(e) EIN of recipient	(f) Name and address of recipient		C section	
	distributed or transaction	distribution	asset(s) distributed or amount of transaction	determining FMV for asset(s) distributed or		9		pient(s) (if empt) or ty	
	expenses paid		expenses	transaction expenses			0	f entity	
				(	19 40				
				ASSESS VA					
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		N. S.	Apr.						
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		<i>P</i>	y.				l		
							i		
							i		
							ı		
								т —	
								Yes	No
2	Did or will any officer, director, trustee, or k						diada	NAME.	iarkon
a	Become a director or trustee of a successor							1	<b>↓</b>
	Become an employee of, or independent of								<u> </u>
	Become a direct or indirect owner of a suc							1	
	Receive, or become entitled to, compensa-						2d		<u></u>
е	If the organization answered "Yes" to any	of the questions in th	nis line, provide the name	e of the person involved a	nd explain in Part III.	▶			

#### **SCHEDULE 0**

(Form 990 or 990-EZ)

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

TALLAHASSEE COMMUNITY COLLEGE HOUSING, INC.

Employer identification number 59-3654954

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
COMPLEX IN AUGUST 2006 UNTIL JULY 1, 2011 AT WHICH TIME THE ORIGINAL
BONDS CAN BE REDEEMED.
FORM 990, PART VI, SECTION B, LINE 11: THE OPERATING OFFICER REVIEWS THE
INDEPENDENTLY PREPARED 990 BY THE ORGANIZATION'S CPA FIRM BEFORE
SUBMITTING. THE HOUSING 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 ORGANIZATION'S BOARD OF DIRECTORS ARE CHARGED WITH THE SELECTION
AND OVERSIGHT OF THE INDEPENDENT AUDITOR ENGAGED TO AUDIT THE ANNUAL
FINANCIAL STATEMENTS.

#### SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service **Related Organizations and Unrelated Partnerships** 

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

► Attach to Form 990.

► See separate instructions.

2010
Open to Public Inspection

Name of the organization

TALLAHASSEE COMMUNITY COLLEGE HOUSING, INC.

Employer identification number 59-3654954

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total inco	(e) End-of-year	assets Direct of	(f) controlling ntity
Part II Identification of Related Tax-Exempt Organi organizations during the tax year.)	zations (Complete if the organization an	swered "Yes" to Form 990,	Part IV, line 34 b	ecause it had one o	r more related tax-exe	npt
(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity	(f) Direct controlling	(g) Section 512(b)(13) controlled

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section 5 contr ent	olled
		7		501(c)(3))		Yes	No
TALLAHASSEE COMMUNITY COLLEGE - 59-1141270	All and a second						
444 APPLEYARD DRIVE	]						
TALLAHASSEE, FL 32304	COMMUNITY COLLEGE	FLORIDA	501(C)1	170(B)(1)(A)	N/A		X
TALLAHASSEE COMMUNITY COLLEGE FOUNDATION -							
59-2091480, 444 APPLEYARD DRIVE,	ORGANIZATION SUPPORTS THE						
TALLAHASSEE, FL 32304	ACTIVITIES OF THE COLLEGE	FLORIDA	501(C)3	509(A)(3)	N/A		X

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

Schedule R (Form 990) 2010

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	income end-of-year		portion- cations?	amount in box partn	General or managing partner?	Percenta ownersh
	1 8 8 I	foreign country)		sections 512-514)		assets	Yes	No	K-1 (Form 1065)	Yes No	
	-										
						þ					

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

(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile (state or	(d) Direct controlling	(e) Type of entity	(f) Share of total	(g) Share of	(h) Percentage ownership
Name, address, and EIN of related organization		(state or foreign country)	entity	Type of entity (C corp, S corp, or trust)	income	end-of-year assets	ownership
	0.0		A CONTRACTOR OF THE CONTRACTOR				

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

				22 12		Yes	No
	ote. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			L'- D- t- IIIVO	14-503	res	INO
	During the tax year, did the organization engage in any of the following transactions with one				1a		X
	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity					Х	- 22
	Gift, grant, or capital contribution to other organization(s)						X
	Gift, grant, or capital contribution from other organization(s)					-	X
	d Loans or loan guarantees to or for other organization(s)						X
е	Loans or loan guarantees by other organization(s)				1e	a tensolis	Λ
			400			\$240E	37
	Sale of assets to other organization(s)						X
g	Purchase of assets from other organization(s)			j			X
h	Exchange of assets				1h		X
i	Lease of facilities, equipment, or other assets to other organization(s)				1i		X
					11 57 11	800	
j	Lease of facilities, equipment, or other assets from other organization(s)		P. V		1j		X
	Performance of services or membership or fundraising solicitations for other organization(s)						X
	Performance of services or membership or fundraising solicitations by other organization(s)						X
	n Sharing of facilities, equipment, mailing lists, or other assets						X
	Sharing of paid employees						X
					W. 14		
0	Reimbursement paid to other organization for expenses				10		X
	Reimbursement paid by other organization for expenses						X
O.₩60						JI OF	
a	Other transfer of cash or property to other organization(s)				1q		X
	Other transfer of cash or property from other organization(s)						X
2	If the answer to any of the above is "Yes," see the instructions for information on who must co						_
	(a) (b) Name of other organization Transa type (	) ction	(c) Amount involved	(d) Method of determining amount involved			
1)							
2)							
3)							
1)							
-\							
)							
3)							
_							

59-3654954

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

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	Are all posection 5 organiza	artners 01(c)(3) ations?	(e) Share of end-of- year assets	Disp	ropor- nate ations?	(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	h) eral or aging tner?
		************************************								_
		<u>.0</u>								

#### TALLAHASSEE COMMUNITY COLLEGE

Schedule R (Form 990) 2010 HOUSING, INC.  Part VII   Supplemental Information	59-3654954 Page 5
Part VII   Supplemental Information	50 30
Complete this part to provide additional information for responses to questions on Schedule R (see instru	ıctions).
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Figure 1	
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A TOTAL CONTRACTOR OF THE PARTY	
Williams	

032165 12-21-10

#### THIS IS NOT A FILEABLE COPY \*\*\*\*\*

### IRS e-file Signature Authorization

0	1110	orginatar o matrionization	
or	an	Exempt Organization	

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

Name of exempt organization

Form 8879-EO

Do not send to the IRS. Keep for your records. See instructions.

Employer identification number

TALLAHASSEE COMMUNITY COLLEGE HOUSING, INC.

59-3654954

Name and title of officer

MARJORIE TURNBULL OPERATING OFFICER

#### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter .0.). But, if you entered .0. on the return, then enter .0. on the applicable line below. Do not complete more than 1 line in Part I.

1a	Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	62
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
За	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

#### Part II **Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

A111	DILL					
Officer's	PIN:	cneck	one	DOX	oni	J

ERO's signature

X I authorize	THOMSON	BROCK	LUGER	&	COMPANY	to enter my PIN	99056
ERO firm name					Enter five numbers, b		

as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \*\*\*\* THIS IS NOT A FILEABLE COPY \*\*\*\* Date ▶

#### Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

59409099056 do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2010 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

**ERO Must Retain This Form - See Instructions** Do Not Submit This Form To the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions. 023051 12-27-10

Form 8879-EO (2010)

# TALLAHASSEE COMMUNITY COLLEGE FOUNDATION, INC. Tallahassee, Florida

FINANCIAL STATEMENTS AND SUPPLEMENTARY INFORMATION Years Ended March 31, 2011 and 2010

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#### 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. SCOTT C. HALL, 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, 2011 and 2010, 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, 2011 and 2010, 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 October 13, 2011 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.

October 13, 2011

Member Firm
FCG
AAAA
Financial
Consulting
Group,L.C.

# TALLAHASSEE COMMUNITY COLLEGE FOUNDATION, INC. STATEMENTS OF FINANCIAL POSITION March 31, 2011 and 2010

	2011	2010
<u>ASSETS</u>		
Cash and cash equivalents Short-term investments Due from Tallahassee Community College Contributions receivable Prepaid expenses Investments restricted for endowment purposes Land held for sale, investment, and development Collectibles	\$ 366,126 4,609,263 11,144 129,732 4,188 7,958,648 1,558,942 1,360 \$ 14,639,403	\$ 106,814 4,583,058 61,081 7,275,268 1,057,000 1,360 \$ 13,084,581
LIABILITIES AND NET AS	SSETS	
Accounts payable	\$98,074	\$47,176
Net Assets:     Unrestricted     Temporarily restricted     Permanently restricted	319,672 9,831,991 4,389,666 14,541,329 \$ 14,639,403	228,107 8,536,274 4,273,024 13,037,405 \$ 13,084,581

#### ů

# TALLAHASSEE COMMUNITY COLLEGE FOUNDATION, INC. STATEMENTS OF ACTIVITIES Years Ended March 31, 2011 and 2010

		201	11			20	)10	
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
REVENUE, GAINS & OTHER SUPPO	RT			w 5552 #	00 000000 0000000 00			200 220
In-kind contributions	\$ 412,926 \$	238 \$	- \$	413,164 \$			\$ - \$	380,329
Non cash contributions	5,108	615,000	<b>#</b> 0	620,108	74,800	3,054	-	77,854
Investment income	50,138	795,108	**	845,246	50,662	1,664,871		1,715,533
Private contributions	49,790	731,068	70,890	851,748	10,670	644,140	66,009	720,819
Miscellaneous	13,217	8,844	2,331	24,392	220	5,819	160	6,199
Special events	12,875	-		12,875	30,150	-	i <del></del>	30,150
Net assets released from restrictions:	:5							
Satisfaction of program restrictions	820,332	(820,332)	-	-	1,163,424	(1,163,424)		. <del></del>
Satisfaction of time restrictions	3,288	(3,288)	+	-	42,405	(42,405)	-	-
Transfers	(12,500)	(30,921)	43,421	-	(52,750)	29,047	23,703	-
Tunoto	1,355,174	1,295,717	116,642	2,767,533	1,699,910	1,141,102	89,872	2,930,884
EXPENSES								or the artists of the content that the c
Educational activities	635,039	-	<b>:</b>	635,039	1,254,892	-0	â	1,254,892
General and administrative expenses	284,381	-	-	284,381	256,301		#11	256,301
Fund raising expenses	344,189	<b></b>	-	344,189	258,262	_	-	258,262
Tulid Tulishing expenses	1,263,609			1,263,609	1,769,455			1,769,455
CHANGE IN NET ASSETS	91,565	1,295,717	116,642	1,503,924	(69,545)	1,141,102	89,872	1,161,429
BEGINNING NET ASSETS	228,107	8,536,274	4,273,024	13,037,405	297,652	7,395,172	4,183,152	11,875,976
ENDING NET ASSETS	\$319,672	9,831,991	4,389,666_\$	14,541,329	228,107	8,536,274	\$_4,273,024_\$	13,037,405

