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CLIENT'S COPY



CliftonLarsonAllen LLP 6810 International Center Boulevard Fort Myers, FL 33912-7129 239-226-9900 | fax 239-226-9950 www.cliftonlarsonallen.com

EDISON STATE COLLEGE FINANCING CORPORATION 8099 COLLEGE PARKWAY FORT MYERS, FL 33919

EDISON STATE COLLEGE FINANCING CORPORATION:

ENCLOSED IS THE ORGANIZATION'S 2011 EXEMPT ORGANIZATION RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

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.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

THE FLORIDA STATUTE REQUIRES AN ANNUAL FILING OF THE CHARITABLE SOLICITATION FORM. IF YOU REQUIRE ASSISTANCE IN THE PREPARATION OF THIS FORM PLEASE CONTACT OUR OFFICE.

SINCERELY,

CLIFTONLARSONALLEN LLP

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

MARCH 31, 2012

EDISON STATE COLLEGE FINANCING CORPORATION 8099 COLLEGE PARKWAY FORT MYERS, FL 33919
CLIFTONLARSONALLEN LLP 6810 INTERNATIONAL CENTER BLVD FORT MYERS, FL 33912
NOT APPLICABLE
NOT APPLICABLE
NOT APPLICABLE
NOT APPLICABLE
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.

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

and ending MAR 31, 2012

APR 1, 2011

OMB No. 1545-0047

Open to Public Inspection

Α	For the	2011 calendar year, or tax year beginning $APR \ 1$, 2011 and ending	g MAR 31, 2012	
В	Check if applicable	C Name of organization EDISON STATE COLLEGE FINANCING	D Employer identifi	cation number
Г	Addres	S CORDORA MITONI		
	change Name change	Doing Business As	26-1	591757
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)		
	Termin ated	8099 COLLEGE PARKWAY	(239	
	Ameno	City or town, state or country, and ZIP + 4	G Gross receipts \$	10,051,684.
	Application	FORT MYERS, FL 33919	H(a) Is this a group re	eturn
	pendin	F Name and address of principal officer: J • DUDLEY GOODLETTE	for affiliates?	Yes X No
		SAME AS C ABOVE	H(b) Are all affiliates inc	cluded? Yes No
T	Tax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527 If "No," attach a	list. (see instructions)
J	Websit	e: ▶ N/A	H(c) Group exemption	
ĸ	Form of	organization: X Corporation Trust Association Other ▶ L	Year of formation: 2007	■ State of legal domicile: 上上
P	art I	Summary		
Ф	1	Briefly describe the organization's mission or most significant activities: •TO REC	EIVE, HOLD, IN	VEST, AND
Activities & Governance		ADMINISTER REAL ESTATE PROPERTY INCLUDING P		
ern:	2	Check this box if the organization discontinued its operations or disposed of		ssets. I 7
ŏ	3	Number of voting members of the governing body (Part VI, line 1a)		4
<u>ھ</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)		0
es	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	12
Νţ	6	Total number of volunteers (estimate if necessary)		0.
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		0.
_	b	Net unrelated business taxable income from Form 990-T, line 34		
			Prior Year 925,306.	Current Year 693,819.
e	8	Contributions and grants (Part VIII, line 1h)		0.
en	9	Program service revenue (Part VIII, line 2g)	150 410	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.74 0.00	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1 246 016	
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	00 (10	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	
		Benefits paid to or for members (Part IX, column (A), line 4)		
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Tatal fundraising expanses (Part IX, column (D), line 25)		
X	· b	Total fulldraising expenses (Fart IX, Column (D), line 25)	110 500	673,760.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	011 120	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1 125 770	
- 0	2 19	Revenue less expenses. Subtract line 18 from line 12	Beginning of Current Year	End of Year
ts o			9 168 945	
SSE	20	Total assets (Part X, line 16)	2,884,377.	
Net Assets or	21	Total liabilities (Part X, line 26)	6,284,568	6,435,288.
	art II	Net assets or fund balances. Subtract line 21 from line 20	. 0/201/5000	0/200/2001
Ho	dor none	alties of perjury, I declare that I have examined this return, including accompanying schedules and	statements, and to the best of n	ny knowledge and belief, it is
tru	e correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of which pr	reparer has any knowledge.	
- u	0, 001100	and complete, social and it property (each state care), is seen a		
Sig	n	Signature of officer	Date	
He		GINA B. DOEBLE, TREASURER		
		Type or print name and title		
_		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Pa	id	MARTIN REDOVAN CPA MARTIN REDOVAN CPA	07/09/12 if self-emplo	P01281045
Pre	eparer	Firm's name CLIFTONLARSONALLEN LLP	Firm's EIN ▶	41-0746749
Us	e Only	Firm's address 6810 INTERNATIONAL CENTER BLVD		
_		FORT MYERS, FL 33912	Phone no. 2	239-226-9900
14	n, the I	PS discuss this return with the preparer shown above? (see instructions)		X Yes No

34		
	EDISON STATE COLLEGE FINANCING	•
Form	990 (2011) CORPORATION 26-1591757 Page 2	<u>-</u>
Pai	t III Statement of Program Service Accomplishments	1
	Check if Schedule O contains a response to any question in this Part III	_
1	TO RECEIVE, HOLD, INVEST, AND ADMINISTER REAL ESTATE PROPERTY	
	INCLUDING PROVIDING STUDENT HOUSING, PARKING, AND OTHER IMPROVEMENTS	_
	AND TO MAKE EXPENDITURES TO/FOR THE EXCLUSIVE BENEFIT OF EDISON STATE	
	COLLEGE.	
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?)
	If "Yes," describe these new services on Schedule O. Did the proprieting completing or make significant changes in how it conducts any program services? Yes X No.	
3	bid the organization cease conducting, or make significant changes in now it conducts, any program of more	,
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to	
40	others, the total expenses, and revenue, if any, for each program service reported. (Code:) (Expenses \$ 403,756 • including grants of \$ 21,818 •) (Revenue \$ 0 •)
4a	(Code:) (Expenses \$ 403,756 including grants of \$ 21,616) (Revenue \$ EXPENSES AND GRANTS IN SUPPORT OF EDISON STATE COLLEGE.	•
		_
		_
		_
		_
		_
		_
		-
		_
4b	(Code:) (Expenses \$ including grants of \$	_)
		_
		_
		_
		_
		_
		_
		_
4c	(Code:) (Expenses \$.)
		_
		_
		_
		_
		_
		_
		-
		_
		_
		_
		_

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

including grants of \$ 403,756 .

