

Agenda Edison State College Financing Corporation (the "Corporation") Lee Campus - Board Conference Room 1-228 July 29, 2014 4:00 p.m.

I. Public Comment

II. Vote to Take Action On:

- 1. Approval of Minutes Regular Meeting May 20, 2014. (Presenter: John Noland) (Page 1)
- Approve the Edison State College Financing Corporations Audited Financial Report for Fiscal Year Ending March 31, 2013 (Presenter: Martin Redovan/Michelle Coble, CliftonLarsonAllen) (Backup will be available at the meeting) (Page 3)
- 3. Approve a resolution of the Board of Directors of Florida SouthWestern State College Financing Corporation establishing policy guidelines and procedures for processing all delinquent accounts and delegating authority to the President and Treasurer to enforce collection or write off small accounts. (Presenter: Gina Doeble)(Page 4)
- 4. Approve to 2013 Federal IRS Return of Organization Exempt from Income Tax Form 990 (Presenter: Gina Doeble) (Page 7)

III. Information Only

- 5. Florida SouthWestern State College Financing Corporation 1st Quarter Financial Statements and Investment Report. (Presenter: Gina Doeble) (Page 48)
- 6. Florida SouthWestern State College Financing Corporation Interest Rate Swap Agreement Market Valuation. (Presenter: Gina Doeble) (Page 53)
- Renewal of the insurance for the Financing Corporation (August 1, 2014 August 1, 2015) (Presenter: Mark Lupe) (Backup will be available at the meeting) (Page 55)

Board Members' Comments

President's Comments

Adjournment



Financing Corporation

Minutes Edison State College Financing Corporation (the "Corporation") Lee Campus – Board Conference Room, I-228 May 20, 2014 4:00 p.m.

The Edison State College Financing Corporation met in Lee County, Florida, on May 20, 2014 at 4:01 p.m. with the meeting called to order by John Noland, Chair.

Members Present:	Jeffery Allbritten, D.A., Corporation President	
	John Noland, Chair	
	Eddie Webb, III, Vice Chair	
	David Hall, Secretary	
	Mary Lee Mann	
	Christopher Vernon	

- Members Absent: Randall Parrish, Jr., O.D.
- Others Present: Gina Doeble, Treasurer Mark Lupe, General Counsel Debbie Kivel, DSO Finance

Public Comment: None

Vote to Take Action On:

<u>Agenda Item #1. Approval of Minutes Regular Meeting March 18, 2014</u> (Presenter: John Noland) (Page 1)

MOTION by Mr. Webb, seconded by Mrs. Mann, to approve the minutes of the regular meeting March 18, 2014, as presented. Approved unanimously.

<u>Agenda Item #1a. Approval of Assignment of Contracts, Rents and Revenues</u> (Presenter: Mark Lupe) (Page 3a)

MOTION by Mr. Hall, seconded by Mrs. Mann, to approve the Assignment of Contracts, Rents and Revenues being requested by BB&T with the request that staff use their best efforts to secure an extension to the ten day requirement for the deposit of funds into the BB&T control account. Approved unanimously.

ESC Financing Corporation – Minutes May 20, 2014 Page **2** of **2**

Agenda Item #2. Approval of an amendment to the Articles of Incorporation of Edison State College Financing Corporation to change the corporate name to Florida SouthWestern State College Financing Corporation effective July 1, 2014 (Presenter: Mark Lupe) (Page 4)

MOTION by Mr. Vernon, seconded by Mr. Webb, to approve as presented. Approved unanimously.

Information Only

<u>Agenda Item #3.</u> Edison State College Financing Corporation 4th Quarter Financial Statements and Investment Report. (Presenter: Gina Doeble) (Page 6)

Dr. Doeble presented the Edison State College Financing Corporation 4th Quarter Financial Statements and Investment Report for information only.

<u>Agenda Item #4.</u> Edison State College Financing Corporation Interest Rate Swap Agreement Market Valuation. (Presenter: Gina Doeble) (Page 11)

President's Comments

- President Allbritten gave an update on the occupancy rate in student housing and the potential positive impact of student recruitment on occupancy rates.
- President Allbritten gave an update on the status of the recreation facility development.
- President Allbritten reported on the development of the Sponsored Programs Office within the College to explore funding opportunities which are administered through the academic units.

Adjournment – The meeting was adjourned at 4:55 p.m.

Dr. Jeffery S. Allbritten Corporate President Board of Directors David Hall, Secretary Board of Directors

Date

Date

FLORIDA SOUTHWESTERN STATE COLLEGE FINANCING CORPORATION Agenda Item Summary				
	Meeting Da	te: 7/29/2014		
1. Action Requested/Purpos	se:			
Approval to Accept the E Report for Fiscal Year En		Financing Corporation's Audited Financial		
2. Fiscal Impact:	🗌 No 🛛 🖾	N/A		
3. Funding Source:	Amount: \$			
		istration recommends Board of Directors approval of dited financial report for the fiscal year ended March		
5. Agenda Item Type:		8. Requirement/Purpose (Include Citation)		
 Action Item Consent Agenda Information Only Board Requested Information/Report Statute Administrative Code 6Hx6:1.05 Other 				
9. Background Information:				
The audited financial report represents the activities and financial results of the Financing Corporation's operations for the fiscal year ended March 31, 2014. The Financing Corporation's financial report was prepared by the College's Office of Financial Services in accordance with the Generally Accepted Accounting Principals and audited by Clifton Larson Allen, LLP, Certified Public Accountants. As of March 31, 2014, the net assets of the Financing Corporation totaled \$5,048,480.				
It is recommended that the Board	of Directors accept the	e audited financial report as presented.		
Attachment				
Requested By:	Corporation Treas	Svebl Surer		
Funding Verified by:	h			
Approved For Agenda by:	Cørpøration Presi	dent		

Agenda Item No.: 3

FLORIDA SOUTHWESTERN STATE COLLEGE FINANCING CORPORATION Agenda Item Summary					
Mee	ting Date: July 29, 2014				
1. Action Requested/Purpose					
Approval of a resolution of the Board of Directors of Florida SouthWestern State College Financing Corporation establishing policy guidelines and procedures for processing all delinquent accounts and further delegating to the President and the Treasurer the authority to enforce collection of accounts and to write off certain small accounts. The resolution also states the record retention requirement for corporate records.					
2. Fiscal ImpactYe	esXNoN/A				
3. Funding Source:N/	'A Amount: <u>\$</u>				
4. Administration Recommend Approval of the resolution.	ation:				
5. Agenda Item Type: ☑ Action Item ☐ Consent Agenda ☐ Information Only ☐ Board Requested Information.	Administration with clear guidelines and authority in				
9. Background Information:	dealing with delinquent accounts.				
The Florida SouthWestern State College Financing Corporation has not yet established a delinquent account policy. With the increase in financial activity associated with the operation of the student housing project at Florida SouthWestern State College, a bad debt policy is now reasonably required. The proposed policy is based upon the College Bad Debt Policy found at Board of Trustees Policy 6Hx6:4.10. In addition, in accordance with the auditor's recommendation the resolution also states the record retention requirement for corporate records.					
Requested By	M. Drepr				
Funding Verified	Corporation Treasurer				
Approved For Agenda	Corporation President				

4

RESOLUTION

A RESOLUTION OF THE BOARD OF DIRECTORS OF THE FLORIDA SOUTHWESTERN STATE COLLEGE FINANCING CORPORATION POLICY **ESTABLISHING GUIDELINES** AND PROCEDURES FOR PROCESSING ALL DELINQUENT ACCOUNTS AND FURTHER DELEGATING TO THE PRESIDENT AND THE TRESURER AUTHORITY TO ENFORECE COLLECTION OF ACCOUNTS: TO WRITE OFF CERTAIN SMALL ACCOUNTS; STATING A RETENTION REQUIREMENT FOR CORPORATE **RECORDS: AND PROVIDING AN EFFECTIVE DATE.**

WHEREAS, ON December 7, 2010, the Board of Directors of the Florida Southwestern State College Financing Corporation (the "Financing Corporation"), approved a plan to finance the cost of the acquisition, construction and equipping of a student housing facility consisting of approximately 405 beds (the "Facilities") located on the Lee County campus of the Florida Southwestern State College (the "College") all as reflected in a resolution approved by the Board of Directors on that date;

WHEREAS, the Facilities have been successfully constructed and are now in operation; and,

WHEREAS, the operation of the Facilities has led to the creation of many student accounts and now also reasonably requires the establishment of policies and procedures to address the collection or write off of delinquent accounts.

NOW, THEREFORE, BE IT RESOLVED BY THE FLORIDA SOUTHWESTERN STATE COLLEGE FINANCING CORPORATION AS FOLLOWS:

SECTION 1. DELINQUENT ACCOUNT POLICY. The following guidelines are established pertaining to delinquent accounts:

- a) A delinquent account is defined as any amount owed to the Financing Corporation or the College while it is acting on behalf of the Financing Corporation, which remains unpaid past the due date.
- b) The President or the Treasurer shall take such action as may be reasonably necessary to enforce the collection of or otherwise settle delinquent accounts including, but not limited to, turning over delinquent accounts to a College approved collection agency. Settlement of accounts shall be on such terms as the President or the Treasurer deems to be in the best interest of the Financing Corporation. Any expense incurred in enforcing the collection of a delinquent account may be recovered from the debtor to the extent permitted by law.

c) Delinquent accounts with a past due balance of one hundred dollars or less may be charged off as uncollectible when it becomes 6 months past due and the cost of further collection effort or assignment to a collection agent would not be warranted. Any delinquent accounts that remain uncollected after two years will be analyzed and if determined to be uncollectible, will be charged off upon approval of the Board of Directors.

SECTION 2. RETENTION OF RECORDS. All records of the Financing Corporation shall be stored and maintained as provided under Section 119.021, Florida Statutes, and regulations promulgated thereunder. In the event that a longer retention period is required under federal law, the records shall be retained for the period required under federal law.

SECTION 3. SEVERABILITY AND INVALID PROVISIONS. If any one or more of provisions herein contained shall be held contrary to any express provision of law or contrary to the policy of express law, though not expressly prohibited or against public policy, or shall for any reason whatsoever be held invalid, then such covenants, agreements or provisions shall be null and void and shall be deemed separable from the remaining covenants, agreements or provisions and shall in no way affect the validity of any of the other provisions hereof.

SECTION 4. EFFECTIVE DATE. This Resolution shall become effective immediately upon its adoption.

ADOPTED this 29th day of July, 2014.

FLORIDA SOUTHWESTERN STATE COLLEGE FINANCING CORPORATION

By:

President

ATTEST:

Secretary

FLORIDA SOUTHWESTERN STATE COLLEGE FINANCING CORPORATION Agenda Item Summary				
	Meeting Da	te: 7/29/2014		
1. Action Requested/Purpos	se:			
Approval of the 2013 Fed	eral IRS Return of C	Organization Exempt from Income Tax Form 990		
2. Fiscal Impact: 🗌 Yes	🗌 No 🛛	N/A		
3. Funding Source:	Amount: \$			
	ge Financing Corpora	istration recommends Board of Directors approval to ation, Inc. Federal IRS Return of Organization Exempt ad March 31, 2014.		
5. Agenda Item Type:		8. Requirement/Purpose (Include Citation)		
 Action Item Consent Agenda Information Only Board Requested Information/Report Statute Administrative Code 6Hx6:1.05 Other Section 				
Certified Public Accountants. This	report must be filed an	form 990 was prepared by Clifton Larson Allen, LLP nnually with the Internal Revenue Service (IRS) by nonprofit section 501 of the Internal Revenue Code.		
It is recommended that the Board Exempt from Income Tax Form 99		ne submission of 2013 Federal IRS Return of Organization		
Attachment		\		
Requested By:	Corporation Treas	bretec		
Funding Verified by:				
Approved For Agenda by:	Corporation Presi	dent		

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CLIENT'S COPY

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

March 31, 2014

Prepared for	Edison State College Financing Corporation 8099 College Parkway Fort Myers, FL 33919
Prepared by	CliftonLarsonAllen LLP 6810 International Center Blvd Fort Myers, FL 33912 Ph. 239-226-9900
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by August 15, 2014.