#### TALLAHASSEE COMMUNITY COLLEGE FOUNDATION, INC. STATEMENTS OF CASH FLOWS Years Ended March 31, 2011 and 2010

	2011	2010
CASH FLOWS FROM OPERATING ACTIVITIES Support from private and public Investments	\$ 809,220 269,903 1,079,123	\$ 801,718 158,592 960,310
Payments for scholarships and suppliers	(788,627)	(_1,502,744)
CASH PROVIDED BY (USED IN) OPERATING ACTIVITIES	290,496	( 542,434)
CASH FLOWS FROM INVESTING ACTIVITIES Purchases of investments Purchase of certificates of deposit Proceeds from sale of short-term investments Net proceeds from sale of investment pool	( 7,917,079) ( 1,668,054) 1,641,749 	( 115,434) ( 8,320) 522,879 224,524
CASH (USED IN) PROVIDED BY INVESTING ACTIVITIES	(31,184)	623,649
INCREASE IN CASH	259,312	81,215
CASH AT BEGINNING OF YEAR	106,814	25,599
CASH AT END OF YEAR	\$366,126	\$106,814

# TALLAHASSEE COMMUNITY COLLEGE FOUNDATION, INC. STATEMENTS OF CASH FLOWS (CONTINUED) Years Ended March 31, 2011 and 2010

		2011	2010
RECONCILIATION OF CHANGE IN NET ASSETS TO CASH PROVIDED BY OPERATING ACTIVITIES: Change in net assets Adjustments to reconcile increase in net assets to	\$	1,503,924	\$ 1,161,429
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	(	724,903) 103,058 46,502	( 2,803,285) 1,246,344 596
Depreciation Non cash contributions (Increase) decrease in:	(	605,000)	18,054
Prepaid expenses Accounts receivable Pledges receivable	(	4,188) 11,144) 68,651)	44,550
Increase (decrease) in: Accounts payable	-	50,898	(210,122)
CASH USED IN (PROVIDED BY) OPERATING ACTIVITIES	\$_	290,496	\$( <u>542,434</u> )
SUPPLEMENTARY NON CASH DISCLOSURE: Donated land Marketable securities Furniture and equipment donated to college	\$	605,000	\$ 3,054 ( <u>21,108</u> )
	\$ _	605,000	\$( <u>18,054</u> )

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

<u>Nature of Activities</u> - 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>Land</u> - Land consists of real property donated to the Foundation, recorded at its fair market value.

<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.

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

<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.

<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 of Prior Year Amounts</u> - Some prior year amounts may be reclassified for consistency with 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, 2011 to determine the need for any adjustments to and/or disclosures within the audited financial statements for the year ended March 31, 2011. 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, 2011 and 2010, the Foundation has recorded these donated services at \$351,334 and \$349,658 for personnel services and \$29,091 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)

		2011		2010
2011	\$	73,228	\$	63,159
2012		37,457		15,580
2013		20,033		6,420
2014		15,261		<u>u</u> -1
2015		11,666		<b>*</b> (
Thereafter		11,200		
	-	168,845		85,159
Less:				
Allowance for collection losses	(	21,367)	(	18,304)
Discounts for time-value money	(_	17,746)	(	5,774)
	\$_	129,732	\$	61,081

#### **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:

	2011	2010
Investment pool	\$ 7,958,648	\$ 7,275,268
Money market funds	2,834,828	4,231,684
Certificates of deposit	1,678,840	252,622
State Board of Administration funds	95,595	98,752
	\$ <u>12,567,911</u>	\$ <u>11,858,326</u>

#### March 31, 2011

Investment pool consists of ninety-nine percent (99%) of marketable equity securities and indices, and one percent (1%) of demand deposits as of March 31, 2011.

State Board of Administration funds consist of one hundred percent (100%) of variable and fixed rate corporate commercial paper and notes as of March 31, 2011.

#### March 31, 2010

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.

#### NOTE 4 – INVESTMENTS (Continued)

State Board of Administration funds consist of one hundred percent (100%) of variable and fixed rate corporate commercial paper and notes as of March 31, 2010.

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:

		2011	-	2010
Interest and dividends income	\$	269,903	\$	158,592
Net realized gain (loss) on sales of investments	(	46,502)	(	1,246,344)
Net unrealized gain (loss) on investments		724,903		2,803,285
Impairment loss on land values	(_	103,058)	-	
	\$	845,246	\$ .	1,715,533

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 earned.

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 Value Measurements at March 31, 2011			
-	Level 1	Level 2	Level 3	Total
Investments restricted for				
endowment purposes:	w	Table 1		ф <i>со 57</i> 0
Money market funds	\$ 50,572	\$ -	\$ -	\$ 50,572
Domestic equity securities	4,819,112	200		4,819,112
International equity securities	1,537,896	•	944	1,537,896
Closely-managed investment				1.551.060
funds		1,551,068		1,551,068
Total investments restricted for				7.050 (40
endowment purposes	6,407,580	1,551,068	·	7,958,648
Short-term investments:				
Money market funds	2,834,828		_	2,834,828
Certificates of deposit	2,03-1,020	1,678,840	<u></u>	1,678,840
Commercial paper and notes	100	95,595		95,595
Commercial paper and notes	2,834,828	1,774,435		4,609,263
	2,034,020	1,771,100		.,,
Nonfinancial assets:				
Land held for sale and investment		1,558,942		1,558,942
Total assets	\$ 9,242,408	\$ <u>4,884,445</u>	\$	\$ <u>14,126,853</u>
	*			
	Fair `	Value Measurem	ents at March 31,	
,	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		713,427
Total investments restricted for				era salogrego providen
endowment purposes	6,561,841	713,427	·	7,275,268

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

#### Continued:

	Fair Value Measurements at March 31, 2010			
	Level 1	Level 2	Level 3	Total
Short-term investments:	·			
Money market funds	4,231,684	<b>≡</b> i		4,231,684
Certificates of deposit		252,622	7-	252,622
Commercial paper and notes	-	98,752		98,752
1 1	4,231,684	351,374	-	4,583,058
Nonfinancial assets:				
Land held for sale and investment		1,057,000		1,057,000
Total assets	\$ <u>10,793,525</u>	\$ <u>2,121,801</u>	\$	\$ <u>12,915,326</u>

#### NOTE 6 - LAND HELD FOR SALE, INVESTMENT, AND DEVELOPMENT

Land held for sale, investment, and development consists of three parcels of real property. As market conditions change, the parcels' appraised values can suffer impairment losses from their determined fair market value recorded at date of donation. Current year additions consist of a parcel donated to the Foundation, the disposition of which is restricted to Foundation use until May 1, 2020, after which it may be sold and the proceeds restricted to use in promotion and funding of higher education efforts of children graduating from Wakulla County Schools. A summary of land held for sale, investment and development is as follows:

		2011		2010
Approximately 48 acres, Dr. MLK Jr. Road, Crawfordville, FL	\$	605,000	\$	ä
One acre vacant parcel of land, Appleyard Drive		123,000		123,000
Approximately 35 acres, Lake Shore Drive and Sharer Road		934,000		934,000
Impairment loss	(_	103,058)	<u>~</u>	-
	\$ _	1,558,942	\$_	1,057,000

#### NOTE 7 - TEMPORARILY RESTRICTED NET ASSETS

Temporarily restricted net assets as of March 31, 2011 and 2010 consist of the following:

	2011	2010
Time Restricted: Contributions receivable	\$ 129,732	\$ 62,181
Land contribution	1,435,942	934,000
Restricted Contributions for Scholarships and Academic Support	4,578,203	4,460,889
Restricted Earnings and State Matching for Endowment Scholarships and Academic Support	_3,688,114	3,079,204
	\$ <u>9,831,991</u>	\$ <u>8,536,274</u>

#### NOTE 8 – PERMANENTLY RESTRICTED NET ASSETS

Permanently restricted net assets as of March 31, 2011 and 2010 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:

	2011	2010
Restricted Contributions for Endowed Scholarships		
and Academic Support	\$ <u>4,389,666</u>	\$ <u>4,273,024</u>

#### 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 1010.10Florida 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.
- 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

#### NOTE 9 - ENDOWMENTS (Continued)

inflation, by having a target rate of return equal to the Board-adopted spending policy's percentage 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.

2011

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

		2011	
Donor-restricted endowment funds	Temporarily Restricted \$ 3,688,114	Permanently Restricted  \$ 4,389,666	Total Net Endowment
		2010	
Donor-restricted endowment funds	Temporarily Restricted  \$ _3,079,204	Permanently Restricted  \$ 4,273,024	Total Net Endowment
Changes in endowment net assets for the year en	ded March 31, is	as follows:	
		2011	
Endowment net assets, beginning of year Contributions and transfers Investment income Net appreciation Amounts appropriated for expenditure	Temporarily Restricted 3,079,204 246,002 652,164 (289,256) \$_3,688,114	Permanently Restricted \$ 4,273,024 116,642  \$ 4,389,666	Total Net Endowment Assets 7,352,228 116,642 246,002 652,164 (289,256) \$8,077,780
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) \$3,079,204	2010  Permanently Restricted \$ 4,183,152 89,872 \$ 4,273,024	Total Net Endowment Assets \$ 5,794,202 128,025 133,451 1,626,162 (329,612) \$7,352,228

#### NOTE 10 - 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, 2011 and 2010, unlimited under the Transaction Account Guarantee (TAG) program, expired December 31, 2010, Florida Statute Chapter 280, Security for Public Deposits, Security Investor Protection Corporation up to \$500,000 and the Dodd-Frank Deposit Insurance Program for all non-interest bearing accounts from January 1, 2011 to December 31, 2012. At March 31, 2011 and 2010, 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, 2011 and 2010, the Foundation maintains uninsured balances with the SBA in the amount of \$116,955 and \$150,652, respectively.

#### **NOTE 11 - COMMITMENTS**

As of March 31, 2011 and 2010, the Foundation maintains programmatic grant commitments to the College in the amount of \$157,062 and \$195,726 for promises to give conditional upon the College's satisfaction of compliance with donor/grantor restrictions.

SUPPLEMENTARY INFORMATION

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 SCOTT C. HALL, 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, 2011 and 2010 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 16 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.

October 13, 2011

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### TALLAHASSEE COMMUNITY COLLEGE FOUNDATION, INC. SCHEDULE OF FUNCTIONAL EXPENSES

Year Ended March 31, 2011 (With Comparative Totals For 2010)

		2011							
				General and Administrative		Fund Raising Activities		Total	2010 Total
Personnel services	\$	58,943	\$	149,558	\$	168,264	\$	376,765 \$	385,056
Scholarships		350,603				•		350,603	566,800
Academic and athletic support		184,782		4,870		:=		189,652	600,837
Contract services		4,800		277		95,716		100,793	25,813
Fund raising expenses		32		=		45,499		45,531	45,581
Facility costs		D=		31,391		R=		31,391	28,830
Bank and investment fees				26,737		N=		26,737	19,257
Travel		13,480		2,346		5,716		21,542	4,697
Printing		110		-		20,559		20,669	21,226
Honoraria and awards		3,953		14,470		-		18,423	15,352
Legal and accounting		:		13,541		-		13,541	11,457
Gift fee expense		S=		13,235		-		13,235	-
Business meeting expense		4,163		5,679		1,900		11,742	6,361
Advertising		5,106		30		5,100		10,236	11,788
Dues and subscriptions		275		6,746		e-		7,021	6,059
Insurance		-		6,334		(? <del></del> ::		6,334	6,463
Materials and supplies		2,621		1,998		1,435		6,054	5,732
Telephone		3,248		2,163				5,411	2,680
Training expense		2,606		1,834		<u></u>		4,440	2,590
Miscellaneous expenses		75		3,172		-		3,247	1,660
Licenses		242		-		-		242	620
Depreciation expense				-					596
	\$	635,039	\$_	284,381	_\$_	344,189	\$_	1,263,609 \$	1,769,455

#### MEMBERS

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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, 2011, and have issued our report thereon dated October 13, 2011. 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 consider to be material 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 October 13, 2011.