4e Total program service expenses ▶

Form	990 (2011) CORPORATION 26-1591	757	Pa	age 3
	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v	
	If "Yes," complete Schedule A	1 2	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	3		х
	public office? If "Yes," complete Schedule C, Part I	3		
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		x
_	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			
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
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; 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	Terrer Trail	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.	Lucia	22	4
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	x	
	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	1 Ia		
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	1.11		
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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			
<u> </u>	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	├
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		7.7	
	Schedule D, Parts XI, XII, and XIII	12a	X	-
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	401		x
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	144		
b	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 assistance to any organization			
13	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			#0-0-1
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		1	~
	complete Schedule G, Part III	19	-	X
20a		20a 20b	-	<u> </u>
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	_	990	(2011)

26-1591757

Page 4

EDISON STATE COLLEGE FINANCING CORPORATION

Form 990 (2011) CORPORATION

Part IV | Checklist of Required Schedules (continued)

I ai	Checking of Reduied Contamed			L
	The state of the s		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	
00	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			\vdash
22	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
00	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			200700
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23	х	
242	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
240	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			177
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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):	00		x
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	-	22
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28c		x
22	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29	-	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	25	\vdash	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
04	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations?	-00		
31	If "Yes," complete Schedule N, Part I	31		x
20	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	-		1000
32	Schedule N. Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
•	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	3.	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		77	
	Note. All Form 990 filers are required to complete Schedule O	38	X	(0011)

01111 000	(EU11)	5-1000-1 H 1000-1 N 1 1 2 2 10 10 10 10 10 10 10 10 10 10 10 10 10			
Part V	Statements	Regarding Ot	her IRS	Filings and	Tax Compliance

Enter the number reported in Box 3 of Form 1096. Enter 0- if not applicable 18 3 1b 0 0 0 0 0 0 0 0 0		Check if Schedule O contains a response to any question in this Part V				
b Enter the number of Forms W-2G included in line 1a. Enter 0-if not applicable			. 1 2	derect to	Yes	No
b Enter the number of horses We'ds included in line 1s. Enter 2-til not applicable and the control of particular or line 1s. Interes 2-til not applicable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements. [2 0] 5 If at least one is reported on line 2s, did the organization file all required federal employment tax returns? 2 b If at least one is reported on line 2s, did the organization file all required federal employment tax returns? 3 a X b If "Yes," has it filed a Form 990 Tor this year? If "No," provide an explanation in Schedule O 3 b If "Yes," thas it filed a Form 990 Tor this year? If "No," provide an explanation in Schedule O 3 b If "Yes," the thin and of the organization have an interest in, or a signature or other authority over, a financial accountly? 4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly? 5 b If "Yes," then 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. 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 b If was the organization and any organization file Form 8898 TY 6 c If "Yes," to line Sa or Sb, did the organization file Form 8898 TY 6 c If "Yes," to line Sa or Sb, did the organization file Form 8898 TY 7 organizations that may receive deductible? 7 organizations that may receive deductible contributions under section 170(s). 8 b If Yes, "I did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible? 9 organization seeke a payment in excess of 575 made party as a contribution and party for goods and services provided to the payor? 1 b If "Yes," did the organization include with every solicitation an express payment that such contrib	1a					
a Enter the number of employees reported on for MY-3. Transmittal of Wage and Tax Statements, field for the celendar year ending with or within the year covered by this return. The provided of the celendar year ending with or within the year covered by this return. Part		Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	ן מו			
a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return by If at least one is reported on line 28, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a	С			E-SUPER	v	illos
bil of a test on one is reported on line 2a, did the organization file all required feetaeral employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has if filed a Form 990-T for this year? If "No," provide an explanation in Schedule 0 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 in a foreign country (such as a bank account, securities account, or other financial accountry? 4b If "Yes," enter the name of the foreign country: ★ See instructions for filing requirements for Form TD F 90-22-1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5c Did any taxable party notify the organization time Form 8868-17 6c Did was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6c Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit were not tax deductible? 6c Did the organization than that the second solicity of the second that the property of the second that the organization solicit were not tax deductible? 6c Did the organization shall provide the second transplant process and property for which it was required to file Form 8882 and the second shall property of the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8882? 6d If "Yes," indicate the number of Forms 8282 filed			I	10	22	
bit at least on the calendary year enlargy with or within the year budges by the toning the term. Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Bit the vegnization have unrelated business gross income of \$1,000 or more during the year? 3a X bit 17'es," has it filed a Form 990-T for this year? If "No," provide an explaration in Schedule O 3b At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country, is an interest in, or a signature or other authority over, a financial account in a foreign country, is an interest in, or a signature or other authority over, a financial account in a foreign country, is an interest in, or a signature or other authority over, a financial account in a foreign country, is an interest in, or a signature or other authority over, a financial account in a foreign country, is an interest in, or a signature or other authority over, a financial account in a foreign country. If yes, is the financial account in a foreign country is an interest in, or a signature or other authority over, a financial account in a foreign country is an interest in a signature or the authority over, a financial account, and a signature or the authority over, a financial account, and a signature or the authority over, a financial account, and a signature or the authority over, a financial account, and a signature or the authority over, a financial account, and a signature or the authority over, a financial account, and a signature or the authority over, a financial account, and a signature or the authority over, a financial account, and a signature or the authority over, and a signature or the authority of a signature and a signature or the authority of a signature financial account in a financial account, and a signature and a signature or the authority of a signature financial account in a financial account in a signature financial account in a si	2a					
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3		filed for the calendar year ending with or within the year covered by this return	20	70/12/10	Monse	541
Sa Did the organization have unrelated business gross income of \$1,000 or more during the year? Sa X	b			20	70 (10)	Marie Control
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule 0 4a At any time during the calendar year, clid the organization have an interest in, or a signature or other authority over, a financial account; or the firely occurrity; ≥ 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 account; or the Financial account; or the firely occurrity; ≥ See instructions for filing requirements for Form TD F 90:22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," of line 6a or 5b, (dif the organization file Form 888617? 5c Dess the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that there not tax deductible? 5c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5d If "Yes," did the organization notify the donor of the value of the goods or services provided? 5d If "Yes," indicate the number of Forms 8282 filed during the year pay receives provided? 5d If "Yes," indicate the number of Forms 8282 filed during the year 5d If the organization received a contribution of qualified intellectual property, did the organization file Form 899 as required? 7d If the organization received a contribution of cars, boats, simplense, or other vehicles, did the organization file Form 1047? 7d Yes, Sponsoring organizations maintaining donor advised funds and section 59(a)(a) supporting organizations. Port of the supporting organization make a				0-		x
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b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a 11b 11b 11a 11a						
Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b			10b			
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amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filled a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	b	Gross income from other sources (Do not net amounts due or paid to other sources against				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		amounts due or received from them.)				
Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes." has it filled a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a	a destrois	
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a	b		12b			
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c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	b		المعا			
14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.						
b If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O14b	С	Enter the amount of reserves on hand	130	440	RESEA	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0	14a	Did the organization receive any payments for indoor tanning services during the tax year?	/a O		_	1
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e o	-	_	(2011