rem 8879-E0 Image: Control of the set		**** THIS IS	S NOT A FILEABI	E COPY *****	1 c	DMB No. 1545-1878
Per ultimizer yes 3018. or fixed we beginning <u>APR</u> 1 _0.75. we mining <u>MAR</u> 311 _0.14 2013 Description of the fixed in the second of the secon	Form 8879-EO	for a	n Exempt Organ	nization		
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Name of exempt organization Employer identification number 26.15.91.77.71 Name and this of officer GTAA B. DOEBLE TREASURDER TREASURDER TREASURDER Check the box for the return for which you are using this Form 887%EO and enter the applicable amount, if any, from the return. If you check the box on ine 1a, 2a, 3a, 4a, or 5b, below, and the amount on that line for the return being field with this form waso blank, then leave ine 1b, 2b, 3a, 4b, or 6b, below, and the amount on that line for the return being field with this form waso blank, then leave ine 1b, 2b, 3a, 4b, or 6b, below, and the amount on that line for the return being field with this form waso blank, then leave ine 1b, 2b, 3a, 4b, or 6b, below, and the amount on that line for the return being field with this form waso blank, then leave ine 1b, 26, 331, 6r or 800 check here being b Total revenue, if any (form 900 EZ, line 9) b 26 Form 980 Check here being b Total revenue, if any (form 900 EZ, line 9) 2b 26 Form 980 Check here being b Total revenue, if any (form 900 EZ, line 9) 2b 26 Form 980 Check here being b Total ax (form 1120 PCL, line 22) 2b 27 Form 930 Check here being b Total ax (form 1120 PCL, line 22) 2b 28 Form 980 Check here being b Total ax (form 1120 PCL, line 20) 2b 29 Fort 11 Declaration and Signature Authorization of Officer Under penalties of pariyur, i declare that an an officer of the above organization and that I have examined a cocy of the organization's 2013. 19 Ar declaration and Signature Authorization of the best of my knowledge and below, the aver the signature is a line and and and the transmission, (b) the relarge for any deby in processing the alow				-		
CONPORTION 26-1591757 Name and tile of officer GYMA B. DOUBLES Control of the control of t				s is at www.irs.gov/torm88	Employer identif	ication number
Name and tille of officer GINA B. DOEBLE TRRASURGR Part I Type of Return and Return Information (whole Dalars Only) Check the box for the return for which you are using this Form 8879-ED and enter the applicable amount, if any, from the return. If you check the box on inta 1a, 2a, 3a, 4a, or 6a, below, and the amount on that line for the return being filed with this form was blank, the near line to L2b, 3b, 4b, or 6a whichever is applicable, blank (ido not enter -Q). But, if you entered -Q- on the return. It enter -Q- on the applicable ine below. Do not complete mot than 1 line in Part I. 1a Form 980 check here Image of the Total revenue, if any (Form 980-Part VIII, column (A), line 12) the 269316 2a Form 980-Ex check here Image of the Total revenue, if any (Form 980-PE, Fart VI, line 5) the determ 900 check here b Total revenue, if any (Form 980-PE, Fart VI, line 5) the 4a Form 980-PC check here Image of the Total revenue, if any (Form 980-PE, Fart VI, line 5) the the determines to the total revenue in the set of the above organizations and that I have examined a copy of the organization's 2013 Under genetics of openal, Idedee that I am on offer of the above organization and complete in the organization's action return. I consent to allow my intermediate service provided, than amount chown on the copy offer organization's action in the applicable, in authorize the U.S. Treesury and the designated francial Agent to initate an electronic fund withdrawal (lice of any ordund,		COLLEGE FINANCING	3		06 1501	757
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22 Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9) 2b 33 Form 1120-POL check here b Total tax (Form 1120-POL, line 22) 3b 44 Form 990-Er check here b Tax based on investment income (Form 990-FF, Part VI, line 5) 4b 56 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 penyn, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013. sectorinic return, I consent to allow my intermeditate service provider, transmither, or relevicion is return or the IRS and to receive from the IRS and to reserve from the IRS and Stater	on line 1a, 2a, 3a, 4a, or 5 whichever is applicable, b	ia, below, and the amount on that	line for the return being filed	l with this form was blank, 1	then leave line 1	o, 2b, 3b, 4b, or 5b,
2a Form 980-EZ check here b Total revenue, if any (form 980-EZ, line 9) 2b 3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22) 3b 4a Form 980-FC heck here b Balance Due (Form 8868, Part I, line 3c or PartII, line 8c) 5b 5a Form 8868 check here b Balance Due (Form 8868, Part I, line 3c or PartII, line 8c) 5b Part II Declaration and Signature Authorization of Officer Under penalties of parityr, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 electronic return, and accomparing schedulas and statements and to the best of my knowledge and bellef, 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 intermedita service provider, transmitter, or electronic roturn, and (c) the date of any return. I of the IRS and to receive from the II (f) an acknowledgement of receipt or reason for rejection of the transmission, (f) the reason for any delay in processing the return or returd, and (c) the date of any return, at the IRS and to receive from the II (f) an acknowledgement of races to receive condition. The asover insus and another the state sequence is a state and the tax preparation software for payment of taxes electronic further withdrawal (lice del) the resure is on celeve to condition in mesosasis to answer inquiries and resolve issues related to the payment of taxes of the electronic payment of taxes to receive condition in necessary to answer inquiries and resolve issues related to the paymant, invaso incelectronic further informance </th <th>1a Form 990 check here</th> <th>▶ 🛣 b Total revenue. i</th> <th>if anv (Form 990, Part VIII, co</th> <th>lumn (A), line 12)</th> <th>1b</th> <th>2693185</th>	1a Form 990 check here	▶ 🛣 b Total revenue. i	if anv (Form 990, Part VIII, co	lumn (A), line 12)	1b	2693185
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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 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and bellef, they are true, correct, and complete. I thurde 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 electronic return or consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's electronic funds withdrawal (directed) any refund. If applicable, lauthorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (directed) any refund. If applicable, lauthorize the U.S. Treasury and its designated Financial Agent at U.S. Treasury Financial Agent at 1:9893654-657 no later than 2 business days prior to the gammeri (settlement) data. I also authorize the financial institution is nevel on the tax propraetion stream, I conscilate the U.S. Treasury Financial Agent at 1:9893654-657 no later than 2 business days prior to the gammeri (settlement) data. I also authorize the financial institution is nevel on in the eary paymeri (settlement) as a supersective data personal identification number (PIN) as my signature for the crganization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only I authorize I authorize CIIFTONLARSONALLEN LLP to enter my PIN 12345 ERO firm name ERO firm nam	4a Form 990-PF check he	ere 🕨 🛄 b Tax based o	on investment income (Forr	n 990-PF, Part VI, line 5)	4b	
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 2013 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 return to the IRS and to receive from the IR (e) 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 during withdrawel (direc debit) enty to the financial institution scown tim dicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution succount indicated in the tax preparation software for payment of the infancial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquires and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's celectronic return and, if applicable, the organization's consent to electronic thurds withdrawal. Officer's PIN: check one box only CI I authorize CLIFTONLARSONALLEN LLP ERO firm name as my signature on the organization's tax year 2013 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 charites as part of the IRS Fed/State program, I also authorize the aforementioned ERO te indicated within this return that a copy of the return is disclosure consent screen. As an officer of the organization, it will enter my PIN as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the re	5a Form 8868 check here	e 🕨 🛄 🛛 b Balance Due (F	orm 8868, Part I, line 3c or P	art II, line 8c)	5b	
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 2013 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 return to the IRS and to receive from the IR (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 ta initiate an electronic funds withdrawal (direc debit) enty to the financial institution scown tim dicated by the payment (streak of applicable, authorize the loganization's federal taxes owed on this return, and the financial institution sinvolves a payment for the organization's federal taxes owed on this return, and the financial institutions involves (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic payment (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic to indiverse. Clificer's PIN: check one box only as my signature on the organization's tax year 2013 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 charites as part of the IRS Fed/State program, I also authorize the aforementioned ERO t enter my PIN on the return's disclosure consent screen. As an officer of the organization,'s tax year 2013 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 t enter my PIN on the return's disclosure consent screen. As		tion and Cinnature Author	vineties of Officer			
I authorize CLIFTONLARSONALLEN LLP to enter my PIN 12345 ER0 firm name Enter five numbers do not enter all zeros as my signature on the organization's tax year 2013 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 ER0 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 2013 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 ▶ Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 65968354321 I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for Authorized IRS e-file Providers for Business Returns. ERO's signature ▶	debit) entry to the financia return, and the financial in 1-888-353-4537 no later th processing of the electror payment. I have selected	al institution account indicated in t institution to debit the entry to this han 2 business days prior to the p nic payment of taxes to receive co a personal identification number (the tax preparation software account. To revoke a payme ayment (settlement) date. I a infidential information neces	for payment of the organiz ent, I must contact the U.S. also authorize the financial sary to answer inquiries and	ation's federal ta . Treasury Financ institutions involu d resolve issues	ixes owed on this cial Agent at ved in the related to the
ER0 firm name Enter five numbers do not enter all zeros as my signature on the organization's tax year 2013 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 ER0 to enter my PIN on the return's disclosure consent screen.	Officer's PIN: check one	box only				
ER0 firm name Enter five numbers do not enter all zeton on the organization's tax year 2013 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 ER0 to enter my PIN on the return's disclosure consent screen. I also authorize the aforementioned ER0 to ender within this return that a copy of the 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 ▶ Part III Certification and Authentication ER0's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 65968354321 do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization for Authorized IRS e-file Providers for Business Returns. ER0's signature ▶	X Lauthorize CL	IFTONLARSONALLEN	LLP		to enter my PIN	12345
as my signature on the organization's tax year 2013 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 2013 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 ▶ Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. I certify that the above numeric entry is my PIN, which is my signature on the 2013 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 ▶					···· ; · ···	Enter five numbers, bu
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 will enter my PIN on the return's disclosure consent screen. Officer's signature ▶ **** THIS IS NOT A FILEABLE COPY *** Date ▶ Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. I certify that the above numeric entry is my PIN, which is my signature on the 2013 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 ▶	is being filed wi	th a state agency(ies) regulating c	harities as part of the IRS Fe			copy of the return
Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification 65968354321 number (EFIN) followed by your five-digit self-selected PIN. 65968354321 do not enter all zeros do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2013 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	indicated within program, I will e	h this return that a copy of the retu enter my PIN on the return's disclo	urn is being filed with a state osure consent screen.	agency(ies) regulating chai		
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 65968354321 do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2013 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 ▶ Date ▶ 07/17/14	Officer's signature 🕨	*** THIS IS NOT 2	A FILEABLE COPY	<u> </u>		
number (EFIN) followed by your five-digit self-selected PIN. I certify that the above numeric entry is my PIN, which is my signature on the 2013 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 ► Date ► Date ► Date ► D7/17/14	Part III Certifica	ation and Authentication				
do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2013 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 ▶ Date ▶ 07/17/14	ERO's EFIN/PIN. Enter ye	our six-digit electronic filing identif	ication			
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 ► Date ► <u>07/17/14</u>	number (EFIN) followed by	y your five-digit self-selected PIN.			·]	
	confirm that I am submitti	ing this return in accordance with		-		
	ERO's signature 🕨			Date 🕨 07/	17/14	
ERO Must Retain This Form - See Instructions		EDO Minat	Potain This Form			

LHA For Paperwork Reduction Act Notice, see instructions. 323051 10-01-13

Form 8879-EO (2013)