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.

October 13, 2011

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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)

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

OMB No. 1545-0047 Open to Public Inspection

A	or th	e 2010 calendar year, or tax year beginning $$ APR $$ $$ $$ $$ $$ $$ $$ $$ $$ and end	ding M	AR 31, 2011						
В	Check if applicab	TALLAHASSEE COMMUNITY COLLEGE		D Employer identifi	cation number					
Address change FOUNDATION, INC.										
Name change Doing Business As 59-2091480										
	Initial return Termi ated	Number and street (or P.O. box if mail is not delivered to street address)  Roo	om/suite	E Telephone numbe						
F	Amen	dod			9,344,760.					
-	⊒retum ]Appli	있는 사람들은 사람들은 사람들은 이번 전에 가장 이번 경기를 보고 있다. 이번 전에 가장 보고 있다면 보고 있는 것이다. 그렇게 되었는데 보고 있는데 보고 있는데 보고 있다면 보다 되었다면 보고 있다면		G Gross receipts \$						
-	_ltion pendi	TRIBERINADOBE, FE 32304		H(a) Is this a group re	Yes X No					
		F Name and address of principal officer:ROBIN JOHNSTON	204	for affiliates?						
			304	H(b) Are all affiliates inc						
		empt status: X 501(c)(3)	527		list. (see instructions)					
		te: ► WWW.TCC.FL.EDU/TCC_FOUNDATION  forganization: X Corporation Trust Association Other ►	1	H(c) Group exemptio						
	art I		L Year o	of tormation: Taorly	∧ State of legal domicile; FL					
F	T	Summary	ETATE A	MION DATORO	CITAD TMADE D					
S	1	Briefly describe the organization's mission or most significant activities: THE FO	ACMO	TION KAISES	CHARTTABLE					
Activities & Governance		FUNDS FROM THE PUBLIC TO PROVIDE SUPPORT T	- Contract							
/eri	2	Check this box I if the organization discontinued its operations or disposed	of more							
ô	3			3	34					
60	4	Number of independent voting members of the governing body (Part VI, line 1b)			0					
ties	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)								
ţ	6	Total number of volunteers (estimate if necessary)	<i>I</i>	6	120					
Ac	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.					
	b	Net unrelated business taxable income from Form 990-T, line 34			0.					
				Prior Year	Current Year					
ne	8	Contributions and grants (Part VIII, line 1h)		798,673.	1,471,856.					
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.					
Re	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		<1,087,752.						
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	36,349.	17,585.						
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		<252,730. 1,167,637.						
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	540,255.							
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.					
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10)		0.	0.					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		10,859.	95,716.					
άX	b	Total fundraising expenses (Part IX, column (D), line 25)   156, 243	•		101 700					
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		210,630.	194,792.					
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,389,126.	830,763.					
. (0	19	Revenue less expenses. Subtract line 18 from line 12		<1,641,856.						
Net Assets or Fund Balances				ginning of Current Year	End of Year					
sset	20	Total assets (Part X, line 16)		12,579,625.	13,512,602.					
et A	21	Total liabilities (Part X, line 26)		47,176.	98,074.					
		Net assets or fund balances. Subtract line 21 from line 20		12,532,449.	13,414,528.					
_	ırt II	Signature Block								
		illies of perjury, I declare that I have examined this return, including accompanying schedules and			y knowledge and belief, it is					
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which i	preparer	has any knowledge.						
		Olanal was of afficer								
Sign		Signature of officer		Date						
Her	е	ROBIN JOHNSTON, EXECUTIVE DIRECTOR Type or print name and title								
-				ate Check	PTIN					
Paid		Print/Type preparer's name   Preparer's signature   MATTHEW R. HANSARD		if						
Prep		Firm's name THOMSON BROCK LUGER & COMPANY		self-employe	:0					
Use		Firm's address 3375-G CAPITAL CIRCLE, N. E.		Firm's EIN ▶						
000	Jilly	TALLAHASSEE, FL 32308		Dk/	050/305 7444					
N.4	. 4b = 11			Phone no. (	850)385-7444					
iviay	me II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No					

Pa	Check if Schedule O contains a response to any question in this Part III	
1	Briefly describe the organization's mission: TO RAISE CHARITABLE FUNDS FROM THE PUBLIC IN ORDER TO PROVIDE SUPPORT TO THE COLLEGE.	_
	POLICE AND ADDRESS OF THE PROPERTY OF THE PROP	_
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.	10
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?  If "Yes," describe these changes on Schedule O.	10
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.	
4a	(Code:) (Expenses \$ 230,363. including grants of \$ ) (Revenue \$ THE FOUNDATION SUPPORTS THE COLLEGE BY PROVIDING EDUCATIONAL AND PROGRAMMATIC SUPPORT FOR ACADEMIC ACTIVITIES.	_)
4b	(Code: )(Expenses \$ 350,603. including grants of \$ )(Revenue \$ THE FOUNDATION SUPPORTS THE COLLEGE BY PROVIDING STUDENT SCHOLARSHIPS AND AWARDS TO ATTEND THE COLLEGE. APPROXIMATELY 350 SCHOLARSHIPS ARE AWARDED TO STUDENTS DURING THE FISCAL YEAR.	_)
	The state of the s	
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$	_)
		_
		_
A el	Other program consider (Perceibe in Ochreta I. O.)	
	Other program services. (Describe in Schedule O.)  (Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses \$ 580,966.	
4e	Form 990 (201	10)

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)?		10000	
	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, or have a section 501(h) election in effect			х
	during the tax year? If "Yes," complete Schedule C, Part II	4		Λ
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5		
6	similar amounts as defined in Revenue Procedure 98-19? 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	-5-		
o	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		- 2000	
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			看蒙
	as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		100000	
	Part VI	11a	X	
b	Did the organization report an amount for investments · other securities in Part X, line 12 that is 5% or more of its total			37
250	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	440		х
d	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	11c		- 21
9	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Λ
D	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, Parts I and IV	145		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b		21
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		202	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	25//00/02		V
00-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		
D	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that	001-		
-	operate one or more hospitals must attach audited financial statements (see instructions)	20b	000 /	

Part IV | Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the		1000	
	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	Х	
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		х
24a				
	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		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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			77
	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		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
	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):			
a	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
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		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 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		Х
34	Was the organization related to any tax-exempt or taxable entity?			
0.00	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)?	35		Х
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			No.   No.
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		100000	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

-orn	TALLAHASSEE COMMUNITY COLLEGE FOUNDATION, INC. 59-2091	480	Р	age 5
	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V		100700000	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 5			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
C				
	(gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		- Ty	III, de
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			THE ST
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b		5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			37
200	any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b	12871000000	50/20
7	Organizations that may receive deductible contributions under section 170(c).		v	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		Х
ч	to file Form 8282?	7c	WWW. Ki	Λ
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7-	Faline	х
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
g	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f		
h	If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?	7g 7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting		1214	1051215
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	The State	i bilayis
9	Sponsoring organizations maintaining donor advised funds.	144.00	388	ESTATE OF
а	Did the organization make any taxable distributions under section 4966?	9a	Hendend	(Mary Louise)
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:		AL FIG	
a	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
l2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) gualified nonprofit health insurance issuers.	12.51	107	Tiple.

Form 990 (2010)

14a

X

a Is the organization licensed to issue qualified health plans in more than one state?

Note. See the instructions for additional information the organization must report on Schedule O. **b** Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

Page 6

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.

	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			v
b	governing body?	7a		X
b 8	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	H18301	V
O	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a		0.0	Х	BY65
h	The governing body?	8a 8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	ab	- 21	
	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 Revenue Code.)			
	The second and the second pointed not required by the montal notation decay.		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, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
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?	12b	Х	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
222	in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	Х	
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?		ALL WAY	
a	The organization's CEO, Executive Director, or top management official	15a		X
a	Other officers or key employees of the organization	15b	planer co.	X
160	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
iva	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10		Х
b	taxable entity during the year?  If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	16a	Total Control	Λ
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b	11212	
Sec	tion C. Disclosure	100		-
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, conflict of interest policy, ar	d fina	ncial	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	ion: 🕨		
	ROBIN JOHNSTON - (850) 201-8580			
-	444 APPLEYARD DRIVE, TALLAHASSEE, FL 32304		000 (	
			/ /	10101

032006

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter ·0· in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

- 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)	(B)	(C)					(D)	(E)	(F)	
Name and Title	Average			Pos		1		Reportable	Reportable	Estimated
	hours per	(c	heck	all :	that	app	ly)	compensation	compensation	amount of
	week	ctor						from	from related	other
	(describe hours for	rdie				pa		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	stee o	rustee		-	eusa		(W-2/1099-MISC)	(***271033141100)	organization
	organizations	nal tru	onal t		ployee	comp	45000	The second second		and related
	in Schedule	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	THE WORLD		organizations
DOUGLAS S. BELL	O)	-	=	0	7	Τē	-	V. 101		
PRESIDENT	1 00	\ v		ν,		看	Ì		0	0
5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	1.00	X	_	X	理	7	100	0.	0.	0.
SUMMER KNIGHT, MD	1 00	37		響		4	À		0	0
DIRECTOR DR, MARY L. PANKOWSKI	1.00	Х				L		0.	0.	0.
VICE PRESIDENT	1 00	3,7		77			F		0	0
JAMES ASHMORE	1.00	X	_	X	- The second	- This		0.	0.	0.
SECRETARY	1 00	v	۵	.,					0	0
TODD HUNTER	1.00	X	507	X	_	_		0.	0.	0.
PAST PRESIDENT	1 00	w	_ d	17					0	0
MARK BATES	1.00	X		X		_	_	0.	0.	0.
DIRECTOR	1 00	10	A.							0
CANADA SERVICIO DE CONTROL DE CON	1.00	X	_			_	<u> </u>	0.	0.	0.
A.J. BRICKLER, III, MD DIRECTOR	1.00	v							0	0
STEVE BROWN	T.00	Х	_				_	0.	0.	0.
DIRECTOR	1.00	х						0.	0.	0.
PAMELA BUTLER	1.00	77				-	-	0.	0.	<u></u>
DIRECTOR	1.00	Х						0.	0.	0.
ROBERT BRYANT	9 1.00			-			-	0.	· ·	
DIRECTOR	1.00	Х						0.	0.	0.
MARSHALL CASSEDY, JR,						_				
DIRECTOR	1.00	х						0.	0.	0.
FRANK HOLCOMB			-		-	_	_	·		
DIRECTOR	1.00	х						0.	0.	0.
PAMELLA JOHNSON				_	_					
DIRECTOR	1.00	х						0.	0.	0.
DARRIN HOLLOMAN									•	
DIRECTOR	1.00	Х						0.	0.	0.
MIKE ILLERS				_				· · · · · · · · · · · · · · · · · · ·		
DIRECTOR	1.00	х						0.	0.	0.
JOHN W. LENTZ, CHFC				$\neg$						
DIRECTOR	1.00	х						0.	0.	0.
DAVID MILLER										<u>``</u>
DIRECTOR	1.00	х						0.	0.	0.
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032007 12-21-10

ALLAHASSEE	COMMONTLY	COPPI
OUNDATION.	INC.	