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

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Form 990 (2011) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management				
	,		7	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	4		
	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.		4		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	±		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with any other			
	officer, director, trustee, or key employee?		2	X	
3	Did the organization delegate control over management duties customarily performed by or under th				
	of officers, directors, or trustees, or key employees to a management company or other person? \dots		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?	5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or approximately appr	point one or			
	more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockholders, or			
	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	er by the following:			
а	The governing body?		8a	X	
	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R				
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such cl				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod		11a		X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," describe			
	in Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?		13		X
14	Did the organization have a written document retention and destruction policy?		14		X
15	Did the process for determining compensation of the following persons include a review and approve				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a	X	
	Other officers or key employees of the organization		15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a			
	taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga				
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed $ ightharpoons$				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	(Section 501(c)(3)s only	availal	ole	
	for public inspection. Indicate how you made these available. Check all that apply.				
	Own website Another's website X Upon request				
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co	onflict of interest policy, a	ınd fina	ncial	
WE	statements available to the public during the tax year.				
20	State the name, physical address, and telephone number of the person who possesses the books a	nd records of the organiz	ation:	_ _	
	THE ORGANIZATION - (239) 489-9327				
	8099 COLLEGE PARKWAY FORT MYERS, FL 33919				

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	(B) Average hours per week	(do	Position (do not check more than one loox, unless person is both an officer and a director/trustee)				one h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(describe hours for related organizations in Schedule O)		Institutional trustee	Officer Key employee		Key employee Highest compensated employee Former		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) MARY LEE MANN	10.00	x		x		-46		0.	0.	0.	
VICE CHAIR (CURRENT) (2) J. DUDLEY GOODLETTE	10.00	_		Δ		100	States	0.	0.	0.	
(2) J. DUDLEY GOODLETTE PRESIDENT (INTERIM)	10.00	x		X		7	1	0.	0.	0.	
(3) KENNETH P. WALKER	10.00		650	77	ASS	198		0.	0.		
PRESIDENT (THROUGH 01/12)	10.00	x		x	Hittory.	16		0.	643,276.	7,621.	
(4) RANDALL T. PARRISH, JR. O.D.	1000		L d		200	PF			010/1101	.,	
SECRETARY (CURRENT)	10.00	x		x				0.	0.	0.	
(5) JOHN NOLAND	//		1			T				1-61-61	
DIRECTOR (CURRENT)	10.00	X		A.				0.	0.	0.	
(6) SANKEY "EDDIE" WEBB, III			1								
DIRECTOR (CURRENT)	10.00	X	7					0.	0.	0.	
(7) DAVID HALL		V							100		
DIRECTOR (CURRENT)	10.00	X						0.	0.	0.	
(8) CHRIS VERNON, J.D.		10000000									
DIRECTOR (CURRENT)	10.00	X						0.	0.	0.	
(9) W. MAHLAN HOUGHTON, JR.	10.00									_	
CHAIRMAN (THROUGH 3/12)	10.00	X	_	X	_	\vdash		0.	0.	0.	
(10) T. WAYNE MILLER	10.00	77	l	7.					0	_	
VICE CHAIR (THROUGH 1/12)	10.00	X	-	X	-	\vdash		0.	0.	0.	
(11) JAMES BROWDER	10 00	x		x				0.	154,213.	234.	
SECRETARY (THROUGH 4/11) (12) GINA B. DOEBLE, CPA	10.00	^	⊢	_	-	\vdash		0.	134,213.	234.	
TREASURER (CURRENT)	10.00			x				0.	125,972.	6,628.	
TREASURER (CURRENT)	10.00	┢	H	^	\vdash	\vdash		0.	125,572.	0,020.	
		T				\top					
				Т	Τ	\top					