Form	.9	90	Return of Organization Exempt F Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue	From I	ncome Tax	OMB No. 1545-0047
Depar	tment c	of the Treasury	Do not enter Social Security numbers on this form as	s it may be r	nade public.	Open to Public
Intern	al Reve	nue Service	Information about Form 990 and its instructions is			Inspection
AF	or the	e 2013 calend	ar year, or tax year beginning $\operatorname{APR} 1$, 2013 and ϵ	ending M	AR 31, 2014	
B ci	heck if oplicabl Addre		organization ON STATE COLLEGE FINANCING ORATION		D Employer identificat	tion number
	Name chang	Doing B	usiness As	D	26-15	91757
	Ireturn Termii ated	№ 8099	and street (or P.O. box if mail is not delivered to street address) COLLEGE PARKWAY	Room/suite	E Telephone number (239)	489-9029
	Amen return Applic tion	City or t	own, state or province, country, and ZIP or foreign postal code MYERS, FL 33919		G Gross receipts \$ H(a) Is this a group retu	<u>8,164,542.</u> m
	pendi	F Name a	nd address of principal officer: JEFF ALLBRITTEN		for subordinates? H(b) Are all subordinates inclu	
ТТ	ay.ey	empt status:		or 527	If "No," attach a lis	
		te:►N/A			H(c) Group exemption r	• •
K F	orm of	forganization:	X Corporation Trust Association Other ►	L Year	of formation: 2007 M S	
	rtl					
<u> </u>			e the organization's mission or most significant activities: TO RE	CEIVE	HOLD, INVES	ST, AND
Activities & Governance	•	ADMINIS	TER REAL ESTATE PROPERTY INCLUDING	PROV	IDING STUDEN	T HOUSING,
naı			x if the organization discontinued its operations or dispose			
ver	3		-		3	7
ဗီ	4		lependent voting members of the governing body (Part VI, line 1b)			6
s Se			of individuals employed in calendar year 2013 (Part V, line 2a)			0
itie			of volunteers (estimate if necessary)			6
Stiv			d business revenue from Part VIII, column (C), line 12			0.
Ă			business taxable income from Form 990-T, line 34			0.
		Net unrelated		<u> </u>	Prior Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h)		585,799.	533,025.
Revenue	9				1,471,563.	2,053,314.
lev	10	•	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d)		61,828.	102,776.
å	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	4,070.
	12		• add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,119,190.	2,693,185.
	13				628,663.	0.
	14				0.	0.
		•			0.	0.
Expenses	15		r compensation, employee benefits (Part IX, column (A), lines 5-10) _ undraising fees (Part IX, column (A), line 11e)		0.	0.
Den			ing expenses (Part IX, column (D), line 25)	0.		
Ш Ш			es (Part IX, column (A), lines 11a-11d, 11f-24e)		2,802,744.	2,444,686.
	18		es Add lines 13-17 (must equal Part IX, column (A), line 25)		3,431,407.	2,444,686.
	19	-	expenses. Subtract line 18 from line 12		-1,312,217.	248,499.
r s	19	nevenue less			eginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets /	Part X, line 16)		33,559,128.	32,363,797.
Assi Bal	21				28,415,295.	27,315,317.
Vet	22		(Part X, line 26) fund balances. Subtract line 21 from line 20		5,143,833.	5,048,480.
P a	irt II	Signature	Block			0,010,1000
			I declare that I have examined this return, including accompanying schedules	s and statem	ents and to the best of my k	nowledge and belief it is
			. Declaration of preparer (other than officer) is based on all information of wh		-	nomoago ana bonen, it is
u uc,	00110		. Social and the property found than onlocities based on an information of will	non proparei	nao any kilombuyo.	
ei	-	Signatur	e of officer		Date	
Sigr Her		1	B. DOEBLE, TREASURER			
ner	0		print name and title			
—		Print/Type pre			Date Check	II PTIN
Paid	1		REDOVAN, CPA MARTIN REDOVAN,	1)7/17/14	P01281045
Prep		Firm's name	CLIFTONLARSONALLEN LLP	<u></u>		$\frac{101201049}{41-0746749}$

				+							
Use Only	Firm's address 🕨	6810	INTE	RNATI	ONAL C	ENTER BLV	D				
		FORT	MYER	S, FL	33912			Phone no.23	9-226	5-99	00
May the I	RS discuss this re	eturn with	the prepa	arer shown	above? (se	instructions)			X	Yes	
						he separate inst			-	Form 9	90 (2
S	EE SCHED	ULE O	FOR	ORGAN	IZATIO	N MISSION	STATEMENT	CONTINUA	TION	11	

No **990** (2013)

4c (0) (Revenue \$		990 (2013
4c (0	(Code:) (Expenses \$ including grants of \$ (Code:) (Expenses \$ including grants of \$ Code:) (Expenses \$ including grants of \$) (Revenue \$			
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4b ((-				
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4b ((
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4b (c 				
4b (c		, (
	(Code:) (Expenses \$ including grants of \$) (Revenue \$		
-				
-			·	
Ī	CONTRACTS FOR AUXILIARY ENTERPRISES OR (V) ANY OTHER EDISON STATE COLLEGE.			Y OF
S	PROJECTS TO MEET CURRENT AND FUTURE NEEDS OF THE COI STUDENT HOUSING, PARKING FACILITIES, AND/OR OTHER IN MANAGE AND INVEST FUNDS HELD BY IT; (IV) OPERATE OR	MPROVEMENT:	S; (II	I)
C	THE PURPOSES OF THE FINANCING CORPORATION ARE TO (I) OPPORTUNITIES FOR THE STUDENTS OF THE COLLEGE; (II)	TO FINANC	E CAPI	
4a (c	revenue, if any, for each program service reported. (Code:) (Expenses \$ 2,306,407. including grants of \$		2,057,	
S	Describe the organization's program service accomplishments for each of its three largest program serv Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations			
	Did the organization cease conducting, or make significant changes in how it conducts, any program se If "Yes," describe these changes on Schedule O.	ervices?	Yes	LX. No
	the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.			
	COLLEGE . Did the organization undertake any significant program services during the year which were not listed or	n		
Ā	AND TO MAKE EXPENDITURES TO/FOR THE EXCLUSIVE BENEFI			
Т	Briefly describe the organization's mission: TO RECEIVE, HOLD, INVEST, AND ADMINISTER REAL ESTATE INCLUDING PROVIDING STUDENT HOUSING, PARKING, AND OT		777376733767	
	Check if Schedule O contains a response or note to any line in this Part III			
orm 99 Part	290 (2013) CORPORATION CORPORATION CORPORATION CORPORATION	26-159	91/5/	Page

EDISON STATE COLLEGE FINANCING

CORPORATION

Part IV Checklist of Required Schedules

Form 990 (2013)

			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			х
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
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			
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			v
	endowments, 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			
	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a		11a	х	
b	Part VI 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		х
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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	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		v	
	Schedule D, Parts XI and XII	12a	X	<u> </u>
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	10-		x
13		12b 13		X
13 14a	Is the organization a school described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			<u> </u>
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? 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 other assistance to			
	or for foreign individuals? 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,			v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		X
18	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? <i>If</i> "Yes,"			<u> </u>
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	000	(2013)

332003 10-29-13 Form 990 (2013)

EDISON STATE COLLEGE FINANCING

CORPORATION

Form	990 (2013) CORPORATION 26-15	91757	P	age 4
Pa	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government 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 or other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a	x	
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
U	•	24c		x
	any tax-exempt bonds?	24d		X
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	274		<u> </u>
25a	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		OF		x
•••	Schedule L, Part I	<u>25b</u>		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or		1	
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			x
	complete Schedule L, Part II	26		┝┻
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			x
	of any of these persons? If "Yes," complete Schedule L, Part III	27		
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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	<u>28b</u>		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer			
	director, trustee, or 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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31	<u> </u>	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		1	
	Schedule N, Part II	32	ļ	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	L	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1		X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization		1	I.
	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 11b and 19?			1
	Note. All Form 990 filers are required to complete Schedule O		X	
		_	000	10010

Form 990 (2013)

332004 10-29-13

EDISON STATE COLLEGE FINANCING CORPORATION

Form	990 (2013) CORPORATION 26-1591	131	P	age 5
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			l i
	filed for the calendar year ending with or within the year covered by this return 2a 2a			
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)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	ļ	X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	<u>3b</u>	<u> </u>	<u> </u>
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)?	<u>4a</u>		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.			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>	l	
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			v
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	<u>6b</u>	<u> </u>	<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			v
	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?		<u> </u>	X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	<u>7c</u>		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	-		x
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	76		X
f	Did the organization, during the year, pay premiums, directly or Indirectly, on a personal benefit contract?	7f		<u> </u>
•	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		├──
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	7h		├
8	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.	l		
э а	Did the organization make any taxable distributions under section 4966?	9a		
a b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	- 50		<u> </u>
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	1		
11	Section 501(c)(12) organizations. Enter:	1	1	
а	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against	1		
-	amounts due or received from them.)			
1 2 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		(
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		1	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1	1	
	Is the organization licensed to issue qualified health plans in more than one state?	13a	1	t –
	Note. See the instructions for additional information the organization must report on Schedule O.			
ь	Enter the amount of reserves the organization is required to maintain by the states in which the	l	1	1
	organization is licensed to issue qualified health plans			ŀ
с	Enter the amount of reserves on hand	L		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	n 990	(2013)

EDISON	STATE	COLLEGE	FINANCING

CORPORATION

Form 990 (2013)

26-1591757 Page 6

ec				
	tion A. Governing Body and Management			
			Yes	3
1a	Enter the number of voting members of the governing body at the end of the tax year1a	<u> /</u>		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	6		
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	
•	Did the organization delegate control over management duties customarily performed by or under the direct supervision	·	+	-
3	• • •	3		
	of officers, directors, or trustees, or key employees to a management company or other person?			_
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	. 4		_
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			
6	Did the organization have members or stockholders?	6		_
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?		X	_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	· – –		
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		
~~	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	. 3		-
00	tion b. Poncies (mis section b requests information about policies not required by the internal neverale code.)		T _V .	_
_			Yes	5
	Did the organization have local chapters, branches, or affiliates?	. <u>10a</u>	—	_
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			_
1 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	1.40	X	
		. 12 a	Δ	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12b	X	
b c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12b	X	
ь с 3	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe</i> <i>in Schedule O how this was done</i> Did the organization have a written whistleblower policy?	12b 12c 13	X	
b c 3 4	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe</i> <i>in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	12b 12c 13	X	
b c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe</i> <i>in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent	12b 12c 13	X	
b c 3 4 5	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe</i> <i>in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	12b 12c 13 14	x	
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b c 3 4 5 6 a b 6 a b 6 a 7	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes, " describe in Schedule O how this was done	12b 12c 13 14 15a 15b 16a		
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b c 3 4 5 a b 6 a b 6 a b 7 8	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe</i> <i>in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ►FL Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s on the for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (<i>explain in Schedule O</i>) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization to realize the organization made its governing documents, conflict of interest policy, state the name, physical address, and telephone number of the person who possesses the books a	12b 12c 13 14 15a 15b 16a 16b	X X X X X ble	
b c 34 5 a b 6a b 6a b 6a 7 8 9	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe</i> <i>in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed F L Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (<i>explain in Schedule O</i>) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organi THE ORGANIZATION - (239) 489-9029	12b 12c 13 14 15a 15b 16a 16b	X X X X X ble	
b c 3 4 5 a b 6 a b 6 a b 6 a 5 7 8	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe</i> <i>in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ►FL Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s on the for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (<i>explain in Schedule O</i>) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization to realize the organization made its governing documents, conflict of interest policy, state the name, physical address, and telephone number of the person who possesses the books a	12b 12c 13 14 15a 15b 16a 16b	X X X X X ble	

EDISON STATE COLLEGE FINANCING

Form 990 (2013)

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Part VII	Compensation	of Officers,	Directors,	Trustees,	Key Employees,	, Highest Compensat	ed
	Employees, and	d Independe	ent Contrac	ctors			

Check if Schedule O contains a response or note to any line in this Part VII

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/D\

CORPORATION

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

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.

Т

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

(A)	(B)			_ (0	C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos) than	one	Reportable	Reportable	Estimated
	hours per	er box, unless person is both an		compensation	compensation	amount of				
	week	<u> </u>	_	oao	recic	arraus 1	ilee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	<u>ه</u>			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	trust			bens	2	(W-2/1099-MISC)		organization
	organizations below	ualtr	ional		ploye	E col				and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MARY LEE MANN	1.00	臣	E	Б	<u>۽</u>	25	2			
DIRECTOR (CURRENT)	0.00	v					1	0.	0.	0.
(2) JEFF ALLBRITTEN	3.00				<u> </u>	┢──			<u>v</u> .	
PRESIDENT	37.00	x		x				0.	289,430.	59,427.
(3) RANDALL T. PARRISH, JR. O.D.	1.00				├──	┢		```	205,450.	55,427.
DIRECTOR (CURRENT)	0.00	v		1.1				0.	0.	0.
(4) JOHN NOLAND	1.00	F			┢			<u>v</u> .	0.	· ··
(4) JOHN NOLAND CHAIRMAN (CURRENT)	0.00	x		x		1		0.	0.	0.
(5) SANKEY "EDDIE" WEBB, III	1.00			4						
•	2.00	x		x				0.	0.	0.
VICE CHAIR (CURRENT) (6) DAVID HALL	1.00	<u> </u> ≏		≜	⊢	-		0.		
	0.00			x				0.	0.	0
SECRETARY (CURRENT)	5.00		\vdash	•	⊢	-		0.	<u> </u>	0.
(7) GINA B. DOEBLE, CPA	35.00	ł							122 211	26 202
TREASURER (CURRENT)	35.00			X	┣—		-	0.	133,311.	36,382.
		4								
		<u> </u>	_		┢	<u> </u>	<u> </u>			
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332007 10-29-13						7				Form 990 (2013)
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2013.04000 EDISON STATE COLLEGE FINANC 096-6101