Part VII   Section A. Officers, Directors, Tru	ıstees, Key Eı	mple	oyee	s, a	nd l	High	est	Compensated Employ	ees (continued)		
(A) (B) (C) (D) (E)										(F)	
Name and title	Average			Pos				Reportable	Reportable	Esti	mated
	hours per	(c	heck	call t	that	app	oly)	compensation	compensation	49.22/2014/44	ount of
	week	50						from	from related		ther
	(describe hours for	director				5		the	organizations		ensation m the
	related	trustee or	stee			nsate		organization (W-2/1099-MISC)	(W-2/1099-MISC)		nization
	organizations		al tru		iyee	эдшо		(44-2/1099-141130)			related
	in Schedule	Individual	nstitutional trustee	is is	Key employee	Highest compensated employee	Former				izations
	O)	Indi	Inst	Officer	Key		For				
JIM RODGERS	010 822000							30-	star		201
DIRECTOR	1.00	X					L	0.	0.		0.
BRIAN ROWLAND	w a m							2	2		
DIRECTOR	1.00	X	_				_	0.	0.		0.
FRANK RYLL	1 00							A .	_		0
DIRECTOR	1.00	X	L			_	_	0.	0.		0.
JIMMY SUBER	1 00	1,,							0		^
DIRECTOR	1.00	X	_	_	_	_	_	0.	0.		0.
WINNIE SCHMELING, PHD DIRECTOR	1 00	v							0		0.
DR. BARBARA SLOAN	1.00	X	-	_	_	-	-	0.	0.		0.
EX-OFFICIO MEMBER	1.00	X						0.	0.		0.
GREG THOMAS	1.00	Λ				4	4650	The second secon	0.		0.
DIRECTOR	1.00	Х				盧	7	0.	0.		0.
JOHN THOMAS	1.00	1	-	-	_		-		0.	-	· ·
DIRECTOR	1.00	Х			ARES21	#	Ì	0.	0.		0.
SUSAN PAYNE TURNER	1.00	-	H	Æ	100		S.	March V •	•		<u> </u>
DIRECTOR	1.00	Х				4		0.	0.		0.
1b Sub-total						<b>D</b>		0.	0.		0.
c Total from continuation sheets to Part VI	I. Section A					-		0.	0.		0.
d Total (add lines 1b and 1c)						•		0.	0.		0.
2 Total number of individuals (including but n						e) wi	no re	eceived more than \$100	,000 in reportable		
compensation from the organization	9(1)	h#		A	P						0
		Alfile	14	F							es No
3 Did the organization list any former officer,	director or tru	stee	, ke	y em	ploy	yee,	or h	nighest compensated en	nployee on	7 To 1	
line 1a? If "Yes," complete Schedule J for s	uch <i>individual</i>	A,								3	Х
4 For any individual listed on line 1a, is the su											
and related organizations greater than \$150										4	X
5 Did any person listed on line 1a receive or a											
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedule	e J f	or st	ıch p	pers	ion .				5	X
	BA. THE P	•							A		-
<ol> <li>Complete this table for your five highest co the organization. NONE</li> </ol>	mpensated ind	iepe	ende	nt c	ontr	acto	ors t	hat received more than	\$100,000 of compens	ation fro	om
Policy Control of the Control of Management Control of the Control							Т	(D)		(0)	
(A) Name and business	address							(B) Description of s	ervices C	(C) compens	sation
			-		_	-	+				
			-				T	**************************************			-
4											
							T				
					_					Married Wall	
2 Total number of independent contractors (in		ot lir	nited	d to	thos	se lis	sted	above) who received m	ore than		
\$100,000 in compensation from the organiz		172	TTTT	mr	J.	J	1777	aramo	<b>基型</b>	ALC: NO.	20 .
SEE PART VII, SECTION	A COMI	TI	NUA	7.7.7	.UI	4 5	the	SETS		Form 99	90 (2010)

Form 990 (2010) F'OUNDA'I'.L										
Part VII Section A. Officers, Directors, Tro	ustees, Key E	mple	oyee	s, a	nd l	High	est	Compensated Emplo	yees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	1,57,554			i		Reportable	Reportable	Estimated	
	hours	(c		all			ly)	compensation	compensation	amount of
	per		Π					from	from related	other
	week	_				oyee		the	organizations	compensation
	<b>!</b>	recto				ешрі		organization	(W-2/1099-MISC)	from the organization
		e or d	tee		8	sated		(W·2/1099·MISC)		and related
		ruste	l trus		996	шреп				organizations
		Individual trustee or director	Institutional trustee	_	oldm	Highest compensated employee	क			3
		Indiv	Instit	Officer	Key employee	High	Former			
RICHARD WEIDNER		1								
DIRECTOR	1.00	X						0.	0.	0
MATTHEW WILLARD										
EX-OFFICIO MEMBER	1.00	X						A 0.	0.	0
ALBERT C. PENSON			Г					VA)		
TREASURER	1.00	X		X				0.	0.	0
ALMENA PETTIT								Armetic and the		
DIRECTOR	1.00	X						0.	0.	0
ALLISON TANT RICHARD								A TO		
DIRECTOR	1.00	X						0.	0.	0
DAVID ROBERTS							2000			
DIRECTOR	1.00	X				Á	鄭	動 型 0.	0.	0
POLLY WHITE	00 000					僵		The state of the s	7.M	
DIRECTOR	1.00	X				E.	è.	0.	0.	0
EUGENE LAMB				di		y X	W		20	_
EX-OFFICIO MEMBER	1.00	Х				1	À	0.	0.	0
		_	_	W		s de	F			
	di	P				SLAP				
	編	, <u>d</u> i	學	A						
	192	May Wala	- A	#	_	-	_			
	26	46		9						
	-40	A	2	-	-	-	_			
	h. William	ø								
A	THE PARTY OF	-	_	-		-	-			****
The state of the s	7									
71	<u> </u>	_	_	_		_				
	7									
		-	_		-	_	-		-	
		-	-	_	-					
			-	-	-	-	_			
					. 1			I	I I	

		Statement of Revenue		<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
1 12	1 a	Federated campaigns 1a					Part Control
and other similar amounts		Membership dues 1b					
a S		Fundraising events 1c					
2 20	d	Related organizations 1d					
Sig		Government grants (contributions) 1e					
Je C	f	All other contributions, gifts, grants, and	1471856.				
₹		similar amounts not included above 1f	620,108.				
au		Noncash contributions included in lines 1a-1f: \$		1471856.			
	- 11	Total. Add lines 1a-1f	Business Code	14/1000.			
,   ,	2 a		Business Code	Design and	WILL THE STATE OF STREET		
	b				WA.		
Nevenue A	C				Annello.		
e ve	d			A			
34	e				Yes		
:	f	All other program service revenue		46	AT		
		Total. Add lines 2a-2f					
3		Investment income (including dividends, inter-		A PARTY	400		
		other similar amounts)		269,903.			269,903.
4		Income from investment of tax-exempt bond	-	TA A			
5	5	Royalties	40	ELY TENEV			·
		(i) Real	(ii) Personal				
6		Gross Rents					
		Less: rental expenses					
		Rental income or (loss)  Net rental income or (loss)					
7		Gross amount from sales of (i) Securities	(ii) Other		SENSOR FOR EACH ASSESSED.		
1	ч	assets other than inventory 7,565,734.	The state of the s				
	b	Less: cost or other basis	THE APP				
		and sales expenses 7,612,236	4				
	С	Gain or (loss) <46502.	> 10				
	d	Net gain or (loss)	<b>D</b>	<46,502.	> <46,502.	•	Discussion of the second
9 8		Gross income from fundraising events (not	49				
enc		including \$ of	7				
Other Rever		contributions reported on line 1c). See					
e e		Part IV, line 18 a					
5		Less: direct expenses b	19,682.	214			214
		Net income or (loss) from fundraising events		<314.	>		<314.
9	a	Gross income from gaming activities. See					
9	h	Part IV, line 19 a					
		Less: direct expensesb  Net income or (loss) from gaming activities	<b>D</b>		NEW CONTRACTOR CAN		
10		Gross sales of inventory, less returns			A supplied to the respect to		Cam Since At 12 1/R
"		and allowancesa	į.				
		Less: cost of goods sold b					
		Net income or (loss) from sales of inventory			and one rand parties are a life of		CONTRACTOR OF STREET
		Miscellaneous Revenue	Business Code				
11		GIFT FEE REVENUE	900099	13,217.	13,217.		
		ALUMNI & BOOSTER ASSOC	900099	2,351.	2,351.		
		SCHOLARSHIP PAYBACK	900099	2,331.	2,331.		
		All other revenue					
	е	Total. Add lines 11a-11d		17,899.			PARKER SECTIONS
12		Total revenue. See instructions.		1712842.	<28,603.	. 0.	269,589.

#### Part IX | Statement of Functional Expenses

	All other organizations must comp not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1	Grants and other assistance to governments and		expenses	general expenses	expenses
	organizations in the U.S. See Part IV, line 21	189,652.	189,652.		
2	Grants and other assistance to individuals in				
-	the U.S. See Part IV, line 22	350,603.	350,603.		
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, directors,			SAME AND A	
	trustees, and key employees				
6	Compensation not included above, to disqualified		Ý	À	
	persons (as defined under section 4958(f)(1)) and			EA.	
	persons described in section 4958(c)(3)(B)		ANN		
7	Other salaries and wages		ARTO.	Mariani Mariani	
8	Pension plan contributions (include section 401(k)		47 10		
	and section 403(b) employer contributions)		46.17		
9	Other employee benefits		The state of the s		
10	Payroll taxes				10.1
11	Fees for services (non-employees):	**************************************			
а	Management				
b	Legal	61.	- This	61.	
C	Accounting	10,105.	A	10,105.	
d	Lobbying	Late .	The state of the s		
е	Professional fundraising services. See Part IV, line 17	95,716.			95,716
f	Investment management fees	448	ACID.		
g	Other				
12	Advertising and promotion	10,236.	5,106.	30.	5,100
13	Office expenses		0,2001		
14	Information technology	The Arrangement of the Control of th			
15	Royalties				
16	Occupancy				
17	Travel	21,542.	13,480.	2,346.	5,716
18	Payments of travel or entertainment expenses	10.2.			57.20
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	11,742.	4,163.	5,679.	1,900
20		22/124	1,100	3,0131	2/200
21	Interest Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	The second second	6,334.		6,334.	
	Other expenses. Itemize expenses not covered	0,004.		0,334.	TOTAL DESCRIPTION OF THE

98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

26,737.