Par	t VII Section A. Officers, Directors, Tru	stees, Key Er	nplo	yee	s, a	nd I	ligh	est	Compensated Employ	ees (continued)			
	(A)	(B)			(0	C)			(D)	(E)		(F)	
	Name and title	Average	(do	Position not check more than one Reportable Rep		Reportable	Es	timate	d				
		hours per week	box	unle	ss pe	rson	is bot or/trus	h an	compensation	compensation		nount (of
		(describe	_			Γ			from the	from related organizations		other pensa	tion
		hours for	direc.				pa		organization	(W-2/1099-MISC)		om the	
		related	stee or	ustee			ensat		(W-2/1099-MISC)			anizati	
		organizations in Schedule	al trus	onal tr		loyee	comp					d relate	
		O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			orga	anizatio	ons
		,	-=	=	0	ž	王吉	Œ					
	10,000												
	,								A				
								A					
							Á	7					
						_	400	S0000	7				
						in.		Q.		9			
					100								
						V	â	7	V				
1b	Sub-total								0.	923,461.	1	4,4	
	Total from continuation sheets to Part V								0.	0. 923,461.	1	4,4	0.
	Total (add lines 1b and 1c)						<u> </u>	porus oscis				4,4	03.
2	Total number of individuals (including but n	ot limited to tr	iose	liste	ed a	DOV	e) wr	no re	eceived more than \$100	,000 of reportable			0
	compensation from the organization	ANT	1		*							Yes	No
3	Did the organization list any former officer,	director, or to	ıste	e. ke	v er	npla	vee	orl	nighest compensated e	mplovee on [
-	line 1a? If "Yes," complete Schedule J for s		. 4		50	-	-		ingricor componicated of	5 20	3		X
4	For any individual listed on line 1a, is the su		le co	omp	ensa	atior	and	d oth	ner compensation from	the organization	. Alexandra		
	and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	or such individual		4	X	

Section B. Independent Contractors

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

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services

rendered to the organization? If "Yes," complete Schedule J for such person ...

(A) Name and business address	(B) Description of services	(C) Compensation
COLLEGIATE DEVELOPMENT CONSTRUCTION SERVICE	CONSTRUCTION	
6363 N. STATE HIGHWAY 161 STE 500, IRVING,	MANAGEMENT	14,214,856.
CEMEX USA	CONSTRUCTION	
PO BOX 905875, CHARLOTTE , NC 28290	SUPPLIES	567,400.
CREATIVE DOOR AND MILLWORK	CONSTRUCTION	
2840 SOUTH STREET, FORTY MYERS , FL 33916	SUPPLIES	362,399.
HD SUPPLY	CONSTRUCTION	
PO BOX 934790, ATLANTA , GA 31193	SUPPLIES	316,445.
STEVEN BUSINESS INTERIORS	CONSTRUCTION	
203 CHOCTAW DRIVE, HOUMA, LA 70360	SUPPLIES	295,703.
2 Total number of independent contractors (including but not limited to those lister \$100,000 of compensation from the organization ▶ 13	ed above) who received more than	
\$100,000 of compensation from the organization		- 000 (co. i i)

	n 990 (2	2011) CORPORATION	TE COLLEGE I	FINANCING		26-1593	L757 Page 9
Pa	rt VIII	Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
contributions, Gints, Grants and Other Similar Amounts	b c d e f	Federated campaigns 1: Membership dues 1I Fundraising events 1: Related organizations 1: Government grants (contributions) 1: All other contributions, gifts, grants, and similar amounts not included above 1: Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f	693,819.	693,819.			
Program Service Revenue	2 a b c d e f	All other program service revenue Total. Add lines 2a-2f	Business Code				
enne	b b	Rental income or (loss)	ond proceeds Indicate	166,168.			166,168,
	7 a b c d	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraising events (rincluding \$ of contributions reported on line 1c). See	ities (ii) Other 297.	-1,369.			-1,369
Other Revenue	0 9 a b c 10 a b	Part IV, line 18 Less: direct expenses Net income or (loss) from fundraising everage of the second	b ents				
	11 a b c	Miscellaneous Revenue	Business Code				

859,018.

Total revenue. See instructions.

e Total. Add lines 11a-11d

Form 990 (2011)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

comp	elete columns (B), (C), and (D).		D-+IV		
	Check if Schedule O contains a respon	se to any question in this	S Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and	01 010	21 010		
	organizations in the United States. See Part IV, line 21	21,818.	21,818.		
2	Grants and other assistance to individuals in				
	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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		Ab		
7	Other salaries and wages				
8	Pension plan accruals and contributions (include		AND		
	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits		AT A T		
10	Payroll taxes		45 AT		
11	Fees for services (non-employees):				
а	Management	/20			
b	Legal	4 1			
С	Accounting	5,414.		5,414.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	17 1200			
f	Investment management fees	54,723.	7	54,723.	
g	Other	138,035.		138,035.	
12	Advertising and promotion	372.		372.	
13	Office expenses	710.		710.	
14	Information technology	63,543.		63,543.	
15	Royalties				
16	Occupancy	1,876.		1,876.	
17	Travel	3,266.		3,266.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		5.		
19	Conferences, conventions, and meetings	851.		851.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	10,724.		10,724.	
23	Insurance	12,308.		12,308.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	MATERIALS & SUPPLIES FO	381,938.	381,938.		
b					
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	695,578.	403,756.	291,822.	0
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	II IOIIOTINING CO. CO. 2 (100 000 120)				Form 990 (2011