Form 990 (2013) CORPORAT				-					26-15	59175	<u>7</u> 1	Page 8
Part VII Section A. Officers, Directors, Trus		ploy I	rees			ghe	st C					
(A) Name and title	(B) Average hours per week	box offic	not c , unle		rson	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensatio from related		(F) Estima amoun othe	t of r
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization: (W-2/1099-MIS	SC)	ompens from t organiza and rela rganiza	he ation ated
		-										
						-						
1b Sub-total c Total from continuation sheets to Part V	Il Section A	•••••						0.	422,74	<u>41.</u> 0.	95,	809. 0.
d Total (add lines 1b and 1c)								0.	422,74		95,	809.
2 Total number of individuals (including but r compensation from the organization							ho r	eceived more than \$10	0,000 of reportab	le		0
3 Did the organization list any former officer,	, director, or tr	uste	e, ke	er er	mplo	oyee	, or	highest compensated e	employee on		Yes	s No
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the su								her compensation from		3		X
and related organizations greater than \$15 5 Did any person listed on line 1a receive or	0,000? If "Yes	, " co	mpl	lete S	Sch	edul	e J i	for such individual			x	
rendered to the organization? If "Yes," con	•				-			•		E	;	x
Section B. Independent Contractors 1 Complete this table for your five highest co	moensated in	dep	ende	ent o	cont	ract	ors	that received more than	\$100.000 of con	pensatio	n from	
the organization. Report compensation for	•	•						n the organization's tax	-			
(A) Name and business	address							(B) Description of :	services	Com	(C) pensat	ion
CENTURYLINK P.O. BOX 1319, CHARLOTTE	, NC 28	20 :	1					DATA SERVICE	S	1	.84,	250.
								+				
. <u></u>				_								
2 Total number of independent contractors (\$100,000 of compensation from the organ	-	not li	imite	ed to	o tha	ose li 1	isteo	d above) who received r	nore than			

EDISON STATE COLLEGE FINANCING

CORPORATION

EDISON STATE COLLEGE FINANCING

		(40,0)	RATION				26-1591	757 Page 9
Pa	rt VI	II Statement of Rever	nue					_
		Check if Schedule O cont	ains a response	or note to any line				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts	1 a	a Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	t	o Membership dues	1b					
S, m	C	Fundraising events	1c					
la Git	C	d Related organizations	1d	533,025.				
ini's,	e	Government grants (contribut	ions) 1e					
rio S	1	All other contributions, gifts, gran	ts, and					
<u>ă</u>		similar amounts not included abo	ve 1f					
1 E D		g Noncash contributions included in lines	-					
<u>õ ä</u>		n Total. Add lines 1a-1f			533,025.			
				Business Code	1 0/2 200	1 000 000		
ice	2 8		INCOME	531110	1,963,389.			
2 el	I	SERVICE FEES		531110	89,925.	89,925.		
E S C		°						[
Ba	(d						
Program Service Revenue		All other program service reve						
-		f All other program service reve g Total. Add lines 2a-2f			2,053,314.			
-	3	Investment income (including			_,,			
- 1	0	other similar amounts)		I	136,026.			136,026.
	4	Income from investment of ta						· · ·
	5	Royalties	•					
		•	(i) Real	(ii) Personal				
	6 a	a Gross rents						
	I	b Less: rental expenses						
	(c Rental income or (loss)						
	(d Net rental income or (loss)						
	7 8	a Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	5,438,107	•				
	I	b Less: cost or other basis						
		and sales expenses	5,471,357					
		c Gain or (loss)			22.050			22.050
		d Net gain or (loss)			-33,250.			-33,250.
Other Revenue	8 8	a Gross income from fundraisin	-					
ver		including \$ contributions reported on line						
å		Part IV, line 18						
ther	1	b Less: direct expenses						
ō		c Net income or (loss) from fund						
		a Gross income from gaming ad						
		Part IV, line 19						
	1	b Less: direct expenses	t					
		c Net income or (loss) from gam						
	10 a	a Gross sales of inventory, less	returns					
		and allowances		I				
		b Less: cost of goods sold						
		c_Net income or (loss) from sale						
		Miscellaneous Revenu	le	Business Code 900099	1 000	4		
1	11 8			300033	4,070.	4,070.		
		b	· · · · · · · · · · · · · · · · · · ·	 		<u>}</u>		
		cd All other revenue				<u> </u>	<u>_</u>	
		d All other revenue e Total. Add lines 11a-11d			4,070.	<u> </u>		
	12	Total revenue. See instructions.			2,693,185.	2,057,384.	0.	102,776.
33200 10-29-								Form 990 (2013)
					9			19

EDISON STATE COLLEGE FINANCING

CORPORATION Form 990 (2013) Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A) (B) (C)(D) Do not include amounts reported on lines 6b. Total expenses Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and 1 organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in 2 the United States. See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 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 7 Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) Other employee benefits ٩ Payroll taxes 10 Fees for services (non-employees): 11 Management а 175. 175. b Legal 22,000. 22,000. c Accounting d Lobbying Professional fundraising services. See Part IV, line 17 A 50,688. 50,688. Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, 232,860 176,397 56,463 column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 1,368. 1,368. 13 Office expenses 197,585. 197,585 Information technology 14 Royalties 15 390,418 390,418. 16 Occupancy 1,369. 1,369. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 7,584 7,584. Conferences, conventions, and meetings 19 950,090. 950,090. 20 Interest Payments to affiliates 21 571,771. 571,771. Depreciation, depletion, and amortization 22 18,778. 18,778. 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) а b С d All other expenses е 2,444,686. 2,306,407. 138,279. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

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¹⁰ 2013.04000 EDISON STATE COLLEGE FINANC 096-6101

Form	990	(2013)	

EDISON STATE COLLEGE FINANCING CORPORATION

	990 (2013) CORPORATION				20-	1591/5/ Page 11
Pa	tΧ	Balance Sheet					
		Check if Schedule O contains a response or not	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			740,107.		1,085,368.
	2	Savings and temporary cash investments			3,078,714.		2,977,487.
	3	Pledges and grants receivable, net			102,308.	3	420,207.
	4	Accounts receivable, net				4	25,989.
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation Part II of Schedule L			5		
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 501	(c)(9) voluntary			
ន		employees' beneficiary organizations (see instr).	Comple	ete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
Ä	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			51,772.	9	60,607.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	21,850,539.			
	Ь	Less: accumulated depreciation	10b	962,478.	21,459,832.	10c	20,888,061.
	11	Investments - publicly traded securities		······	5,527,817.	11	5,389,515.
	12	Investments - other securities. See Part IV, line 1	`	12			
	13	Investments - program-related. See Part IV, line			-	13	
	14	Intangible assets				14	1 546 560
	15	Other assets. See Part IV, line 11			2,598,578.		1,516,563.
	16	Total assets. Add lines 1 through 15 (must equ			33,559,128.		32,363,797.
	17	Accounts payable and accrued expenses			149,417.	t	63,815.
	18	Grants payable	213,264.	18	563,254.		
	19	Deferred revenue			213,204.		25,121,708.
	20	Tax-exempt bond liabilities			25,070,059.		25,121,700.
	21	Escrow or custodial account liability. Complete l				21	
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employees					
bili		Osuralista Deut II of Oshia dula I		1		20	
Lia				d portion		22 23	
	23 24	Secured mortgages and notes payable to unrelated Unsecured notes and loans payable to unrelated				23	
	24	Other liabilities (including federal income tax, pa				4	
		parties, and other liabilities not included on lines	-				
					2,382,555.	25	1,566,540.
	26	Schedule D Total liabilities. Add lines 17 through 25			28,415,295.		27,315,317.
—	2.0	Organizations that follow SFAS 117 (ASC 958					
Ś		complete lines 27 through 29, and lines 33 an					
nce	27	Unrestricted net assets			2,822,832.	27	3,277,681.
ala	28	Temporarily restricted net assets			2,321,001.	28	1,770,799.
Вр	29	Burner and the second data disease and a		Γ		29	
Fun		Organizations that do not follow SFAS 117 (A					
ş		and complete lines 30 through 34.					
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or ec				31	
et /	32	Retained earnings, endowment, accumulated in				32	
Z	33	Total net assets or fund balances			5,143,833.		5,048,480.
	34	Total liabilities and net assets/fund balances			33,559,128.	34	<u>32,363,797.</u>

Form 990 (2013)

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EDISON STATE COLLEGE FINANCING CORPORATION

Form	990 (2013) CORPORATION	26	<u>-159175</u>	7	Pag	je 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,6			
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,4			
3	Revenue less expenses. Subtract line 2 from line 1	3				99.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,1			
5	Net unrealized gains (losses) on investments	5		46	,20	62.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8	-2	97	, 59	90.
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	5,0	48	,48	<u>80.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
)	/es	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	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	•••••		a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2	b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	te basis	s,			
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the					
	review, or compilation of its financial statements and selection of an independent accountant?		2	c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	-	udit			
	Act and OMB Circular A-133?		·····	a		X
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits					
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Form **990** (2013)

332012 10-29-13

	O or 990-EZ) f the Treasury	Complet	te if the organization is 4947(a)(1) no ▶ Attach to l	Charity Status and Public Support e 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. edule A (Form 990 or 990-EZ) and its instructions is at www.jrs.gov/form9							OMB No. 1545-0047 2013 Open to Public Inspection		
Name of t	he organizati		STATE COLLEG	E FIN	ANCIN	G		E	mployer				nber
Part I	Peacon	CORPORA	TION ity Status (All organiza	otiono mu	t complet	o this nor	N Coo inot	mustions.	2	6-1	1591	757	
					•			ructions,					
<u> </u>		-	because it is: (For lines 1	-									
			s, or association of churc '0(b)(1)(A)(ii). (Attach Scl		nbeu in se			•					
2 3			tal service organization c	-	in section	170(b)(1)	(A)(iiii)						
4	-		operated in conjunction					(b)(1)(A)(ii	i). Enter t	the h	nospital'	s nam	e.
	city, and stat	-			p				.,			o mann	-,
5 X	•		benefit of a college or un	niversity ov	wned or op	perated by	a governr	nental uni	t describ	oed ir	<u>ו</u>		
-	-	(b)(1)(A)(iv). (Comple	-	•		•	•						
6 🗌	A federal, sta	te, or local governm	ent or governmental unit	t described	d in sectio	n 170(b)(⁻	1)(A)(v).						
7 🗔	An organizati	on that normally rec	eives a substantial part o	of its supp	ort from a	governme	ental unit o	r from the	general	publ	ic descr	ibed ir	n
	section 170(b)(1)(A)(vi). (Comple	te Part II.)										
8	A community	trust described in s	ection 170(b)(1)(A)(vi). (Complete	Part II.)								
9 🖵	An organizati	on that normally rec	eives: (1) more than 33 1	I/3% of its	support f	rom contri	ibutions, m	nembershi	p fees, a	nd g	ross rec	eipts f	irom
		•	nctions - subject to certa	-							-		
			axable income (less sect	ion 511 ta	x) from bu	sinesses a	acquired b	y the orga	inization	after	June 3	0, 197	5.
		509(a)(2). (Complete	-										
	•	•	perated exclusively to tes	•				•				-	
11 📖	-	•	perated exclusively for th						•				or
		•••••	ations described in section		at the part of the		2). See sec	tion 509(a)(3). Ch	еск т	ne box	that	
		•••••••••••••••••••••••••••••••••••••••	organization and comple /pe II c I Ty	pe III - Fu			d	. .	e III - No	- fu -	otionally	linton	ratad
e 🗔	••	•	ype II c L Ty at the organization is not			-		••					
e		_	han one or more publicly			-	-			-			
f		-	ten determination from t						5(4)(1) 01	3000		(4)(2).	
•		ganization, check th				p, . , p.							
g		•	organization accepted an	ny gift or co	ontributior	from any	of the follo	owing per	sons?	•••••		•••••	
5	-		lirectly controls, either al			-		÷ ·		Ι,]	Yes	No
			upported organization?							[11g(i)		
			n described in (i) above?							[11g(ii)		
	(iii) A 35% d	controlled entity of a	person described in (i) o	or (ii) above	∋?						11g(iii)		
h	Provide the f	ollowing information	about the supported org	ganization	(s).								
			· · · · · · · · · · · · · · · · · · ·			-							
	of supported anization	(ii) EIN		(iv) is the o in col. (i) lis governing		organizat	u notify the tion in col. r support?	(vi) Is organizatio (i) organiz U.S	s the on in col. ted in the .?	(vii)	Amount supp		etary
			(see instructions))	Yes	No	Yes	No	Yes	No				
				· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·							
				 									

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

Schedule A (Form 990 or 990-EZ) 2013

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Total

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EDISON STATE COLLEGE FINANCING Schedule A (Form 990 or 990-EZ) 2013 CORPORATION