25,849.

20,669.

18,423.

13,235.

29,859.

830,763.

PRINTING

f All other expenses

AWARDS

25

032010 12-21-10

above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)

BANK & INVESTMENT FEES

Total functional expenses. Add lines 1 through 24f

Joint costs. Check here ▶ ☐ if following SOP

FUND RAISING EXPENSE

GIFT FEE EXPENSE

32.

110.

3,953.

13,867.

580,966.

26,737.

14,470.

13,235.

14,557.

93,554.

25,817.

20,559.

1,435.

156,243.

Form 990 (2010)

Part X | Balance Sheet

		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	106,814.	1	366,126.
2	Savings and temporary cash investments	4,630,191.	2	4,630,145.
3	Pledges and grants receivable, net	61,081.	3	129,732
4	Accounts receivable, net		4	11,144
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II			
	of Schedule L	Marie Marie Park Park Algor (1971-1999) Village	5	
6	Receivables from other disqualified persons (as defined under section			
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary		712.2	
	employees' beneficiary organizations (see instructions)		6	
7	Notes and loans receivable, net	A	7	
7 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	A STATE OF THE STA	9	4,188
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 2,451,867.			
b	Less: accumulated depreciation 10b	1,846,867.		2,451,867
11	Investments - publicly traded securities	5,933,312.	11	5,918,040
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW	13	
14	Intangible assets	1 000	14	1 260
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)	12,579,625.	16	13,512,602
17	Accounts payable and accrued expenses	47,176.	17	98,074
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	SCHOOL STATE OF STATE
22	Payables to current and former officers, directors, trustees, key employees,			
21 22	highest compensated employees, and disqualified persons. Complete Part II of Schedule L	AND STREET STORES	00	
23			22	
24	Secured mortgages and notes payable to unrelated third parties  Unsecured notes and loans payable to unrelated third parties		23	
25	Other liabilities. Complete Part X of Schedule D		25	
26	Total liabilities Add lines 17 through 25	47,176.	26	98,074.
120	Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117, check here ▶ X and complete		20	30/0/1
	lines 27 through 29, and lines 33 and 34.			
27 28 29 30 31 32	Unrestricted net assets	299,107.	27	317,759
28	Temporarily restricted net assets	7,960,318.	28	8,707,103
29	Permanently restricted net assets	4,273,024.	29	4,389,666
	Organizations that do not follow SFAS 117, check here		Mark.	
	complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds	New World Company of the Company of	30	
31	Paid in or capital surplus, or land, building, or equipment fund		31	***************************************
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	12,532,449.	33	13,414,528.
34	Total liabilities and net assets/fund balances	12,579,625.	34	13,512,602.
				Form 990 (2010

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response to any question in this Part XI							
			1,7	00 at 0		02052		
1	Total revenue (must equal Part VIII, column (A), line 12)							
2	Total expenses (must equal Part IX, column (A), line 25)	2		830,763				
3	Revenue less expenses. Subtract line 2 from line 1	3		882,07				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12,5	32	, 4	49.		
5	Other changes in net assets or fund balances (explain in Schedule O)	5				0.		
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	13,4	3,414,528				
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response to any question in this Part XII					X		
					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	a Were the organization's financial statements compiled or reviewed by an independent accountant?							
b								
С								
	review, or compilation of its financial statements and selection of an independent accountant?							
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch		PRES 90, 10.					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue							
	separate basis, consolidated basis, or both:		0.70					
	X Separate basis Consolidated basis Both consolidated and separate basis							
За	A TOWN THE PARTY OF THE PARTY O							
	Act and OMB Circular A-133?			a		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi							
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.			b				
				m 9	90 (	2010)		

#### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

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

2010

Open to Public Inspection

Name of the organization

TALLAHASSEE COMMUNITY COLLEGE FOUNDATION. INC.

Employer identification number 59-2091480

Part I	Reason	for Public Char	rity Status (All organia	zations mu	st comple	te this par	t.) See ins	tructions.				•
The organ			because it is: (For lines									
1			s, or association of chur					).				
2	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						170(b)(1)	(A)(iii).					
4	No.	(6)	operated in conjunction			2,50,5		(b)(1)(A)(i	ii). Enter th	ne hospita	l's nam	ne,
	city, and stat								5			
5 X	An organizat	ion operated for the	benefit of a college or u	niversity ov	wned or or	perated by	a govern	mental un	it describe	ed in		
		(b)(1)(A)(iv). (Compl		á			A					
6			nent or governmental un	it describe	d in sectio	n 170(b)(	1)(A)(v).					
7			ceives a substantial part					or from the	e general p	oublic desc	cribed	in
		(b)(1)(A)(vi). (Comple		or no capp	on nom a	A			9-11-1-11	AND THE PARTY OF T		
8			90130-919 00000013N90 <b>8</b> 0	(Complete	Part II \	450000	, All					
9	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											
			nctions - subject to certa		51.50				-			
			axable income (less sec			No. of the last of						
		509(a)(2). (Complete		dononia	x) HOITI DO	1311103303	acquired i.	by the orga	arnzanori a	iter ourie c	50, 157	σ.
10			perated exclusively to te	et for publ	io enfoty S	Soo gootie	w 500(a)(a	4)				
11			perated exclusively for the pe						y out the	nuroococ i	of one	or
			ations described in secti			Acres and			5			OI .
			organization and compl				2). See See	ction sost	ماری، داند	CK THE DOX	tilat	
	a Type		- 100 H	c Typ	No.		tograted		ا ا	Type III - 0	Othor	
е 🔲			⊒ Type ii at the organization is not	10.15.10	Action 1		•	r mara dia	u L L l	13.00		un.
6												uri:
f			than one or more publicl						9(a)(1) or s	ection 50s	$\mathfrak{I}(a)(2)$ .	
			tten determination from									
122			his box									. —
g			organization accepted a	a description of								
			lirectly controls, either a	CHINCHY.							Yes	No
			upported organization?								-	
	(II) A family	member of a persor	n described in (i) above?	′						. 11g(ii)		
	(III) A 35% (	controlled entity of a	person described in (i)	or (ii) above	97						<u></u>	<u></u>
h	Provide the f	ollowing information	about the supported or	ganization	(s).							
			(III) Tugo of		10 200			1 7.07				
	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o			u notify the	(vi) la organizatio	s the on in col.	(vii) An	nount o	ıf
orga	nization		(described on lines 1-9	in col. (i) lis			ion in col. r support?	(i) organiz U.S	ed in the	sup	port	
			above or IRC section									
			(see instructions))	Yes	No	Yes	No	Yes	No			
				to Clean	10-14		train.					•
otal												

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

Schedule A (Form 990 or 990-EZ) 2010

Schedule A (Form 990 or 990-EZ) 2010 FOUNDATION, INC. 59-20914

[Part II] Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	5,521,316.	1,484,205.	1,405,020.	828,823.	1,494,731.	10,734,095.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	431,943.	317,003.	416,338.	380,329.	413,164.	1,958,777.
4	Total. Add lines 1 through 3	5,953,259.	1,801,208.	1,821,358.	1,209,152.	1,907,895.	12,692,872.
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						2,682,111.
6	Public support. Subtract line 5 from line 4.	<b>的思想的影影</b>					10,010,761.
Sec	ction B. Total Support			THE WA			
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 4	5,953,259.	1,801,208.	1,821,358.	1,209,152.	1,907,895.	12,692,872.
8	Gross income from interest,		All	A			
	dividends, payments received on			YES			
	securities loans, rents, royalties		VIII				
	and income from similar sources	265,740.	425,488.	233,634.	158,592.	269,903.	1,353,357.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	4					
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)	3,000.	AP		6,199.	13,217.	22,416.
11	Total support, Add lines 7 through 10						14,068,645.
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	55,772.
	First five years. If the Form 990 is for			d. fourth. or fifth ta	x vear as a sectio		
	organization, check this box and stor	EB. AND			6.0		▶□
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2010 (	line 6, column (f) d	ivided by line 11, c	olumn (f))		14	71.16 %
15	Public support percentage from 2009	Schedule A, Part	II, line 14	(,,		15	70.48 %
	33 1/3% support test - 2010.If the o					ore, check this box	and
	stop here. The organization qualifies						
b	33 1/3% support test - 2009. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the						
	organization meets the "facts-and-circ						
18	Private foundation. If the organization						
				and the second s		dule A (Form 990	

032022 12-21-10

### Schedule A (Form 990 or 990-EZ) 2010 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(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 per-						
	formed, or facilities furnished in	l i					
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						-
	are not an unrelated trade or bus-						
	iness under section 513				A		
4	Tax revenues levied for the organ-				TAX T		
	ization's benefit and either paid to				W. Allendaria		
	or expended on its behalf			Á			
5	The value of services or facilities			460	A 40		
	furnished by a governmental unit to						
	the organization without charge			4 A	7		
6	Total. Add lines 1 through 5				<b>b.</b>		
	Amounts included on lines 1, 2, and			ABURAN.			
1501	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that		488	a William College			
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		4500	A			
С	Add lines 7a and 7b		E STA				
	Public support (Subhact line 7c from line 6.)			Charles Tell Mariette			
Sec	ction B. Total Support	han a second second second	6	STATE OF THE PARTY	Annenna		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6		W AV				
	Gross income from interest,	4	they ar				
	dividends, payments received on securities loans, rents, royalties		THE				
	and income from similar sources	,A.					
b	Unrelated business taxable income	The state of the s	AN TO				
	(less section $511\ taxes$ ) from businesses	40. 7	h#				
	acquired after June 30, 1975		20				
С	Add lines 10a and 10b	WA W					
	Net income from unrelated business	Yes AFF					
	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 fo	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiz	ation,
	check this box and stop here						<b>&gt;</b>
Sec	ction C. Computation of Publ	ic Support Per	rcentage				
15	Public support percentage for 2010 (	line 8, column (f) di	ivided by line 13, o	column (f))		15	%
	Public support percentage from 2009					16	%
Sec	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20	10 (line 10c, colun	nn (f) divided by lir	ne 13, column (f))		17	%
	Investment income percentage from				CHANGE CHOCOLAST COLO ESPECIA CONTROL DECROCOLAST.	18	%
	33 1/3% support tests - 2010. If the					3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box a	1504					
b	33 1/3% support tests - 2009. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	3 12-21-10				Contract of the San	STREET, STREET	or 990-EZ) 2010

### Schedule A

# Identification of Excess Contributions Included on Part II, Line 5

2010

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Total Contributions	Excess Contributions
TCC HOUSING, INC	2,360,903.	2,079,530.
KNIGHT FOUNDATION	536,500.	255,127.
CAPITAL HEALTH PLAN	305,200.	23,827.
WAKULLA EXPO ASSOCIATION	605,000.	323,627.
otal Excess Contributions to Schedule A, Part II, Line 5		2,682,111.