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EDISON STATE COLLEGE FINANCING CORPORATION

		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	2,206.	1	62,221.
2	Savings and temporary cash investments	599,919.	2	740,671
3	Pledges and grants receivable, net	160,116.	3	159,156
4	The state of the s		4	
5	Accounts receivable, net Receivables from current and former officers, directors, trustees, key			
l °	employees, and highest compensated employees. Complete Part II			
			5	
	of Schedule L		3	
6	Receivables from other disqualified persons (as defined under section			
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
2 _	employees' beneficiary organizations (see instructions)		6	
Assets 7			7	
2	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10	a Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 16,219,822.	2 071 006		16 210 922
- 1	b Less: accumulated depreciation 10b	2,071,906. 5,834,448.	10c	16,219,822.
11	Investments - publicly traded securities	5,034,440.	11	0,490,111
12	Investments - other securities. See Part IV, line 11	1000	12	1 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -
13	Investments - program-related. See Part IV, line 11	10/	13	
14	Intangible assets	E00 3E0	14	2 252 660
15	Other assets. See Part IV, line 11	500,350.	15	2,353,660
16	Total assets. Add lines 1 through 15 (must equal line 34)	9,168,945.	16	25,831,301
17	Accounts payable and accrued expenses	525,363.	17	1,675,581
18	Grants payable		18	
19	Deferred revenue	0 100 000	19	14 000 000
20	Tax-exempt bond liabilities	2,177,702.	20	14,822,926
ខ្ល 21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Payables to current and former officers, directors, trustees, key employees,			
	highest compensated employees, and disqualified persons. Complete Part II			
-	of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	Schedule D	181,312.		2,897,506.
26		2,884,377.	26	19,396,013.
	Organizations that follow SFAS 117, check here 🕨 🗓 and complete			
မ္မ	lines 27 through 29, and lines 33 and 34.			
Net Assets or Fund Balances	Unrestricted net assets	5,761,916.	27	6,435,288
28	Temporarily restricted net assets	522,652.	28	0.
29	Permanently restricted net assets		29	
Ē	Organizations that do not follow SFAS 117, check here and			
5	complete lines 30 through 34.			
2 30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32			32	
ž 33	Total net assets or fund balances	6,284,568.	33	6,435,288
34	Total liabilities and net assets/fund balances	9,168,945.	34	25,831,301.

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

	EDISON STATE COLLEGE FINANCING				
-orm	990 (2011) CORPORATION	26-159	1757	Pag	ge 12
	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			18.
2	Total expenses (must equal Part IX, column (A), line 25)	2			78.
3	Revenue less expenses. Subtract line 2 from line 1	3			40.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		6,28		
5	Other changes in net assets or fund balances (explain in Schedule O)	5			20.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	6,43	5,2	88.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				LX.
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	, O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	ed on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S				37
	Act and OMB Circular A-133?		. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	uired audit			1

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2011

Open to Public Inspection

CORPORATION 26 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.	-15917	131							
Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.									
The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1	ne hospital's	s name	θ,						
city, and state:									
An organization operated for the benefit of a college or university owned or operated by a governmental unit describe section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general p section 170(b)(1)(A)(vi). (Complete Part II.)	section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in								
A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization at	rom gross i	nvestr	nent						
See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the properties of the publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check describes the type of supporting organization and complete lines 11e through 11h.		that	or						
a Type I b Type II c Type III - Functionally integrated d By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified p foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or s If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III	ersons oth	er thar	ı 						
supporting organization, check this box									
 g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, 		Yes	No						
the governing body of the supported organization?	. 11g(i)								
(ii) A family member of a person described in (i) above?									
(iii) A 35% controlled entity of a person described in (i) or (ii) above?									
h Provide the following information about the supported organization(s).									
(i) Name of supported organization (ii) EIN (iii) Type of organization (iii) Is the organization (in col. (i) listed in your organization in col. (i) of your support? (iv) Is the organization (v) Did you notify the organization in col. (i) organization in col. (i) organization in col. (i) organized in the U.S.?	(vii) Amount o support		Ī						
(see instructions)) Yes No Yes No Yes No									
	4								
	, approximately and a second s								
Total LHA For Paperwork Reduction Act Notice, see the Instructions for Schedule A (Form	990 or 99	0-EZ)	2011						

132021 01-24-12

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011 CORPORATION

26-1591757 Page 2

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and		0				
	membership fees received. (Do not				20 Table 2005 - 100 Jan 180 180		
	include any "unusual grants.")	1,094,884.	3,000,000.	450,000.	925,306.	693,819.	6,164,009.
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	1,094,884.	3,000,000.	450,000.	925,306.	693,819.	6,164,009.
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.						6,164,009.
Sec	ction B. Total Support			(Th. 187			
Cale	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010 925,306.	(e) 2011	(f) Total
7	Amounts from line 4	1,094,884.	3,000,000.	450,000.	925,306.	693,819.	6,164,009.
8	Gross income from interest,		1	La propi			
	dividends, payments received on						
	securities loans, rents, royalties		A (2)				
	and income from similar sources	7,663.	60,495.	56,420.	147,707.	165,199.	437,484.
9	Net income from unrelated business		432/7	7	4		
	activities, whether or not the					,	
	business is regularly carried on	1					
10	Other income. Do not include gain	fal.					
	or loss from the sale of capital		N. 19				
	assets (Explain in Part IV.)	,4					
11	Total support. Add lines 7 through 10						6,601,493.
12	Gross receipts from related activities,					12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop	here					▶└
Se	ction C. Computation of Publ	ic Support Pe	rcentage				00 00
14	Public support percentage for 2011 (line 6, column (f) d	ivided by line 11, o	column (f))		14	93.37 %
15	Public support percentage from 2010						%
16a	a 33 1/3% support test - 2011. If the						
	stop here. The organization qualifies						
k	33 1/3% support test - 2010. If the						
	and stop here. The organization qual						
178	a 10% -facts-and-circumstances tes	t - 2011. If the org	ganization did not o	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
ŀ	10% -facts-and-circumstances tes						
	more, and if the organization meets t						
	organization meets the "facts-and-cir						
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box	and see instruction	s
					Scho	edule A (Form 990	or 990-EZ) 2011