26-1591757 Page 2

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	450,000.	925,306.	693,819.	585,799.	533,025.	3,187,949.
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	450,000.	925,306.	693,819.	585,799.	533,025.	3,187,949.
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.						3,187,949.
Se	ction B. Total Support						•
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	450,000.	925,306.	693,819.	585,799.	533,025.	3,187,949.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	56,420.	147,707.	165,199.	128,509.	136,026.	633,861.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)	1.					
11							3,821,810.
12	Gross receipts from related activities	, etc. (see instructi	ons)		-	12 3	,528,947.
13	First five years. If the Form 990 is fo						
	organization, check this box and sto				-		
Se	ction C. Computation of Pub	lic Support Pe	rcentage				
14	Public support percentage for 2013 ((line 6, column (f) d	ivided by line 11, o	column (f))		14	83.41 %
15	Public support percentage from 2012	2 Schedule A, Part	II, line 14		•••••	15	91.01 %
	a 33 1/3% support test - 2013. If the					nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organizatior				► 🛣
t	33 1/3% support test - 2012. If the						
	and stop here. The organization qua	lifies as a publicly :	supported organiz	ation			
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	cts-and-circumstan	ces" test, check t	his box and stop h	nere. Explain in Pa	rt IV how the orgar	nization
	meets the "facts-and-circumstances"	test. The organiza	ition qualifies as a	publicly supporte	d organization		
t	o 10% -facts-and-circumstances tes						
	more, and if the organization meets t	he "facts-and-circu	imstances" test, c	heck this box and	stop here. Explair	n in Part IV how the)
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
<u>18</u>	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	<u>s > </u>
					Sche	edule A (Form 990	or 990-EZ) 2013

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

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

ar year (or fiscal year beginning in) ifts, grants, contributions, and nembership fees received. (Do not iclude any "unusual grants.") pross receipts from admissions,	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
nembership fees received. (Do not iclude any "unusual grants.") iross receipts from admissions,						
clude any "unusual grants.")						
ross receipts from admissions,						
erchandise sold or services per-						
ormed, or facilities furnished in						
ny activity that is related to the						
rganization's tax-exempt purpose						
ross receipts from activities that						
re not an unrelated trade or bus-						
ess under section 513						
ax revenues levied for the organ-						
ation's benefit and either paid to						
r expended on its behalf						
he value of services or facilities						
imished by a governmental unit to			4			
ne organization without charge						
otal. Add lines 1 through 5						_
mounts included on lines 1, 2, and						
received from disqualified persons						
mounts included on lines 2 and 3 received						
nount on line 13 for the year						
dd lines 7a and 7b						
ublic support (Subtract line 7c from line 6.)						
ion B. Total Support						
ar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
mounts from line 6						
ross income from interest,						
nd income from similar sources						
nrelated business taxable income						
ess section 511 taxes) from businesses						
cquired after June 30, 1975						
					1	
let income from unrelated business		*****				
ctivities not included in line 10b,						
Anether or not the business is						
ther income. Do not include gain						
r loss from the sale of capital						
				1		-
· · · · · · · · · · · ·	the organization's	L	l rd fourth or fifth +			
	-			•	• • • •	
	c Support Pe	rcentage	••••••••••••••••••••••••••••••			
			column (fl)		15	
					1	
					17	
						e 17 is not
	-					
		-		•••••		
	-					,
		-				
	T UN HOL CHECK &	50X 011 III 6 14, 18	a, or 190, check t			
ug-20* 10			15	30		25 or 25
	mished by a governmental unit to e organization without charge otal. Add lines 1 through 5 mounts included on lines 1, 2, and received from disqualified persons nounts included on lines 2 and 3 received m other than disqualified persons that ceed the greater of \$5,000 or 1% of the total and 7b ublic support (subtractime 7c from line 5.) on B. Total Support ar year (or fiscal year beginning in) ► mounts from line 6 ross income from interest, vidends, payments received on courities loans, rents, royalties and income from similar sources to income from similar sources arelated business taxable income ess section 511 taxes) from businesses quired after June 30, 1975 dd lines 10a and 10b et income from unrelated business trivities not included in line 10b, hether or not the business is gularly carried on ther income. Do not include gain loss from the sale of capital sets (Explain in Part IV.) otal support. (Add lines 9, 10c, 11, and 12.) rst five years. If the Form 990 is for heck this box and stop here on C. Computation of Public ublic support percentage for 2013 (lit ublic support percentage for 2013 (lit ublic support percentage for 2013 (lit ublic support tests - 2013. If the ore than 33 1/3%, check this box an 3 1/3% support tests - 2012. If the ore is a support tests - 2013. If the ore is a support te	rnished by a governmental unit to e organization without charge botal. Add lines 1 through 5 mounts included on lines 1, 2, and received from disqualified persons nounts included on lines 2 and 3 received m other than disqualified persons that ceed the greater of \$5,000 or 1% of the sount on line 13 for the year dd lines 7a and 7b ublic support (subtract line 7c from line 6.) on B. Total Support ar year (or fiscal year beginning in) ► (a) 2009 mounts from line 6 ross income from interest, vidends, payments received on ecurities loans, rents, royalties dd lines 10a and 10b et income from similar sources quired after June 30, 1975 dd lines 10a and 10b et income from unrelated business gularly carried on ther income. Do not include gain loss from the sale of capital sets (Explain in Part IV.) that support. (Add lines 9, 10c, 11, and 12.) rst five years. If the Form 990 is for the organization's neck this box and stop here on C. Computation of Public Support Pe ublic support percentage for 2013 (line 8, column (f) d ublic support percentage for 2013 (line 10c, colur vestment income percentage for 2013 (line 10c, colur vestment inc	mished by a governmental unit to e organization without charge otal. Add lines 1 through 5 mounts included on lines 1, 2, and received from disqualified persons nounts included on lines 2 and 3 received mounts included on lines 2 and 3 received mounts included on lines 2 and 3 received mount on line 13 for the year dial lines 7 a and 7b ublic support (subtratine 7c from line 5) on B. Total Support ar year (or fiscal year beginning in) ► (a) 2009 (b) 2010 mounts from line 6 ross income from interest, vidends, payments received on scurities loans, rents, royalties nd income from similar sources quired after June 30, 1975 dd lines 10a and 10b et income from unrelated business guard after June 30, 1975 dd lines 10a and 10b et income from unrelated business issets (Explain in Part IV.) rist is yepart. (Ad lines 9, 10c, 11, and 12) rst five years. If the Form 990 is for the organization's first, second, this text this box and stop here on C. Computation of Public Support Percentage vestment income percentage for 2013 (line 10c, column (f) divided by line 13, ublic support percentage for 2013 (line 10c, column (f) divided by line 13, ublic support percentage for 2013 (line 10c, column (f) divided by line 13, ublic support percentage for 2013 (line 10c, column (f) divided by line 13, ublic support percentage for 2013 (line 10c, column (f) divided by line 13, ublic support tests - 2013. If the organization did not check the box ore than 33 1/3%, check this box and stop here. The organization qua 3 1/3% support tests - 2012. If the organization did not check a box or te 18 is not more than 33 1/3%, check this box and stop here. The organization qua 3 1/3%, support tests - 2012. If the organization did not check a box or te 18 is not more than 33 1/3%, check this box and stop here. The organization qua 3 1/3% support tests - 2012. If the organization did not check a box or te 18 is not more than 33 1/3%, check this box and stop here. The organization qua 3 1/3% support tests - 2012. If the organization did not check a bo	mished by a governmental unit to e organization without charge ball. Add lines 1 through 5 mounts included on lines 1, 2, and received from disqualified persons bounts included on lines 2 and 3 received m other than disqualified persons that coeff the geater of 5,000 or 1% of the bount on line 13 for the year dd lines 7 and 7b billic support (globastime 7c from line 6) on B. Total Support ar year (or fiscal year beginning in) (a) 2009 (b) 2010 (c) 2011 mounts from line 6 coss income from interest, vidends, payments received on courties loans, rents, royalties di income from similar sources prelated business taxable income ess section 511 taxes) from businesses quired after June 30, 1975 dd lines 10a and 10b et income from unrelated businesses thittes not include galan loss for the sale of capital sets (Explain in Part IV) ther income. Do not include galan loss for the sale of capital sets (Explain in Part IV) abilic support percentage from 2012 Schedule A, Part III, line 15 on D. Computation of Investment Income Percentage vestment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) westment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) westment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) westment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) westment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) westment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) westment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) westment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) westment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) westment income percentage for 2013 Schedule A, Part III, line 17 a 1/3%, support tests - 2012. If the organization did not check the box on line 14, and	mished by a governmental unit to e organization without charge bal. Add lines 1 through 5 mounts included on lines 1, 2, and received from disqualified persons mounts included on lines 1, 2, and received from disqualified persons mounts included on lines 1, 2, and received from disqualified persons mounts included on lines 2 and 3 received on the that disqualified persons to the disqualified persons to the disqualified persons that discome from interest, violends, payments received on curifies loans, rents, royaltiss to a lincome from similar sources treated business taxable income tess section 511 taxes) from businesses that discome from unrelated business to the business taxable income the set of capital sets (Explain in Part IV) that support, Add times 9, to 1, 1, and 12) traft we yeers. If the Form 900 is for the organization's first, second, third, fourth, or fifth tax year as a secti text this box and stop here on C. Computation of Public Support Percentage on D. Computation of Public Support Percentage on D. Computation of Public Support Percentage on D. Computation of Investment Income Percentage on 2. Computation of Investment Income Percentage on 2. Computation of Investment Income Percentage on 2. 	mished by a governmental unit to e organization without charge bal. Add lines 1 through 5 tal. Add lines 2 and 7 exceeded mether than disqualified persons mounts included on lines 2 and 7 exceeded mether than disqualified persons that counts included on lines 2 and 7 exceeded the start of \$500 or 1% of the count on line 13 for the year are (or fiscal year beginning in) ► (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 mounts from line 6 for B. Total Support are year (or fiscal year beginning in) ► (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 mounts from line 6 for B. Total Support are year (brinked business treated business taxable income ss section 511 taxes) form businesses ignifed after June 30, 1975 dd lines 10 and 10b throme from urrelated business that is support determiness is guidard for June 80, 1007 thread for June 80, 1007 thread for June 80, 1007 di lines 100 and 10b thread for June 80, 1007 thread for June 80, 1007 thread for June 80, 1007 thread for June 81, 1007 thread for June 80, 1007 thread for June 90, 1007 thread for June 90, 1007 t

EDISON STATE COLLEGE FINANCING

26-1591757	Page 4
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	EDISON	STATE	COLLEGE	FINANCING	
Schedule A (Form 990 or 990-EZ) 2013	CORPORA	TION			26-1591757 _{Pag}
Part IV Supplemental Inform	nation. Prov	ide the exp	lanations require	d by Part II, line 10; Par	t II, line 17a or 17b; and Part III, line 12.
Also complete this part for	any additiona	l informatio	n (See instructio	(ans	

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20717 135925 096-1325450	0 2013.04000	16) EDISON	STATE	COLLEGE	FINANC	26 096-61
120121 233723 030-2323430	- 2010.04000		o tht D			

Schedule B	
(Form 990, 990-EZ.	

or 990-PF) Department of the Treasury

Department of the Treasury Internal Revenue Service

Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <u>www.irs.gov/form990</u>. OMB No. 1545-0047

2013

Employer identification number

26-1591757

EDISON	STATE	COLLEGE	FINANCING
CORPORA	ATION		

	CORPORATIC
Organization type(ch	eck one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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, total 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 total 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 its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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) (2013)

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)	Page 2
Name of organization EDISON STATE COLLEGE FINANCING	Employer identification number
CORPORATION	26-1591757

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	EDISON STATE COLLEGE 8099 COLLEGE PARKWAY FORT MYERS, FL 33919	\$533,025.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		* 1 * * * *** *** *** *** *** *** **	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
323452 10-2)922071	18 7 135925 096-13254500 2013.04000 EDISON		990, 990-EZ, or 990-PF) (2013) 28 INANC 096-61U1

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)	Page 3
Name of organization	Employer identification number
EDISON STATE COLLEGE FINANCING	
CORPORATION	26-1591757

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II

(a) No. irom 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 lart 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
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(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
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(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
0717 135	19 925 096-13254500 2013.04000 EDI		990, 990-EZ, or 990-PF) (2 29 INANC 096-61

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me of organiza			Employer identification numb
	TATE COLLEGE FINANC	ING	06 1501757
ORPORAT	LON Tychichy religious, charitable, etc., inc	lividual contributions to section 50'	26 – 1591757 01(C)(7), (8), or (10) organizations that total more than \$1,000
<u> </u>	ear. Complete columns (a) through (e) and the total of exclusively religious, charitable, o Jse duplicate copies of Part III if addition	the following line entry. For organiza etc., contributions of \$1,000 or less onal space is needed.	U1(C)(7), (8), or (10) organizations that total more than \$1,000 zations completing Part III, enter s for the year. (Enter this information once.) \$
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I		·	
		(e) Transfer of	
	Transferee's name, address,		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	igift.)
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
		** <u></u> ** <u></u>	
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of	f 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	
	Transferee's name, address,		Relationship of transferor to transferee
	· · · · · · · · · · · · · · · · · · ·		
			Schedule B (Form 990, 990-EZ, or 990-F