#### 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

Employer identification number

2010

TALLAHASSEE COMMUNITY COLLEGE 59-2091480 FOUNDATION, INC. Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 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 Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** [X] For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990 EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

that it does not meet the filing requirements of Schedule B (Form 990, 990 EZ, or 990 PF).

Name of organization
TALLAHASSEE COMMUNITY COLLEGE
FOUNDATION, INC.

Employer identification number

59-2091480

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	CAPITAL HEALTH PLAN  2140 CENTERVILLE PLACE  TALLAHASSEE, FL 32308	\$103,200.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	WAKULLA EXPO ASSOCIATION, INC  562 MARTIN LUTHER KING JR. RD  CRAWFORDVILLE, FL 32327	\$ 605,000.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	KNIGHT FOUNDATION  200 S. BISCAYNE BLVD, STE 3300  MIAMI, FL 33131-2349	\$120,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	SHS MANAGEMENT  P.O. BOX 2535  TALLAHASSEE, FL 32316-2535	\$64,680.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
023452 12-2	3-10	Schedule B (Form 9	990, 990-EZ, or 990-PF) (2010)

Name of organization
TALLAHASSEE COMMUNITY COLLEGE
FOUNDATION, INC.

59-2091480

Part II	Noncash Property (see instructions)	37	-2091400
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_2	48.37 ACRES OF LAND		
		\$605,000.	06/14/10
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_			
53 12-23	-10 1 9	\$ Schedule B (Form 9	90, 990-EZ, or 990-PF) (2

of Part III Schedule B (Form 990, 990-EZ, or 990-PF) (2010) Name of organization Employer identification number TALLAHASSEE COMMUNITY COLLEGE 59-2091480 FOUNDATION, INC. Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating Part III more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### 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.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

TALLAHASSEE COMMUNITY COLLEGE FOUNDATION, INC.

Employer identification number 59-2091480

Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	1	
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year	20,432.	
5	Did the organization inform all donors and donor advisors in		
	are the organization's property, subject to the organization's	exclusive legal control?	X Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
Б	impermissible private benefit?	······································	X Yes No
Pai			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	435	
	Preservation of land for public use (e.g., recreation or e	(Fig. 400)	istorically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
	Preservation of open space	ALL MARKET	
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.	The state of the s	
			Held at the End of the Tax Year
а	Total number of conservation easements		
b			
C	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		
	listed in the National Register	- salitor	2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	ne organization during the tax
30	year -		
4	Number of states where property subject to conservation ea	Balance Company and the Company of t	
5	Does the organization have a written policy regarding the per		
-	violations, and enforcement of the conservation easements i		Yes 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)?		
9	In Part XIV, describe how the organization reports conservati		
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	s the organization's accounting for
Dat	conservation easements.	Aut Historical Tusserves and	Athan Cincilar Accata
Fai	t III Organizations Maintaining Collections o Complete if the organization answered "Yes" to Form	OOO Bart IV lies 9	other Similar Assets.
10			
Id	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ext		ance of public service, provide, in Part XIV,
h	the text of the footnote to its financial statements that descri		
D	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed relating to these items:	ducation, or research in furtherance of pi	ublic service, provide the following amounts
			10 000
	(i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		► \$ 10,000.
2	(ii) Assets included in Form 990, Part X		, 30U.
2	If the organization received or held works of art, historical tree		ai gain, provide
_	the following amounts required to be reported under SFAS 1		
a	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		\$

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Schedule D (Form 990) 2010

Scue	dule D (Form 990) 2010 POUNDAT	TOM, THE.					33 40	27.40	0 1	age =
Pai	t III   Organizations Maintaining C	collections of A	t, Historical Tr	easures,	or Oth	er Sin	nilar Asse	ts (con	inued	1)
3	Using the organization's acquisition, accessi									
	(check all that apply):	•				•				
a	Public exhibition	d	Loan or exc	hange progra	ams					
b	Scholarly research	e	[77] DD	IOR DO	TTAN	ONS	FOR DI	SPLA	Y	
c	Preservation for future generations	·	Lagar Other							
4	Provide a description of the organization's co	ollections and explain	n how they further t	he organizati	on's exe	empt pu	rnose in Par	t XIV.		
5	During the year, did the organization solicit of			550						
J	to be sold to raise funds rather than to be ma							Yes	X	No
Par	t IV Escrow and Custodial Arran									
	reported an amount on Form 990, Pa		ste ii tile organizatio	ari arisvered	105 (0	, , , , , , , , ,	700, r art rv,		1	
10	Is the organization an agent, trustee, custod		liany for contribution	ne or other as	ente no	t includ	orl			
Ia			et al.					Yes	Г	No
h	on Form 990, Part X?							_ 103		110
D	If "Yes," explain the arrangement in Part XIV	and complete the lo	llowing table.				T	Amour		
	Designing belongs			-6	Á	4.		Amour	1	
	Beginning balance					10				
	Additions during the year									
e	Distributions during the year									
1	Ending balance							T	$\overline{}$	Τ.,
	Did the organization include an amount on F		21?					Yes		⊔ No
	If "Yes," explain the arrangement in Part XIV.									
Pai	t V Endowment Funds. Complete i		Andrew entrance.					1	- Companie	
201	Garlo 98 851 NS NS NS NS	(a) Current year	(b) Prior year	(c) Two year		(d) Thre	ee years back	(e) Fou	r years	s back
1a	Beginning of year balance	7,352,228.	5,794,202.		0,838.					
b	Contributions	116,642.	128,025.	Associate and the second	4,222.					
С	Net investment earnings, gains, and losses	898,166.	1,759,613.	<1,52	3,005.	>				
d	Grants or scholarships	145,465.								
е	Other expenditures for facilities	Model Committee	国	200.00						
	and programs	31,849.	329,612.	29	7,853.					
f	Administrative expenses	111,942.	44000							
g	End of year balance	8,077,780.	7,352,228.	5,79	4,202.			算是四		
2	Provide the estimated percentage of the year	r end balance held a	s:							
a	Board designated or quasi-endowment		%							
b	Permanent endowment ▶ 54.34	%								
С	Term endowment ▶ 45.66	% <del></del>	7							
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administe	red for	the orga	anization			
	by:								Yes	No
	(i) unrelated organizations							3a(i)		X
	(ii) related organizations							3a(ii)		Х
b	If "Yes" to 3a(ii), are the related organizations	listed as required o	n Schedule R?					3b		
4	Describe in Part XIV the intended uses of the									
Par	t VI Land, Buildings, and Equipm									
	Description of investment	(a) Cost or o	· · · · · · · · · · · · · · · · · · ·	or other	(c) A	ccumul	ated	(d) Boo	k valı	ie.
		basis (investr		(other)		preciati		(u) Doc	ii raic	
1a	Land	1 616		5,000.	meally.		iolinica)	2,45	1.8	867.
	Buildings			_,	NOASOT?		and the second	-,		
c	Leasehold improvements									
	Equipment								-	
	Other									
	. Add lines 1a through 1e. (Column (d) must e		Y column (B) line 1	(O(c) )				2,45	1 8	167
1000	., was miss of a mough 16, journing to must be	guar i viili 330, r dil	A, COMMITTING DI, MITELL	VIVI.1				- 1 10	- 1 0	~ / *

Schedule D (Form 990) 2010

FOUNDATION, INC.

Part VII Investments - Other Securities. s	ee Form 990, Part X, line	12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Me	thod of valuation: d·of·year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(I) Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)	<del> </del>		
Part VIII Investments - Program Related.	Pag Form 000 Port V lin	0.12	
			thod of valuation:
(a) Description of investment type	(b) Book value		d-of-year market value
(1)			
(2)			
<u>(3)</u> (4)	<del> </del>	A SHEET TOP	
(5)	Į.		
(6)			
(7)	450000	Whenly	
(8)	400	A season	
(9)		11	
(10)	Villa Villa	47	
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)	4460		
Part IX Other Assets. See Form 990, Part X, lin	e 15.		
(a	) Description		(b) Book value
(1)			
(2)	7000		
(3)			
(4)	<u> </u>		
(5)	William .		
(6)			
(7)	<u> </u>		
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) lint Part X   Other Liabilities. See Form 990, Part X	ne 15.)		<b>&gt;</b>
(15 (1) (1) (1)	, iine 25.	(b) Amount	
		(b) Amount	
(1) Federal income taxes (2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, col (B) line FIN 48 (ASC 740) Foomote. In Part XIV. provide the text of the footnote.	e 25.)		
	to the organization's financial sta	rements that reports the organization's ha	plity for uncertain tax positions under
032053 12-20-10			Schedule D (Form 990) 2010

POLINIC	MOTMA	TMC
LOOME	ATION.	INC.

Par	t XI	Reconciliation of Change in Net Assets from Form 990 to	Audite	ed Financ	ial State	emen	ts
1	Total	evenue (Form 990, Part VIII, column (A), line 12)			1		1,712,842.
2	Total e	expenses (Form 990, Part IX, column (A), line 25)			2		830,763.
3	Exces	s or (deficit) for the year. Subtract line 2 from line 1			3		882,079.
4	Net ur	realized gains (losses) on investments			4		
5	Donat	ed services and use of facilities			5		
6		ment expenses			6		
7		eriod adjustments			7		
8	Other	(Describe in Part XIV.)			8		
9		djustments (net). Add lines 4 through 8			9		0.
10		s or (deficit) for the year per audited financial statements. Combine lines 3 and Reconciliation of Revenue per Audited Financial Statements.			10	Otur	882,079.
-							2,767,533.
1		The state of the s				1	2,707,333.
2		nts included on line 1 but not on Form 990, Part VIII, line 12:	2a	A 621	,845.		
		realized gains on investments ed services and use of facilities	2b	413	3,164.		
				W 1 1 3	,,101.		
d	Other	eries of prior year grants (Describe in Part XIV.)	2d	La			
		nes 2a through 2d	40000000	. 4	/	2e	1,035,009.
3		ict line 2e from line 1				3	1,732,524.
4		nts included on Form 990, Part VIII, line 12, but not on line 1:	A. A	<i>y</i>		112	
а		ment expenses not included on Form 990, Part VIII, line 7b	4a	7 }v.			
b		(Describe in Part XIV.)		<19	,682.	>	
C		nes 4a and 4b	- 11 THE			4c	<19,682.
5	Total r	1 1 1 2 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2	A			5	1,712,842.
Par		Reconciliation of Expenses per Audited Financial Stateme				Retu	
1	Total e	expenses and losses per audited financial statements				1	1,263,609.
2	Amou	nts included on line 1 but not on Form 990, Part IX, line 25:					
a	Donat	ed services and use of facilities	2a	413	3,164.		
b	Prior y	ear adjustments	2b				
		osses	2c				
d	Other	(Describe in Part XIV.)	2d				
е		nes 2a through 2d				2e	413,164.
3	Subtra	ct line 2e from line 1				3	850,445.
4		nts included on Form 990, Part IX, line 25, but not on line 1:					
		ment expenses not included on Form 990, Part VIII, line 7b	-				
		(Describe in Part XIV.)		CONTRACTOR OF STREET	,682.		10 600
		nes 4a and 4b				4c	<19,682.
5 Do		expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)				5	830,763.
		Supplemental Information					
		is part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III					
		t XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also compl ${ t II}$ , ${ t LINE}$ ${ t 4}$ : ${ t THE}$ ${ t COLLECTION}$ ${ t INCLUDES}$ ${ t SOM}$					
7. 2.11		11, BIND 4. THE CONDECTION INCOORD BOY	ID M	XI WOILI	MIND	A D	THANK THY
SET	١.	THESE ASSETS ARE IMMATERIAL IN RELATION	то Т	THE TO	TAL A	SSE	TS HELD BY
THE	FO	UNDATION. THESE ITEMS WERE DONATED TO	THE	FOUNDA	MOITA	IN	PAST YEARS
ANI	WI	LL BE MAINTAINED UNTIL SUCH A TIME THAT	A	MARKET	CAN E	E F	OUND FOR
THE	:M .						
	11.1						***************************************
	m v	IT I THE AD OFFICE ADTRICTION					
		II, LINE 4B - OTHER ADJUSTMENTS:					
DIF	ECT	EXPENSES FOR FUNDRAISING NETTED AGAINS	TI TI	HE REVE	NUE	Schen	-19,682. Jule D (Form 990) 2010
032054 12-20-	10						