Schedule A (Form 990 or 990 EZ) 2011 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

Se	qualify under the tests listed be ction A. Public Support	iow, piease comp	nete Fait II.)				
	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gifts, grants, contributions, and	(a) 2001	(b) 2006	(0) 2003	(4) 2010	(0) 2011	(1) 10141
1	membership fees received. (Do not				-		
	include any "unusual grants.")						
_							
2	Gross receipts from admissions, merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities			Also.			
-	furnished by a governmental unit to			109			
	the organization without charge						
6	Total. Add lines 1 through 5			100	3		
	Amounts included on lines 1, 2, and			497 .	N/		
16	3 received from disqualified persons						
	Amounts included on lines 2 and 3 received			Committee Anna			-
	from other than disqualified persons that		Ž1				
	exceed the greater of \$5,000 or 1% of the		(1)				
	amount on line 13 for the year		48	A 2010 100 100 100 100 100 100 100 100 10			
	Add lines 7a and 7b		No. of the last of	Mary Commence	we have many the saint	Brone von der German der	
	Public support (Subtract line 7c from line 6.)		Zasar Versia	C.0014			
	ction B. Total Support						
	endar year (or fiscal year beginning in) 🖊	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6		- 100				
10:	a Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties	PA.					
	and income from similar sources	1	· 19				a .
I	Unrelated business taxable income	4	QN67				
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
	Total support (Add lines 9, 10c, 11, and 12.)		<u> </u>	to the section to		= F01/a\/2\ argan	ization
14	First five years. If the Form 990 is for						
_	check this box and stop here						
	ction C. Computation of Publi					Le I	0/
	Public support percentage for 2011 (lin					15	<u>%</u>
	Public support percentage from 2010					16	%
Se	ction D. Computation of Inves	tment Incom	e Percentage	e		T T	
17	Investment income percentage for 20	11 (line 10c, colur	mn (f) divided by	line 13, column (f))		17	%
18						18	%
19	a 33 1/3% support tests - 2011. If the	organization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box an						
1	o 33 1/3% support tests - 2010. If the						
	line 18 is not more than 33 1/3%, chec	ck this box and s	top here. The or	ganization qualifies	as a publicly supp	orted organization	n ▶ 🔲
20	Private foundation. If the organization						
	23 01-24-12						90 or 990-EZ) 2011

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

or 990-PF)
Department of the Treasury
Internal Revenue Service

Name of the organization

Schedule of Contributors

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

EDISON STATE COLLEGE FINANCING

OMB No. 1545-0047

2011

Employer identification number

26-1591757 CORPORATION Organization type (check one): Section: Filers of: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** [X] For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, 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 Part I, line 2 of its Form 990-PF, to

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) (2011)

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

Employer identification number

26-1591757

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il 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	\$693,819.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
123452 01-2	19.10	\$Schedule B (Form	Person Payroll Noncash (Complete Part II if there is a noncash contribution.) 990, 990-EZ, or 990-PF) (2011)

Name of organization EDISON STATE COLLEGE FINANCING CORPORATION

Employer identification number

26-1591757

Part II Nonc	cash Property (see instructions). Use duplicate copies of Part II	l if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
). And the second secon	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
23453 01-23-12			990, 990-EZ, or 990-PF) (2

Schedule B (Form 990, 990-EZ, or 990-PF) (2011) Employer identification number Name of organization EDISON STATE COLLEGE FINANCING 26-1591757 CORPORATION Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (d) Description of how gift is held (c) Use of gift (b) Purpose of gift (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. (d) Description of how gift is held from (c) Use of gift (b) Purpose of gift Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. (d) Description of how gift is held from (c) Use of gift (b) Purpose of gift Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. (d) Description of how gift is held (c) Use of gift from (b) Purpose of gift Part I

Relationship of transferor to transferee

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

EDISON STATE COLLEGE FINANCING CORPORATION

Employer identification number 26-1591757

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	ised funds
-	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		
Pai			
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).	
-	Preservation of land for public use (e.g., recreation or e		istorically important land area
	Protection of natural habitat	A 0.00 CO 100 A	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali-	fied conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.	45.77	
	,,		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		
1.000	listed in the National Register		1 1
3	Number of conservation easements modified, transferred, re		
	year▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe		f
	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	, and enforcing conservation easements	during the year
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organiza		
	conservation easements.		
Pai	t III Organizations Maintaining Collections o	of Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	-
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ement and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in further	rance of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descri	ribes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue stateme	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of p	ublic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under SFAS 1		
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		