00		al Financial Statements		OMB No. 1545-0047
	n 990) Complete if the or		2013	
Depart	Part IV, line 6, 7, 8, 9, 1		Open to Public	
	Revenue Service ► Information about Schedule D (For e of the organization EDISON STATE COLLI			
Nam	CORPORATION			loyer identification number 26-1591757
Pa	t I Organizations Maintaining Donor Advis	ed Funds or Other Similar Funds or A	ccou	nts.Complete if the
	organization answered "Yes" to Form 990, Part IV, li			
		(a) Donor advised funds (b) Fun	ds 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	-		Yes No
•	are the organization's property, subject to the organization' Did the organization inform all grantees, donors, and donor			
6	for charitable purposes and not for the benefit of the donor			
	impermissible private benefit?			
Pa		rganization answered "Yes" to Form 990, Part IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	-		
-	Preservation of land for public use (e.g., recreation or		ly impo	ortant land area
	Protection of natural habitat	Preservation of a certified hi		
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qua	lified conservation contribution in the form of a co	onserva	ation easement on the last
	day of the tax year.			
				Held at the End of the Tax Year
а	Total number of conservation easements		2 a	
b	Total acreage restricted by conservation easements		2b	
c	Number of conservation easements on a certified historic s		2c	
d	Number of conservation easements included in (c) acquired			
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, r	eleased, extinguished, or terminated by the organ	nizatior	h during the tax
	year			
4	Number of states where property subject to conservation e			
5	Does the organization have a written policy regarding the p			
6	violations, and enforcement of the conservation easements Staff and volunteer hours devoted to monitoring, inspecting		 ho vos	······· Yes └── No
6 7	Amount of expenses incurred in monitoring, inspecting, and			
8	Does each conservation easement reported on line 2(d) abo			·
Ŭ	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conserva	tion easements in its revenue and expense state	ment. a	and balance sheet, and
-	include, if applicable, the text of the footnote to the organiz	•	•	•
	conservation easements.			
Pa	rt III Organizations Maintaining Collections	of Art, Historical Treasures, or Other	Simil	ar Assets.
	Complete if the organization answered "Yes" to Forr	n 990, Part IV, line 8.		· · · -
1a	If the organization elected, as permitted under SFAS 116 (A	ASC 958), not to report in its revenue statement a	nd bala	ance sheet works of art,
	historical treasures, or other similar assets held for public e	xhibition, education, or research in furtherance of	public	service, provide, in Part XIII,
	the text of the footnote to its financial statements that desc	cribes these items.		
b	If the organization elected, as permitted under SFAS 116 (A			-
	treasures, or other similar assets held for public exhibition,	education, or research in furtherance of public se	rvice, j	provide the following amounts
	relating to these items:			•
	(i) Revenues included in Form 990, Part VIII, line 1		•	\$
•	••	en en etter similer en ette for finnssiel este		\$
2	If the organization received or held works of art, historical to the following amounts required to be reported upder SEAS	_	μιονία	E
~	the following amounts required to be reported under SFAS Revenues included in Form 990, Part VIII, line 1			\$
a h	Assets included in Form 990, Part X			* \$
5			. •	*
LHA	For Paperwork Reduction Act Notice, see the Instructio	ns for Form 990.		Schedule D (Form 990) 2013
33205 09-25				- , , ,
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	EDISON	STATE COLL	EGE FI	NANC	ING						
Sche	dule D (Form 990) 2013 CORPORA	TION						26 - 15	59175	7 р	age 2
Par	t III Organizations Maintaining C	ollections of A	rt, Histori	ical Tr	easures, c	or Othe	r Simila	ar Asse	ets(contin	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check an	y of the	following tha	t are a sig	gnificant u	use of its	collectio	n iten	ns
	(check all that apply):										
а	Public exhibition	d	🗌 Loa	n or excl	hange progra	ams					
b	Scholarly research	e	Oth	er							
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explai	n how they	further tl	he organizati	on's exen	npt purpo	se in Pa	rt XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, histor	ical trea	sures, or oth	er similar	assets	_	_	_	_
	to be sold to raise funds rather than to be ma								Yes_		<u>No</u>
Par			ete if the org	anizatio	n answered '	'Yes" to F	Form 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Pa		·····				<u> </u>				·····
	Is the organization an agent, trustee, custod		-					_	_	_	-
	on Form 990, Part X?							L	_ Yes	L.	_ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table	e:							
									Amoun	t	
	Beginning balance										
d	Additions during the year		•••••								
e	Distributions during the year		•••••								
f	Ending balance										1
	Did the organization include an amount on Fe							L-	Yes		
	If "Yes," explain the arrangement in Part XIII.						<u></u>	<u></u>			
Par	t V Endowment Funds. Complete i										haali
		(a) Current year	(b) Prior	year	(c) Two year	IS DACK (d) Inree y	ears Dack	(e) Fou	years	S DACK
1a	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
e	Other expenditures for facilities										
	and programs										
	Administrative expenses										
-	End of year balance			- 1	<u> </u>						
2	Provide the estimated percentage of the cur	rent year end baland		olumn (a	a)) neid as:						
a	Board designated or quasi-endowment		_%								
D	Permanent endowment	%									
С	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c should be a should be should be a should be a shou	%									
0-	Are there endowment funds not in the posse	•	ation that a	ro hold a	nd administe	rad for th		ntion			
38	-	ssion of the organiz	alloi i liaca	e neiu a			le organiz	auon	1	Yes	No
	by:								. 3a(i)	169	
	(i) unrelated organizations							••••••			
h	(ii) related organizations If "Yes" to 3a(ii), are the related organizations	e listed as required r	n Schedule		••••••	•••••	•••••	••••••	<u>Sa(ii)</u> 3b		
ں ۸	Describe in Part XIII the intended uses of the				•••••	•••••	•••••	••••••	[30		
Par	t VI Land, Buildings, and Equipm			43.		<u></u>					
	Complete if the organization answere). Part IV. lin	e 11a. S	iee Form 990	Part X. I	ine 10.				
	Description of property	(a) Cost or c			or other		cumulate	bed be	(d) Boo	k valı	16
		basis (investr		•••	(other)		reciation		, 200		
1a	Land										
b	Buildings		2	1,72	1,901.	9	13,1	62.	20,80	8,7	39.
c	Leasehold improvements										
	Equipment			12	8,638.		49,3	16.	7	9,3	322.
	Other										
	. Add lines 1a through 1e. (Column (d) must e		X, column ('B), line 1	10(c).)				20,88	8,0)61.
								Schedu	e D (Forr	n 990) 2013

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CORPORATION Schedule D (Form 990) 2013 Part VII Investments - Other Securities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1)(2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2)(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ► **Other Liabilities.** Part X Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value 1. (1) Federal income taxes DERIVATIVE INSTRUMENT -INTEREST (2) RATE SWAP 1,538,254 (3) 28,286. INTEREST PAYABLE (4) (5) (6) (7) (8) (9) 1,566,540. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII 🚺

Schedule D (Form 990) 2013

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	EDISON STATE COLLEGE FIN	IANCING			
	edule D (Form 990) 2013 CORPORATION			<u>26-:</u>	1591757 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stat	ements With	Revenue per R	leturn).
	Complete if the organization answered "Yes" to Form 990, Part IV, line	12a.			
1	Total revenue, gains, and other support per audited financial statements			1	2,668,614
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a	-24,571.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	-24,571
3	Subtract line 2e from line 1			3	2,693,185
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,693,185		
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	tements Wit	h Expenses per	Retu	rn.
	Complete if the organization answered "Yes" to Form 990, Part IV, line	12a.			
1	Total expenses and losses per audited financial statements			1	2,444,686
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1. s.			
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
с	Other losses	20			
d					
е	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1			3	2,444,686
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
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.			5	2,444,686
Pa	rt XIII Supplemental Information.				

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

PART X, LINE 2:

NO PROVISION FOR INCOME TAX EXPENSE HAS BEEN MADE IN THE

ACCOMPANYING FINANCIAL STATEMENTS SINCE THE FINANCING CORPORATION IS

EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE

CODE. THE FINANCING CORPORATION IS ORGANIZED EXCLUSIVELY FOR EDUCATIONAL

PURPOSES AND ALTHOUGH IT HAS NOT BEEN CLASSIFIED AS AN ORGANIZATION THAT

IS A PRIVATE FOUNDATION UNDER SECTION 509(A)(2), IT HAS BEEN CLASSIFIED AS

A CORPORATION UNDER SECTION 509(A)(3).

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SCHEDULE J	Compensation Information	I	OMB No.	1545-00	47	
(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest			2012			
Compensated Employees)	
	 Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. See separate instructions. 		Open to	o Publ	ic	
	Department of the Treasury Internal Revenue Service ► Information about Schedule J (Form 990) and its instructions is at <u>www irs gov/form990</u>					
Name of the organ	Name of the organization EDISON STATE COLLEGE FINANCING Employer					
	CORPORATION	26-1	<u>.59175</u>	7		
Part I Que	tions Regarding Compensation					
				Yes	No	
1a Check the ap	propriate box(es) if the organization provided any of the following to or for a person listed in Form	990,				
Part VII, Sect	on A, line 1a. Complete Part III to provide any relevant information regarding these items.					
First-cla	s or charter travel Housing allowance or residence for perso	onal use				
Travel f	r companions Payments for business use of personal re	esidence				
Tax inde	mnification and gross-up payments Health or social club dues or initiation fee	:S				
Discreti	nary spending account Personal services (e.g., maid, chauffeur, o	chef)				
b If any of the	oxes on line 1a are checked, did the organization follow a written policy regarding payment or					
reimburseme	nt or provision of all of the expenses described above? If "No," complete Part III to explain		1b			
2 Did the orga	ization require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
trustees, and	officers, including the CEO/Executive Director, regarding the items checked in line 1a?		2			
	h, if any, of the following the filing organization used to establish the compensation of the organiz					
	e Director. Check all that apply. Do not check any boxes for methods used by a related organization	tion to				
establish cor	pensation of the CEO/Executive Director, but explain in Part III.					
	sation committee					
	dent compensation consultant					
Form 99	0 of other organizations Approval by the board or compensation of	committee				
	ar, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing					
=	or a related organization:				x	
	erance payment or change-of-control payment?			x		
•	or receive payment from, a supplemental nonqualified retirement plan?				x	
-	or receive payment from, an equity-based compensation arrangement?	•••••	<u>4c</u>			
If "Yes" to ar	y of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
Only ageties	501/2 and $501/2/4$ exceptions must complete lines 5.0					
	501(c)(3) and 501(c)(4) organizations must complete lines 5-9. sted in Form 990, Part VII, Section A, line 1a, dld the organization pay or accrue any compensation	0 0				
	tee in Form 990, Part VII, Section A, line Va, did the organization pay of accrue any compensation the revenues of:					
•			5a		x	
	The organization? Any related organization?				X	
	e 5a or 5b, describe in Part III.				╞╴╧╴	
	sted in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n				
•	the net earnings of:					
0	ion?		6a		x	
	rganization?				X	
	e 6a or 6b, describe in Part III.		·····	<u> </u>	<u>├</u> ──	
	sted in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payment	S				
	I in lines 5 and 6? If "Yes," describe in Part III		7		x	
	pounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t		·····	<u> </u>	† <u> </u>	
-	t exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		x	
	e 8, did the organization also follow the rebuttable presumption procedure described in		····· – – – – – – – – – – – – – – – –		<u> </u>	
	ection 53.4958-6(c)?					
	ork Reduction Act Notice, see the Instructions for Form 990.		tule J (For	n 990) 2013	
•	· ·		•			

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Schedule J (Form 990) 2013

CORPORATION

26-1591757

Page 2

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)·(D)	(F) Compensation reported as deferred
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents		in prior Form 990
(1) JEFF ALLBRITTEN	(i)	0.	0.	0.		0.		0.
PRESIDENT	(ii)	277,430.	0.	12,000.	52,032.	7,395.	348,857.	0.
(2) GINA B. DOEBLE, CPA	(i)	0.	0.	0.	0.	0.		0.
TREASURER (CURRENT)	(ii)	133,311.	0.	0.	23,628.	12,754.	169,693.	0.
	(i)			N.				
	(ii)							
	(i)							
	(ii)							
-	(i)							
	Ü		1					
	(i)							
	(ii)							
-	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ö)							

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90) 2013	Schedule J (Form 990) 2013	
	457(F) PLAN SPONSORED BY THE COLLEGE DURING THE YEAR.	457(F) PLAN
	ALLBRITTEN PARTICIPATED IN A SUPPLEMENTAL NONQUALIFED	JEFF ALLBRIT
	4B:	PART I, LINE
37	Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	Provide the information
		Part III Supplemental Information
Page 3	EDISON STATE COLLEGE FINANCING 26-1591757 26-1591757	Schedule J (Form 990) :