Schedule D (Form 990) 2010

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

Department of the Treasury Internal Revenue Service

# Supplemental Information Regarding Fundraising or Gaming Activities

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

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

2010

Open To Public Inspection

Name of the organization

TALLAHASSEE COMMUNITY COLLEGE FOUNDATION, INC.

Employer identification number 59-2091480

Part I Fundraising Activities required to complete this pa	<ul> <li>Complete if the organization answert.</li> </ul>	ered "\	es" to	o Form 990, Part IV,	ine 17. Form 990-EZ	filers are not
<ul> <li>1 Indicate whether the organization rai</li> <li>a Mail solicitations</li> <li>b Internet and email solicitation</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written key employees listed in Form 990, F</li> <li>b If "Yes," list the ten highest paid indicompensated at least \$5,000 by the</li> </ul>	e Solicita' f Solicita' g Special  or oral agreement with any individual Part VII) or entity in connection with p	tion of tion of fundra (incluerofess	non-g gover hising ding o ional f	overnment grants nment grants events fficers, directors, tru undraising services?	stees or Yes	
(i) Name and address of individual or entity (fundraiser)	dress of individual			(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
THE CLEMENTS GROUP, LLC - 358		Yes	No	450.000	66.210	06 550
SOUTH 700 EAST #B604, SALT	FUNDRAISING CAMPAIGN	鱼	Х	152,862.	66,312.	86,550.
			Military	<u>J</u>		
	4	P \		130		
			j			
	À	Talk P				
	4/A					
	9 3					
Total  3 List all states in which the organization	on is registered or licensed to solicit	contrib	utions	152,862.	66,312.	86,550.
or licensing.	or is registered of illectised to solicit		- CHOIN	o nas been notinet	art is exempt from re	
737 1104						

032081 01-13-11

LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2010

Schedule G (Form 990 or 990-EZ) 2010 FOUNDATION, INC. 59-2091480 Page Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000

		of fundraising event contributions and gr	oss income on Form 990	EZ, lines 1 and 6b. List	events with gross receip	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	1		CAPITAL CITY	GOLF		(add col. (a) through
			CAPER	TOURNAMENT	2	col. (c))
ē			(event type)	(event type)	(total number)	001. (0)/
Revenue			10 000	6 400		10 200
Re	1	Gross receipts	12,875.	6,493.		19,368.
		1				
	2	Less: Charitable contributions				
	3	Gross income (line 1 minus line 2)	12,875.	6,493.		19,368.
-		,				
	4	Cash prizes				
				4	A	
es	5	Noncash prizes		The state of the s	A	
Direct Expenses		5		Alice A		
ΑX	6	Rent/facility costs		AND LONG		
ect	7	Food and beverages				
ä	'	Food and beverages				
	8	Entertainment		WIX.		
	9	Other direct expenses		2,789.		19,682.
	10				<b>&gt;</b>	( 19,682)
	11		n (d), and line 10			<314.
Pa	irt		answered "Yes" to Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.		I		[ ( )
ne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue						oon (a) amough oom (o)/
ď	1	Gross revenue	A			
SS	2	Cash prizes				
ense			74649			
ă.	3	Noncash prizes				
Direct Expenses	١.	D-1/(-)				
	4	Rent/facility costs	K A			
	5	Other direct expenses				
	Ť	Cirici direct experises	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)	***************		( )
	8	Net gaming income summary. Combine line 1	, column d, and line 7		<b>&gt;</b>	
^	C-st	(a. 01.1-1.);				
9	le t	ter the state(s) in which the organization opera he organization licensed to operate gaming ac	tes gaming activities:	ntatas?		Yes No
b	If "	No " explain:	tivities in each of these :	states?		. LI Yes LINO
**		No," explain:				
	_					<del></del>
10a	We	ere any of the organization's gaming licenses re	evoked, suspended or te	rminated during the tax y	/ear?	Yes No
		Yes," explain:				
	_					
	_					
0320	32 01	1-13-11			Schedule G (For	m 990 or 990-FZ) 2010

#### TALLAHASSEE COMMUNITY COLLEGE

Schedule G (Form 990 or 990-EZ) 2010 FOUNDATION, INC.	59-2091480 Page 3
11 Does the organization operate gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed	
to administer charitable gaming?	
13 Indicate the percentage of gaming activity operated in:	
a The organization's facility	13a %
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and re-	
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the a	amount
of gaming revenue retained by the third party \(\bigs\) \(\bigs\).	amount
c If "Yes," enter name and address of the third party:	
and address of the time party.	
Name	
Address	
16 Gaming manager information:	
To Carring manager information.	
Name	
Name -	
Gaming manager compensation > \$	
Saming manager compensation &	
Description of services provided	
À	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or sp	ent in the
organization's own exempt activities during the tax year > \$	
Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b,	columns (iii) and (v), and Part III,
lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional	
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUND	RAISERS:
(I) NAME OF FUNDRATGER, BUT OF ENDING GROUP, I.G.	
(I) NAME OF FUNDRAISER: THE CLEMENTS GROUP, LLC	
(I) ADDRESS OF FUNDRAISER:	
(1) HEEKEED OF FORDIVALDER.	
358 SOUTH 700 EAST #B604, SALT LAKE CITY, UT 84102	
SCHEDULE G, PART I, LINE 2B, COLUMN (V): WORK ON A TARGETE	D CAMPAIGN TO
DATGE 62 MILITON DO 65 MILITON AND DOCUMENT CONTROL CONTROL	TARA ROS SVI
RAISE \$3 MILLION TO \$5 MILLION AND PROVIDE CONSULTING SERV	ICES FOR THE
LEAD AND MAJOR GIFT PORTIONS AND PUBLIC PHASE OF THE CAMPA	The state of the s
032083 01-13-11 Sched	ule G (Form 990 or 990-EZ) 2010

#### TALLAHASSEE COMMUNITY COLLEGE

Schedule G (Form	990 or	990-EZ) 2010 FC ental Informat	DUNDATION, tion (continued)	INC.	****		59-	-209	1480	Page 4
					ESTABLISHED	ON	REHALF	OF	тнг	
CAMPAIGN.			001111111111111111111111111111111111111	***************************************	HO III HILDIII	011	221112	0.		
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			A							
		A								
***************************************										

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

2010

Open to Public Inspection

Name of the organization TALLAHASS FOUNDATION		ITY COLLEGE					Employer identification number $59-2091480$
Part I General Information on Grants a							
<ol> <li>Does the organization maintain records criteria used to award the grants or assi</li> <li>Describe in Part IV the organization's presentation.</li> </ol>	stance?						
Part II Grants and Other Assistance to							
recipient that received more than					can be duplicated if a (f) Method of		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TALLAHASSEE COMMUNITY COLLEGE 444 APPLEYARD DRIVE					D		ONCE GIVEN CRITERIA ARE MET FOR VARIOUS PROGRAMS, FUNDS COLLECTED FOR THAT
TALLAHASSEE, FL 32304	59-1141270	501C(1)	189,652.	0.			PURPOSES ARE RELEASED TO
		4					
	Ó						
2 Enter total number of section 501(c)(3) a	nd government or	nanizations					1.
3 Enter total number of other organizations							0.

30

THUOGIMMET	COLHIOIATII	COLLING
FOUNDATION,	INC.	

Schedule I (Form 990) (2010) FOUNDATION, INC	C.				59-2091480	Page 2
Part III Grants and Other Assistance to Individuals in the Ur Part III can be duplicated if additional space is needed.	nited States. Cor	nplete if the organiza	ation answered "Yes	to Form 990, Part IV, line 22.		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash a	assistance
SCHOLARSHIPS AND AWARDS FOR TALLAHASSEE COMMUNITY COLLEGE ATTENDING STUDENTS	350	350,603.	0.			
				7		
Part IV Supplemental Information. Complete this part to provide	de the informatio	n required in Part I, I	line 2, and any other	additional information.		
SCHEDULE I, PART I, LINE 2: GRANTS	MONIES	HELD BY TH	E FOUNDATI	ON ARE PAID		
OUT TO THE COLLEGE UPON RECEIPT OF	DOCUMEN	TATION THA	T THE INTE	NT OF THE		
GRANT HAS BEEN FULFILLED.						
			A			
PART II, LINE 1, COLUMN (H):						
NAME OF ORGANIZATION OR GOVERNMENT	: TALLAH	ASSEE COMM	UNITY COLL	EGE		
(H) PURPOSE OF GRANT OR ASSISTANCE	: ONCE G	IVEN CRITE	RIA ARE ME	T FOR		
VARIOUS PROGRAMS, FUNDS COLLECTED	FOR THAT	PURPOSES	ARE RELEAS	ED TO THE		
COLLEGE.						
		21			Season at the last began	STREET, WORLD OF

#### SCHEDULE M (Form 990)

#### **Noncash Contributions**

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990.
TALLAHASSEE COMMUNITY COLLEGE

FOUNDATION, INC.