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

Schedule D (Form 990) 2011

EDISON STATE COLLEGE FINANCING

Sche	dule D (Form 990) 2011 CORPORAT	CION				26-15			ge 2
Par	t III Organizations Maintaining Co	ollections of Ar	t, Historical Tr	easures, or Otl	ner Simil	ar Asset	S (conti	nued)	
3	Using the organization's acquisition, accession	n, and other record	s, check any of the	following that are a	significant	use of its o	collection	items	;
	(check all that apply):								
а	Public exhibition	d	Loan or exc	hange programs					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explair	n how they further t	he organization's ex	cempt purp	ose in Part	XIV.		
5	During the year, did the organization solicit or	receive donations	of art, historical trea	sures, or other simi	lar assets		1		ī
	to be sold to raise funds rather than to be ma	intained as part of t	he organization's co	ollection?			Yes		No
Par			ete if the organization	on answered "Yes"	to Form 990), Part IV, I	ine 9, or		
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for contribution	ns or other assets n	ot included		Yes		No
	on Form 990, Part X?						1 res		INO
b	If "Yes," explain the arrangement in Part XIV a	and complete the fo	llowing table:				Amount		
					40		Amoun	•	
	Beginning balance								
	Additions during the year								
е	Distributions during the year								
f	Ending balance	000 Dart V line	010				Yes		No
	Did the organization include an amount on Fo		211		••••••		00		
Par	If "Yes," explain the arrangement in Part XIV. t V Endowment Funds. Complete if	the organization an	swered "Yes" to Fo	orm 990 Part IV. line	e 10.				
rai	Elidowillelie i dildoi complete ii	(a) Current year	(b) Prior year	(c) Two years back		years back	(e) Four	years	back
40	Posinning of year halance	(a) Current year	All A	(5)		-			
	Beginning of year balance Contributions		N. Carlot						
	Net investment earnings, gains, and losses		At Well	b					
	Grants or scholarships								
	Other expenditures for facilities		VIII.AV						
C	and programs	1							
f	Administrative expenses		The						
g	End of year balance	45	OF W						
2	Provide the estimated percentage of the curr	ent year end balance	ce (line 1g, column (a)) held as:					
	Board designated or quasi-endowment		%						
	Permanent endowment	%	_ `						
	Temporarily restricted endowment ▶	%							
	The percentages in lines 2a, 2b, and 2c shou	ıld equal 100%.							
За	Are there endowment funds not in the posse	ssion of the organiz	ation that are held	and administered fo	r the organ	ization	1		
	by:							Yes	No
	(i) unrelated organizations								
	(ii) related organizations						3a(ii)		<u> </u>
b	If "Yes" to 3a(ii), are the related organizations						3b_		
4	Describe in Part XIV the intended uses of the								
Pa	rt VI Land, Buildings, and Equipm								100
	Description of property	(a) Cost or o			Accumulat depreciation		(d) Boo	k valu	e ——
1a	Land								
	Buildings								
С	Leasehold improvements			20 600			1 2	0 6	90.
d	Equipment			20,690.		- 1	6,09	0,0	30.
	Other		The second secon	99,132.			$\frac{6,09}{6,21}$		
Tota	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Pan	t X, column (B), line	10(c).)		🚩 🔟	.0,41	٥, ر	44.

	E COLLEGE FI	NANCING	-1591757 Page 3
Schedule D (Form 990) 2011 CORPORATION			-1591/5/ Page 3
Part VII Investments - Other Securities. Se	ee Form 990, Part X, line 1		#!a.s.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mar	
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			300
(D)			
(E)			
(F)			
(G)			
(H)			
<u>(l)</u>			Anna San Jewa Paling Paling
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)			
Part VIII Investments - Program Related.	See Form 990, Part X, line	13.	· Constant
(a) Description of investment type	(b) Book value	(c) Method of valua Cost or end-of-year mar	
(1)			
(2)			
(3)			
(4)	į.		
(5)	6	\$ 49	
(6)			
(7)	Allen		
(8)			
(9)	100	2	
(10)			
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)	AT YEAR		
Part IX Other Assets. See Form 990, Part X, line			(I) Dealership
) Description		(b) Book value
(1) DEFERRED OUTFLOW OF RESOU	JRCES		2,045,346. 308,314.
(2) BOND ISSUANCE COSTS, NET	<u> </u>		300,314.
(3)			
(4)			
(5)			"
(6)	- Arm		
(7)			
(8)			
(9)			
(10)	451		2,353,660.
Total. (Column (b) must equal Form 990, Part X, col (B) lir			2,333,000
Part X Other Liabilities. See Form 990, Part X (a) Description of liability	., line 25.	(b) Book value	
		(b) Book value	
(1) Federal income taxes (2) DERIVATIVE INSTRUMENT -	INTEREST		
(2) DERIVATIVE INSTRUMENT - 1	TATEMEN	2,045,346.	
THE TAXABLE PARTY OF THE		852,160.	
		002,1000	
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			

EDISON STATE COLLEGE FINANCING 26-1591757 Page 4 CORPORATION Schedule D (Form 990) 2011 Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements 859,018. Total revenue (Form 990, Part VIII, column (A), line 12) 695,578. Total expenses (Form 990, Part IX, column (A), line 25) 163,440. -12,720. Excess or (deficit) for the year. Subtract line 2 from line 1 4 Net unrealized gains (losses) on investments 4 5 Donated services and use of facilities 5 6 Investment expenses Prior period adjustments 7 7 Other (Describe in Part XIV.) -12,720. Total adjustments (net). Add lines 4 through 8 150,720. Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 ... 10 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 846,298. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments c Recoveries of prior year grants d Other (Describe in Part XIV.) -12,720.e Add lines 2a through 2d 2e 859,018. 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV.) 4c c Add lines 4a and 4b 859,018. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 695,578. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments 2c c Other losses d Other (Describe in Part XIV.) 2e e Add lines 2a through 2d 695,578. 3 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIV.) 4b c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information. 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

Schedule D (Form 990) 2011

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

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

Schedule I (Form 990) (2011) N N Employer identification number 26-1591757 SUPPORT OF EDISON STATE Open to Public OMB No. 1545-0047 Inspection (h) Purpose of grant or assistance Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any COLLEGE recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection non-cash assistance (g) Description of (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, 0 (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▶ Attach to Form 990. (d) Amount of 21,818 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table EDISON STATE COLLEGE FINANCING (c) IRC section LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. if applicable Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance 59-1211051 criteria used to award the grants or assistance? (p) EIN CORPORATION 1 (a) Name and address of organization or government FORT MYERS, FL 33919 EDISON STATE COLLEGE 8099 COLLEGE PARKWAY Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Part Part II

EDISON STATE COLLEGE FINANCING

CORPORATION

26-1591757

Page 2

Schedule I (Form 990) (2011) CORPORATION | Part III | Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

Schedule I (Form 990) (2011) (f) Description of non-cash assistance (book, FMV, appraisal, other) Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance 132102 01-27-12

SCHEDULE J (Form 990)

Compensation Information

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

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

► Attach to Form 990. ► See separate instructions.