(Form	SCHEDULE K (Form 990) Department of the Treasury Internal Revenue Service Name of the organization Name of the organization EDISON STATE COLLEGE FINANCING Supplemental Information on Tax-Exempt Bonds explanations, and any additional information in Part VI. Information about Schedule K (Form 990) and its instructions is at www irs gov/form990 Employer ide													
	of the organization EDISON STAT CORPORATION	TE COLLEGE	FINANCING	3			¹²		Emple			ication number 757		
Part	I Bond Issues SE (a) Issuer name	SEE PART VI FOR COLUMN (F) CONTINUATIONS (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose									(h) On behalf of issuer		Pooled nancing	
									Yes	No 1	Yes No		es No	
	EE COUNTY INDUSTRIAL						FOR THE	PURPOSE	1					
	EVELOPMENT AUTHORITY	59-1793462	NONE	12/21/10	26,3		-	RUCTING A		x	2	<u>x</u>	<u> </u>	
в														
<u> </u>														
D														
Part	II Proceeds	<u> </u>							<u> </u>					
Fart				. A			В	c				<u> </u>		
1	Amount of bonds retired			-							_			
	Amount of bonds legally defeased													
-	Total proceeds of issue			OF OO	9,440.									
-	Gross proceeds in reserve funds			4 4 4	5,000.									
-	Capitalized interest from proceeds			1 0 0	1,000.									
					•									
					7,000.								,	
	Working capital expenditures from proceeds				1,233.									
	Capital expenditures from proceeds			64 64	5,207.									
	Other spent proceeds													
	Other unspent proceeds												`	
-	Year of substantial completion				012									
				Yes	No	Yes	No	Yes	No	Y	'es		No	
14	Were the bonds issued as part of a current re	funding issue?			X									
	Were the bonds issued as part of an advance				X									
_	Has the final allocation of proceeds been mad													
	Does the organization maintain adequate books and records			X										
Part														
				A			В	С			1)		
1 '	Was the organization a partner in a partnershi	ip, or a member of an	LLC,	Yes	No	Yes	No	Yes	No	Y	'es	1	No	
	which owned property financed by tax-exemp				X									
	Are there any lease arrangements that may re													
220101	bond-financed property?				<u>X</u>	L						L		
10-09-1	3 LHA For Paperwork Reduction Act Notic	e, see the Instructio	ns for Form 990	. 28					5	Schedu	ile K (F	orm 9	90) 2013	

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Sche	edule K (Form 990) 2013 CORPORATION	26-1591757 Page										
Par	t III Private Business Use (Continued)											
			4	E	3	(0	[)			
3a	Are there any management or service contracts that may result in private	Yes	No	Yes	No	Yes	No	Yes	No			
	business use of bond-financed property?		X									
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside											
	counsel to review any management or service contracts relating to the financed property?											
c	Are there any research agreements that may result in private business use of bond-financed property?		X									
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other cutside											
	counsel to review any research agreements relating to the financed property?											
4	Enter the percentage of financed property used in a private business use by											
	entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%			
5	Enter the percentage of financed property used in a private business use as a result of						_					
	unrelated trade or business activity carried on by your organization, another											
	section 501(c)(3) organization, or a state or local government		%		%		%		%			
6	Total of lines 4 and 5		%		%		%		%			
7			X									
8a	Has there been a sale or disposition of any of the bond-financed property to a non-											
	governmental person other than a 501(c)(3) organization since the bonds were issued?		X									
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed					-						
	of		%		%		%		%			
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections											
	1.141-12 and 1.145-2?											
9	Has the organization established written procedures to ensure that all nonqualified											
	bonds of the issue are remediated in accordance with the requirements under											
	Regulations sections 1.141-12 and 1.145-2?	X										
Par	t IV Arbitrage											
			۹	E	3	(<u> </u>)			
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No			
	Penalty in Lieu of Arbitrage Rebate?	X										
2	If "No" to line 1, did the following apply?											
a	Rebate not due yet?											
b	Exception to rebate?											
C	No rebate due?											
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate											
	computation was performed								<u> </u>			
	Is the bond issue a variable rate issue?	X										
4a	Has the organization or the governmental issuer entered into a qualified											
	hedge with respect to the bond issue?	X							l			
b	Name of provider	BB&T										
	Term of hedge	5.	5000000						°			
d	Was the hedge superintegrated?		X									
e	Was the hedge terminated?		X						L			

EDISON STATE COLLEGE FINANCIN Schedule K (Form 990) 2013 CORPORATION	G		26-1	1591757	,			Page
Part IV Arbitrage (Continued)			-					
	A		E	3		.		,
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of		-						
section 148?	х							
Part V Procedures To Undertake Corrective Action	· .							
	A		E	В		>)
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of								
federal tax requirements are timely identified and corrected through the voluntary								
closing agreement program if self-remediation is not available under applicable								
regulations?	X							
		····						
					····			
		·····				·····	· · ·	
· · · · · · · · · · · · · · · · · · ·							· · · · · · · · · · · · · · · · · · ·	

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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.

Open to Public Inspection

OMB No. 1545-0047

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 EDISON STATE COLLEGE FINANCING Name of the organization CORPORATION

Employer identification number 26-1591757

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

PARKING, AND OTHER IMPROVEMENTS AND TO MAKE EXPENDITURES TO/FOR THE

EXCLUSIVE BENEFIT OF EDISON STATE COLLEGE.

FORM 990, PART VI, SECTION A, LINE 2:

JEFF ALLBRITTEN, GINA DOEBLE, CHRIS VERNON, EDDIE WEBB HAVE

BUSINESS RELATIONSHIPS, AS THEY ARE DIRECTORS, OFFICERS, OR KEY EMPLOYEES

OF EDISON STATE COLLEGE.

FORM 990, PART VI, SECTION B, LINE 11:

THE TREASURER REVIEWS THE 990 WITH THE GOVERNING BODY AND

SEEKS BOARD APPROVAL PRIOR TO THE FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL VOTING BOARD MEMBERS MUST COMPLETE AND SIGN THE CONFLICT

OF INTEREST POLICY EACH YEAR.

FORM 990, PART VI, SECTION B, LINE 15:

THE ENTITY DOES NOT DIRECTLY EMPLOY ANY INDIVIDUALS.

INDIVIDUALS ARE EMPLOYED BY THE COLLEGE. COMPENSATION IS ESTABLISHED BY THE

RELATED ORGANIZATION THROUGH THE WAGE AND COMPENSATION SCHEDULE. BOARD

MEMBERS/OFFICERS ARE NOT COMPENSATED.

FORM 990, PART VI, SECTION C, LINE 19:

09220717 135925 096-13254500

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2013) 332211 09-04-13 31 41

2013.04000 EDISON STATE COLLEGE FINANC 096-61U1

Schedule O (Form 990 or 9	990-EZ) (2013)			Page 2
Name of the organization	EDISON STATE CORPORATION	COLLEGE	FINANCING	Employer identification number 26-1591757

FORM 990, PART XII, LINE 2C:

THE	PROCESS	OF	ASSUMING	RESPONSIBILITY	FOR	OVERSIGHT	OF
	TTCCCTCC	• •					

THE AUDIT OF THE ORGANIZATION'S FINANCIAL STATEMENTS AND SELECTION OF

AN INDEPENDENT ACCOUNTANT HAS NOT CHANGED FROM THE PRIOR YEAR.

SCHEDULE R (Form 990) Related Organizations and Unrelated Partnerships Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Name of the organization EDISON STATE COLLEGE FINANCING CORPORATION Employer ide 26-15 Part 1 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.									
(a) Name, address, and of disregard		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year asse	(f) ets Direct controlling entity			
	·								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	3) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
EDISON STATE COLLEGE - 59-1211051							
8099 COLLEGE PARKWAY							
FORT MYERS, FL 33907	STATE COLLEGE	FLORIDA		LINE 2	N/A		X

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

Schedule R (Form 990) 2013

Schedule R (Form 990) 2013 CORPORATION

26-1591757 Page 2

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicite (state or	(d) Direct controlling entity	(e) Predominant income (related, unrelated,	(f) Share of total income	(g) Share of end-of-year		h) ortionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General c managin	(k) Percentag ownershir
		(state or foreign country)		(related, unrelated, excluded from tax under sections 512-514)		assets	Yes	No	20 of Schedule K-1 (Form 1065)	Yes No	
	_										
	1										
	-										
	_			1.5 7.5		1					
	_										
										+	
	1										
· · · · · · · · · · · · · · · · · · ·											

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	i) stion b)(13) rolled tity? No

Schedule R (Form 990) 2013 CORPORATION

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1 During the tax year, did the organization engage in any of the following tra-		elated organizations listed	in Parts II-I\/2		100	
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlle				1a	1	X
 b Gift, grant, or capital contribution to related organization(s) 						X
c Gift, grant, or capital contribution from related organization(s)				·	X	<u> </u>
d Loans or loan guarantees to or for related organization(s)				·		X
e Loans or loan guarantees by related organization(s)				· _ · · ·		x
e Loans of loan guarantees by related organization(s)	•••••••••••••••••••••••••••••••••••••••					
f Dividends from related organization(s)		·····		. 1 f		X
g Sale of assets to related organization(s)						X
h Purchase of assets from related organization(s)						X
i Exchange of assets with related organization(s)						X
j Lease of facilities, equipment, or other assets to related organization(s)						X
k Lease of facilities, equipment, or other assets from related organization(s)			_ <u>1k</u>		X
I Performance of services or membership or fundraising solicitations for re					X	
m Performance of services or membership or fundraising solicitations by rel	lated organization(s)	· · · · · · · · · · · · · · · · · · ·		_ <u>1m</u>		X
n Sharing of facilities, equipment, mailing lists, or other assets with related	organization(s)			. 1n	X	
o Sharing of paid employees with related organization(s)	·····			10	X	
p Reimbursement paid to related organization(s) for expenses					X	
q Reimbursement paid by related organization(s) for expenses				. <u>1q</u>		X
						x
r Other transfer of cash or property to related organization(s)						X
s Other transfer of cash or property from related organization(s)				. 1s		
2 If the answer to any of the above is "Yes," see the instructions for inform	ation on who must complete t					
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount ir	nvolved		
(1) EDISON STATE COLLEGE	0	86,506.	ESTIMATE OF HOURS			
(2) EDISON STATE COLLEGE	с	533,025.	CASH			
(3) EDISON STATE COLLEGE	Р	80,000.	CASH			
(4)						
(5)						
(6)						

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.	ole as a Partnership Con	nplete if the organia	zation answered "Yes'	on Form	1 990, Part IV, line 37	7.				
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.	ntity taxed as a partnersh tructions regarding exclu	hip through which t sion for certain inve	he organization conduestment partnerships.	ucted mo	re than five percent	of its activities (me	asured	by total assets or	. gross r	evenue)
(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile	(d) Predominant income	e partners sec.	(f) Share of	(g) Share of	(h) Disproper tionate	(h) (i) (j) (k) Disproper- Code V-UBI General or Percentage	(j) General or managing	(j) (k) General or Percentage managing
		country)	under section 512-514)	Yes No	Income	assets	Yes No	5 (Form 1065)	Yes No	
									\neg	
										-
							F			
							F		F	

Schedule R (Form 990) 2013

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26-1591757 Page 4

EDISON STATE COLLEGE FINANCING Schedule R (Form 990) 2013 CORPORATION

Schedule R		
Part VII	Supple	ment

EDISON STATE COLLEGE FINANCING CORPORATION

Part VII	Supplemental	Information

Provide additional information for responses to questions on Schedule R (see instructions).