Employer identification number 59-2091480

Pa	rt I Types of Property							
Acad Services		(a) Check if applicable	(b) Number of contributions or litems contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1	Method of o	determini		is
1	Art · Works of art	X	1	10,000.	APPRAISAL			
2	Art - Historical treasures							
3	Art - Fractional interests			***************************************				
4	Books and publications		WHEEL GT 18 WILLIAM					
5	Clothing and household goods			A				
6	Cars and other vehicles							
7	Boats and planes			Via Via				
8	Intellectual property			Algeria				
9	Securities - Publicly traded			ASSESSMENT OF THE PARTY OF THE	7			
10	Securities · Closely held stock			AT TO				
11	Securities - Partnership, LLC, or							
	trust interests			THE STATE OF THE S				
12	Securities - Miscellaneous							
13	Qualified conservation contribution -		À					
	Historic structures		Vi					
14	Qualified conservation contribution - Other		- E	Giller (F)				
15	Real estate - Residential		All The second	A				-
16	Real estate - Commercial		TEA.	1900 Visit				
17	Real estate - Other	X	William 1	605,000.	APPRAISAL			
18	Collectibles			00370001				
19	Food inventory	A	7		<del> </del>			
20	Drugs and medical supplies	Ally	Ab .		<del> </del>			
21	Taxidermy	455	ANY ANY		<del> </del>			
22	Historical artifacts	- 1						
23	Scientific specimens	b.	- AGENT AND		<del> </del>			
24	Archaelegical artifacts		Aler .				-	
25	Archeological artifacts Other ▶ (BRICKS	X	7 1	5,108.	VALUE			
26	Other ( Ditter)	21		3,100.	VALOE			
27	Other (	A STATE OF THE PERSON NAMED IN						
28	Other (	459						
29	Number of Forms 8283 received by the organi	zotion duvin	the territory					
23	for which the organization completed Form 82						1	
	To which the organization completed form bz	os, raitiv, i	Jonee Acknowled	gement 29		— Т		No
30a	During the year, did the organization receive b	v contributio	n any proposity rare	orted in Doubl lines 1 00 H	at it mount hald for	10000	Yes	No
oou	at least three years from the date of the initial							
	the entire holding pariod?	COMMIDUMON,	and which is not i	equired to be used for exe	mpt purposes for	00	E EFFE	X
h	the entire holding period?  If "Yes," describe the arrangement in Part II.	•••••				30a	SE JUNE	Λ
31		aaliau that	outless the section	of any non atomited to the	···tion = 0	0.1	v	HASSEY
	Does the organization have a gift acceptance					31	X	
UZd	Does the organization hire or use third parties							v
t.	contributions?					32a	Na Palace	X
33	If "Yes," describe in Part II.		and on property or pro-	g gri gag q our mana si				
00	If the organization did not report an amount in	column (c) f	or a type of proper	ty for which column (a) is o	hecked,			
LHA	describe in Part II.  For Paperwork Reduction Act Notice, see	Ale a lee a				255	355	EN EN
-11/	i or i abel work neduction Act Notice, see	tite instruct	uons for Form 990	J.	Schedule M	1 (Form 9	190) (	2010)

Schedule M (Form 990) (2010)

#### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

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 NOTED 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, CONFLICTS OF
INTEREST POLICY 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.

TALLAHASSEE COMMUNITY COLLEGE FOUNDATION, INC.  File by the extended due date for filing your return. See instructions.  City, town or post office, state, and ZIP code. For a foreign address, see instructions.  TALLAHASSEE, FL 32304  Enter the Return code for the return that this application is for (file a separate application for each return)  Application  Application  Series  Return Code Series  Code Se	Form 886	8 (Rev. 1-2011)					Page 2	
Part II	If you a	re filing for an Additional (Not Automatic) 3-Month Ex	ctension, c	complete only Part II and check this b	юх	1	X	
Part II					d Form	8868.		
Name of exempt organization   TALLAHASSEE COMMUNITY COLLEGE   TOUNDATION, INC.   TOUNDATION								
TALLAHASSEE COMMUNITY COLLEGE FOUNDATION, INC.  Number, street, and room or suite no. If a P.O. box, see instructions.  44 APPLEYARD DRIVE City, town or post office, state, and ZIP code. For a foreign address, see instructions.  Application Is For Code Is Fo	Part II		xtensio	n of Time. Only file the original (no	T			
DOWNDATION , INC.    Sp-2091480	Type or		an.		Emp	Employer identification number		
Number, street, and room or suite no. If a P.O. box, see instructions.  44 APPLEYARD DRIVE  City, town or post office, state, and ZIP code. For a foreign address, see instructions.  TALLAHASSEE, FL 32304  Enter the Return code for the return that this application is for (file a separate application for each return)  Application  Is For Code  Return Application  Is For Code  SFOrm 990 BL  O2 Form 1041-A  Form 990 FZ  O1 Form 4720  O2 Form 1090 F  Form 990 FF  O4 Form 5227  O5 Form 990 F  Form 990 T (see. 401(a) or 408(a) trust)  Form 990 T (see. 401(a) or 408(a) trust)  O5 Form 8870  STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.  ROBIN JOHNSTON  Telephone No. ► (850) 201-8580  FAX No. ►  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for the whole group, check this box  If the organization does not have an office or place of business in the United States, check this box  If the side of a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If the tax year entered in line 5 is for less than 12 months, check reason:    FEBRUARY 15, 2012   APPLEYSRY   APPLEYSRY   APPLEYARY   Application   Return   Potential States   Potential State	print		GE		50_2001490			
due date to finding your return. See instructions.  City, town or post office, state, and ZIP code. For a foreign address, see instructions.  TALLAHASSEE, FL 32304  Enter the Return code for the return that this application is for (file a separate application for each return)  Application  Is For  Code Form 990  O1  Form 990 BL  O2  Form 1041-A  O8  Form 990-E  Form 990-F  Form 990-F  Form 990-F  Form 990-F  Form 990-F  Form 990-T (see. 401(a) or 408(a) trust)  Form 990-T (trust other than above)  O5  Form 8870  Form 990-T (trust other than above)  O6  Form 8870  Form 990-T (trust other than above)  O6  Form 8870  Form 990-T (see. 401(a) or 408(a) trust)  O7  The books are in the care of ▶ 44 A PPLEYARD DRIVE − TALLAHASSEE, FL 32304  Telephone No. ▶ (850) 201-8580  FAX No. ▶  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for part of the group, check this box ▶  If this is for part of the group, check this box ▶  If this is for part of the group, check this box ▶  If the tax year entered in line 5 is for less than 12 months, check reason:    FEBRUARY 15, 2012   APR 1, 2010   and ending MAR 31, 2011   Final return				Name -		3-2031400		
Enter the Return code for the return that this application is for (file a separate application for each return)  Application Is For Code Sorm 990 Code Sorm 990 BL Code Sorm 990	due date for	444 APPLEYARD DRIVE						
Application Is For Code Is For			oreign add	Iress, see instructions.				
Application Is For Code Is For	Enter the	Retum code for the return that this application is for (file	e a separa	ite application for each return)			0 1	
SFOR				***			Return	
Form 990 BL  Form 990 BL  Form 990 BL  Form 990 EZ  Form 990 FF  Form 990 FF  Form 990 FF  Form 990 T (sec. 401(a) or 408(a) trust)  Form 990 T (trust other than above)  STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.  ROBIN JOHNSTON  The books are in the care of \$\infty\$ 444 APPLEYARD DRIVE - TALLAHASSEE, FL 32304  Telephone No. \$\infty\$ (850) 201-8580  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If it is for part of the group, check this box  If the additional 3-month extension of time until  FEBRUARY 15, 2012.  APR 1, 2010  APR 1, 2010  Change in accounting period  Time TO GATHER THE NECESSARY	-17 (1220)		225 7	14.4 A			Code	
Form 990 EZ  Form 990 PF  Form 990 PF  Form 990 T (sec. 401(a) or 408(a) trust)  Form 990 T (trust other than above)  STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.  ROBIN JOHNSTON  The books are in the care of  444 APPLEYARD DRIVE - TALLAHASSEE, FL 32304  Telephone No. (850) 201-8580  FAX No.  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If it is for part of the group, check this box  I request an additional 3-month extension of time until  FEBRUARY 15, 2012.  For calendar year  Or other tax year beginning APR 1, 2010  APR 1, 2010  Initial return  Final return  Change in accounting period  7 State in detail why you need the extension  WE RESPECTFULLY REQUEST ADDITIONAL TIME TO GATHER THE NECESSARY	Form 990							
Form 990-PF Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above)  STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.  ROBIN JOHNSTON  The books are in the care of  444 APPLEYARD DRIVE - TALLAHASSEE, FL 32304  Telephone No. (850) 201-8580  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If it is for part of the group, check this box  I request an additional 3-month extension of time until  FEBRUARY 15, 2012.  For calendar year  or other tax year beginning  APR 1, 2010  APR 1, 2010  Final return  Change in accounting period  State in detail why you need the extension  WE RESPECTFULLY REQUEST ADDITIONAL TIME TO GATHER THE NECESSARY	Form 990	BL	02	Form 1041-A			08	
Form 990-T (sec. 401(a) or 408(a) trust)  Form 990-T (trust other than above)  STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.  ROBIN JOHNSTON  The books are in the care of 444 APPLEYARD DRIVE - TALLAHASSEE, FL 32304  Telephone No. (850) 201-8580  FAX No.   If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.  I request an additional 3-month extension of time until  FEBRUARY 15, 2012  For calendar year or other tax year beginning APR 1, 2010 and ending MAR 31, 2011  If the tax year entered in line 5 is for less than 12 months, check reason:  Change in accounting period  State in detail why you need the extension  WE RESPECTFULLY REQUEST ADDITIONAL TIME TO GATHER THE NECESSARY	Form 990	EZ	01	Form 4720			09	
Form 990-T (trust other than above)  STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.  ROBIN JOHNSTON  The books are in the care of 444 APPLEYARD DRIVE - TALLAHASSEE, FL 32304  Telephone No. (850) 201-8580  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.  If request an additional 3-month extension of time until  FEBRUARY 15, 2012  For calendar year  or other tax year beginning APR 1, 2010  If the tax year entered in line 5 is for less than 12 months, check reason:  Change in accounting period  State in detail why you need the extension  WE RESPECTFULLY REQUEST ADDITIONAL TIME TO GATHER THE NECESSARY	Form 990	PF	04	Form 5227			10	
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.  ROBIN JOHNSTON  The books are in the care of ▶ 444 APPLEYARD DRIVE − TALLAHASSEE, FL 32304  Telephone No. ▶ (850) 201-8580 FAX No. ▶  If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If it is for part of the whole group, check this box If it is for part of the whole group is formed in the part of the group is formed in the pa	Form 990	T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
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8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	8a If th	is application is for Form 990-BL 990-PE 990-T 4720	or 6069_e	nter the tentative tax less any	T			
		ALLEY VENEZUES	0, 0000, 0	mor the territative tax, rese arry	8a	s	0.	
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated	-							
		tax payments made. Include any prior year overpayment allowed as a credit and any amount paid						
						\$	0.	
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using	c Bala	ance due. Subtract line 8b from line 8a. Include your pa	yment wit	h this form, if required, by using				
						\$	0.	
Signature and Verification		Signa	ature an					
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.	Jnder pena t is true, co	llies of perjury, I declare that I have examined this form, includ rrect, and complete, and that I am authorized to prepare this fo	ing accomp orm.	anying schedules and statements, and to th	ie best o	f my knowledge and	belief,	
Signature ▶ Title ▶ CPA Date ▶	Signature <b>J</b>	➤ Title ► (	CPA		Date	<b>&gt;</b>		

Form 8868 (Rev. 1-2011)