32165 09-12-13		 	 	Schedule	R (Form 990)
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. <u> </u>	<u> </u>	 	 		

FLORIDA SOUTHWE		COLLEGE FINANCING CORPORATION em Summary		
	Meeting Da	te: 7/29/2014		
1. Action Requested/Purpos	se:			
Florida SouthWestern Sta and Investment Report	ate College Financii	ng Corporation 1st Quarter Financial Statements		
2. Fiscal Impact: Yes	🗌 No 🛛	N/A		
3. Funding Source:	Amount: \$			
4. Administration Recomme	ndation:			
5. Agenda Item Type:		8. Requirement/Purpose (Include Citation)		
 ☐ Action Item ☐ Consent Agenda ⊠ Information Only 	-	 ☐ Statute ☐ Administrative Code ☐ Other 		
Board Requested Informati	on/Report			
9. Background Information:				
Table 1 – The Statement of Net Position reflects the assets and liabilities of the Financing Corporation using the accrual basis of accounting, and presents the financial position at a specified time.				
Table 2 - The Statement of Revenues, Expenses and Changes in Net Position is used to evaluate the financial position of the Financing Corporation and is provided to show the reader how the net assets are increasing or decreasing throughout the year.				
Table 3 - Compares the actual sources and uses of operating and housing funds to the budgeted sources and uses of funds for the current fiscal period. It is provided to give the reader an indication of how the Financing Corporation is performing in relation to its current budget.				
The investment report summarizes the performance of investments and allows management to assess the yields on investments, to shift strategies if needed, and the ability to project out future earnings in order to budget accordingly.				
Attachment				
Requested By:		Nefter surer		
Funding Verified by:				
Approved For Agenda by:	Corporation Presi	dent		
L				

TABLE 1FLORIDA SOUTHWESTERN STATE COLLEGE FINANCING CORPORATIONSTATEMENT OF NET POSITIONFOR FIRST QUARTER ENDED JUNE 30, 2014

					_	Quarter Ending 6/30/2014
			Unexpended		Investment in	Actual
	Financing Corp	Housing	Plant Fund	Debt Services	Plant	(Year to Date)
CURRENT ASSETS						
Cash & Cash Equivalents	1,242,177	733,594	0			1,975,771
Accounts Receivable	-	-	-	•	-	-
Receivable - FSW	1,832	404,692	-	-	-	406,524
Due from Auxiliary	400,000	-	•	•	-	400,000
	-	-	-	-	-	•
NONCURRENT ASSETS	-	-	-	•	-	-
Investments	5,455,712	-	-	-	-	5,455,712
Restricted Cash & Cash Equivalents	-		-	1,770,828	-	1,770,828
Reserve for Uncollectible Accts	-	(137,977)	-	•	-	(137,977)
Capital Assets, Net	-		-	-	20,796,398	20,796,398
TOTAL ASSETS	7,099,721	1,000,309	0	1,770,828	20,796,398	30,667,256
	.					
CURRENT LIABILITIES						
Accrued Expense	10,133	25,234	-	-	-	35,367
Due to Current Funds - Unrestricted	-	400,000	-	-	-	400,000
Bonds Payable - Current	-	•	430,608	-	-	430,608
-						
NONCURRENT LIABILITIES	-	-	-		-	-
Derivative Instrument - Interest Rate SWAP	-	21,691	-	-	-	21,691
Bonds Payable - Non-Current	-		24,552,718	•	-	24,552,718
TOTAL LIABILITES	10,133	446,925	24,983,326	-	•	25,440,384
		-				
FUND BALANCE						
Fund Balance	7,089,588	553,384	(24,983,326)	1,770,828	20,796,398	5,226,872
	· · ·			· · ·		<u>.</u>
TOTAL LIABILITIES						
& FUND BALANCE		1,000,309	(0)	1,770,828	20,796,398	30,667,256
		#,000,00J	(0)	2,770,520		
TRANSFERS	_	222,193	_	(222,193)	_	
	·	222,133	-	(222,133)		
TOTAL LIABILITIES, FUND						
BALANCE & TRANSFERS	7,099,721	1,222,502	(0)	1,548,635	20,796,398	30,667,256
			1-1			

TABLE 2

FLORIDA SOUTHWESTERN STATE COLLEGE FINANCING CORPORATION STATEMENT OF REVENUES, EXPENSES AND CHANGE IN NET POSITION FOR FIRST QUARTER ENDED JUNE 30, 2014

			Unexpended		Investment	
	Financing Corp	Housing	Plant Fund	Debt Services	in Plant	Total
REVENUE						
Contributions - FSW	77,970	-	-	-	-	77,970
Contributions - Collegiate High Schools	50,000	-	-	-	-	50,000
Housing Income	-	513,254	-	-	-	513,254
Interest	38,950	-	-	30	-	38,980
Gain/Loss on Investments	(11,822)	-	-	-	-	(11,822)
Total Revenue	155,098	513,254	-	30	-	668,382
EXPENSES						
Operating Expenses	11,218	350	-	-	-	11,568
Utilities		30,051	-	-	-	30,051
Data & Other Communications Services	-	31,338	-	-	-	31,338
Insurance	60,607		-	-	-	60,607
Contract Services	28,317	25,000	-	-	-	53,317
Other Services & Expenses	-	-	-	-	-	-
Resident Activities	-	4,813	-	-	-	4,813
Interest Expense	-	151,108	55,525	-	-	206,633
Depreciation Expense	-	•	-	-	95,298	95,298
Amortization Expense	-	-	-	-	-	-
Prior Year Adjustment	-	-	-	-	(3,634)	(3,634)
Total Expenses	100,142	242,660	55,525	-	91,664	489,990
TRANSFERS	-	222,193	(222,193)	-	-	-
Change in Net Postion	54,956	48,401	166,668	30	(91,664)	178,392
Beginning Net Position	7,034,632	504,983	(25,149,994)	1,770,799	20,888,062	5,048,480
Ending Net Position	7,089,588	553,384	(24,983,326)	1,770,829	20,796,398	5,226,872

TABLE 3 FLORIDA SOUTHWESTERN STATE COLLEGE FINANCING CORPORATION COMPARISON OF CURRENT YEAR ACTUAL TO CURRENT YEAR BUDGET for Fiscal Year Ending March 31, 2015

General Operating Budget

	Original Budget	Revised Budget	Actual (as of 6/30/14)	Variance from Revised Budget	% of Revised Budget
SOURCES OF FUNDS					
Bandwidth Lease Revenue	\$311,880	\$311,880	\$77,970	\$233,910	25.0%
High School Lease Revenue	250,000	250,000	50,000	200,000	20.0%
Investment Income	75,000	75,000	27,128	47,872	36.2%
Total Funds Available	\$636,880	\$636,880	\$155,098	\$481,782	24.4%
USES OF FUNDS					
Operating Expenses	\$70,000	\$70,000	\$11,218	\$58,782	16.0%
Insurance	200,000	200,000	60,607	139,393	30.3%
Contract Services	83,200	83,200	28,317	54,883	34.0%
Total Expenses	\$353,200	\$353,200	\$100,142	\$253,059	28.4%

Housing Budget

	Original Budget	Revised Budget	Actual (as of 6/30/14)	Variance from Revised Budget	% of Revised Budget
SOURCES OF FUNDS					
Rent Revenue	\$2,064,402	\$2,064,402	\$513,254	(\$1,551,148)	24.9%
Resident Activity Fee	\$21,060	\$21,060	0	(21,060)	0.0%
Application Fees	51,200	51,200	0	(51,200)	0.0%
Fines & Penalties	0	0	0	0	100.0%
Interest Income	0	0	30	30	100.0%
Total Funds Available	\$2,136,662	\$2,136,662	\$513,284	(\$1,623,378)	24.0%
USES OF FUNDS					
Operating Expenses	\$244,272	\$244,272	\$31,688	\$212,584	13.0%
Utilities	\$208,000	\$208,000	\$30,051	177,949	14.4%
Contract Services	\$100,000	\$100,000	\$25,000	75,000	25.0%
Reserves	60,795	60,795	0	60,795	0.0%
Resident Activities	21,060	21,060	4,813	16,247	22.9%
Interest Expense	326,705	326,705	206,633	120,072	63.2%
Debt Service Payments	1,175,830	1,175,830	222,193	953,637	18.9%
Total Expenses	\$2,136,662	\$2,136,662	\$520,378	\$1,616,284	24.4%

Florida SouthWestern State College Financing Corporation Executive Investment Summary First Quarter Ending 6-30-2014

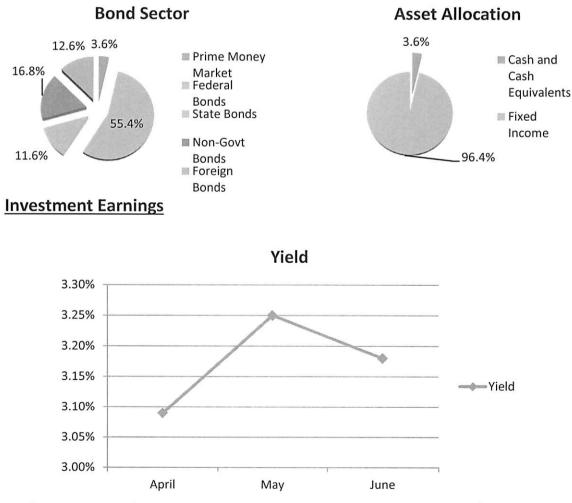
Investment Strategy

Investments will be limited to U.S. Treasuries, Government agency debt (including Agency mortgage-backed securities), taxable municipal bonds, and corporate bonds with the following portfolio limitations:

- Maximum allocation to taxable municipal bonds shall be 25%.
- Maximum allocation to corporate bonds shall be 25%.

• The minimum allocation to Government agency and agency mortgage-backed securities shall be 50%, with the additional provision that the maximum allocation to agency mortgage-backed securities shall be 20%. The Financing Corporation's policy limits investments to U.S. Treasuries, U.S. Government Agency Bonds, and Corporate Bonds. All investments must be rated AA or better by any of the three rating agencies. The policy prescribes a final maturity of 3.5 years for any single issue.

Investment Allocation



As of June 30, 2014, the Financing Corporation Portfolio had a market value of \$5,655,621. Through the first quarter ended June 30, 2014 the Financing Corporation had recorded investment income of \$23,221.

FLORIDA SOUTHWESTERN STATE COLLEGE FINANCING CORPORATION Agenda Item Summary					
	Meeting Da	te: 7/29/2014			
1. Action Requested/Purpos	se:				
Florida SouthWestern Sta Market Valuation	ate College Financii	ng Corporation Interest Rate Swap Agreement			
2. Fiscal Impact:	🗌 No 🛛	N/A			
3. Funding Source:	Amount: \$				
4. Administration Recomme	ndation:				
5. Agenda Item Type:		8. Requirement/Purpose (Include Citation)			
 ☐ Action Item ☐ Consent Agenda ⊠ Information Only ☐ Board Requested Information 	ion/Report	 ☐ Statute ☐ Administrative Code ☐ Other 			
9. Background Information:					
On December 23, 2010, the Financing Corporation entered into an interest rate swap agreement (Swap) with BB&T for the purpose of hedging its variable interest rate risk on the tax-exempt loan. The Swap provides that the Financing Corporation, pay an annual fixed rate of 3.66 percent effective July 1, 2012, and terminating December 17, 2017. The term and notional amount of the Swap will not exceed the term and principal amount of the tax-exempt loan					
The market valuation is for information purposes only.					
Attachment					
Requested By:	Requested By:				
Funding Verified by:					
Approved For Agenda by:	Corporation Presi	dent			
	101				

Edison State College Financing Corporation Monthly SWAP Agreement Market Valuation

Valuation	Outstanding	Effective	Maturity	Total
Date	Notional	Date	Date	Value
10/31/2013 \$	25,714,752.99	7/1/2012	12/17/2017	(1,857,125.26)
11/29/2013 \$	25,670,364.63	7/1/2012	12/17/2017	(1,849,141.37)
12/31/2013 \$	25,623,234.05	7/1/2012	12/17/2017	(1,654,952.71)
1/31/2014 \$	25,578,558.04	7/1/2012	12/17/2017	(1,694,939.83)
2/28/2014 \$	25,533,741.61	7/1/2012	12/17/2017	(1,686,259.92)
3/31/2014 \$	25,481,017.80	7/1/2012	12/17/2017	(1,538,253.93)
4/30/2014 \$	25,435,894.79	7/1/2012	12/17/2017	(1,545,890.30)
5/30/2014 \$	25,388,051.04	7/1/2012	12/17/2017	(1,594,541.95)
6/30/2014 \$	25,342,635.83	7/1/2012	12/17/2017	(1,520,317.36)

Agenda Item No.: 7

FLORIDA SOUTHWESTERN STATE COLLEGE FINANCING CORPORATION Agenda Item Summary				
Meeting Date: 7/29/14				
1. Action Requested/Purpose				
Renewal of the Property, General Liability and Flood Insurance for the Financing Corporation for August 1, 2014 – August 1, 2015.				
2. Fiscal ImpactXXYesNoN/A				
3. Funding Source: Amount: <u>\$</u>				
4. Administration Recommendation:				
 5. Agenda Item Type: Action Item Consent Agenda Information Only Board Requested Information/Report 8. Requirement/Purpose (Include Citation) Statute Administrative Code Other 				
9. Background Information: Renewal of current policies, overall the coverage is the same as last year's coverage and limits. Policy term August 1, 2014 – August 1, 2015 through BB & T.				
A				
Requested By Mark Lupe, General Counsel				
Funding Verified				
Approved For Agenda Corporation President				
1000				