EDISON STATE COLLEGE FINANCING

CORPORATION

Employer identification number 26-1591757

Pa	rt I Questions Regarding Compensation			
and Admin			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			i ta
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		A
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director. Explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			X
	Receive a severance payment or change-of-control payment?	4a		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		122
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	5a		x
а		5b		X
b	Any related organization?	30		diam's
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:	6a	. 17	x
a	The organization?	6b	-	X
b	Any related organization?	OD		500
	If "Yes" to line 6a or 6b, describe in Part III.	5/05/10-3	1	Addition
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	7		x
.1	not described in lines 5 and 6? If "Yes," describe in Part III	<u> </u>	 	+=
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	8		x
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	۲		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	9		
	Regulations section 53.4958-6(c)?			

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

Schedule J (Form 990) 2011

EDISON STATE COLLEGE FINANCING CORPORATION

Schedule J (Form 990) 2011

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

26-1591757

Page 2

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	W-2 and/or 1099-MIS	and/or 1099-MISC compensation	(0)	(D)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(i)-(D)	Compensation reported as deferred in prior Form 990
	100	C	C	0	0	0	0	0
1 KENNETH P. WALKER	€	308,57	72,889.	261,808.	0.	7,621.	650,897.	0.
	€		0			0.		0
2 JAMES BROWDER	<u> </u>	66,511.	0.	87,702.	0	234.	154,447.	0
	Ξ							
3	€			*				
	Ξ							
4	E							
	Ξ							
2	€							
	Ξ		200	ANDRANA				
9				<i>></i>				
	: ∈							
7	€							
	€							
80	: €)					
	Ξ							
6								
	ε							
10	E							
	Θ							
11	€							
	Ξ							
12	€							
	Ξ							
13	€							
	Ξ							
14	▣							
	Ξ							
15	Ξ							
	Ξ							
16	▣							
				I			Sched	Schedule J (Form 990) 2011

Schedule K (Form 990) 2011 (g) Defeased (h) On behalf (i) Pooled financing Yes No Employer identification number 26-1591757× OMB No. 1545-0047 Open to Public ŝ ô 2011 Inspection Yes No × Δ of issuer Yes Yes ŝ × Yes ŝ ŝ K CONSTRUCTING O (f) Description of purpose FOR THE PURPOSE Yes Yes Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
 Attach to Form 990. ŝ å OF B Supplemental Information on Tax-Exempt Bonds 300,000. Yes Yes SEE PART VI FOR COLUMN (F) CONTINUATIONS (e) Issue price 9,447,458. 321,719. 26, 311,000 16,219,823 26,300,000 × × × ŝ ŝ 2012 (d) Date issued 12/21/10 V 4 Yes Yes 28 STATE COLLEGE FINANCING 132121 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. (c) CUSIP# NONE Does the organization maintain adequate books and records to support the final allocation of proceeds? Are there any lease arrangements that may result in private business use of Was the organization a partner in a partnership, or a member of an LLC, 59-1793462 Attach to Form 990. (b) Issuer EIN Were the bonds issued as part of an advance refunding issue? Were the bonds issued as part of a current refunding issue? which owned property financed by tax-exempt bonds? Has the final allocation of proceeds been made? CORPORATION Working capital expenditures from proceeds A DEVELOPMENT AUTHORITY LEE COUNTY INDUSTRIAL EDISON Credit enhancement from proceeds Capital expenditures from proceeds Capitalized interest from proceeds Amount of bonds legally defeased Gross proceeds in reserve funds Proceeds in refunding escrows Issuance costs from proceeds Year of substantial completion (a) Issuer name Part III Private Business Use Other unspent proceeds bond-financed property? Amount of bonds retired Total proceeds of issue Other spent proceeds Name of the organization Bond Issues Proceeds Department of the Treasury Internal Revenue Service SCHEDULEK Form 990) Part II Part I က 2 0 9 12 15 16 N В ပ ત 4 9 ø F 13 4 4 Ω

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EDISON STATE COLLEGE FINANCING CORPORATION

Schedule K (Form 990) 2011

Yes % ŝ O Yes % å m Yes % 2 × × Yes c Are there any research agreements that may result in private business use of bond-financed property? counsel to review any management or service contracts relating to the financed property? A b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside business use of bond-financed property? entities other than a section 501(c)(3) organization or a state or local government counsel to review any research agreements relating to the financed property? Enter the percentage of financed property used in a private business use by 3a Are there any management or service contracts that may result in private Part III Private Business Use (Continued) 4

Part IV Arbitrage								
SELLINE	A. S. S. S.		В	В	O	4	۵	
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of	Yes	No	Yes	No	Yes	No	Yes	Š
Arbitrage Rebate, been filed with respect to the bond issue?	×							
2 Is the bond issue a variable rate issue?	×							
3a Has the organization or the governmental issuer entered into a qualified								
hedge with respect to the bond issue?	×							
b Name of provider	BB&T							
c Term of hedge	5.1	5.5000000					Tall	
d Was the hedge superintergrated?		×						
e Was the hedge terminated?		×						
4a Were gross proceeds invested in a guaranteed investment contract (GIC)?		×						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	5							
5 Were any gross proceeds invested beyond an available temporary period?	•	×						
6 Did the bond issue qualify for an exception to rebate?		×						

1 1 1 1 1 1 1 1 1 1 1

| | |

%

%

% %

% %

% %

Enter the percentage of financed property used in a private business use as a result of

2

unrelated trade or business activity carried on by your organization, another

section 501(c)(3) organization, or a state or local government

Total of lines 4 and 5

9

Has the organization adopted management practices and procedures to ensure the

post-issuance compliance of its tax-exempt bond liabilities?

×

%

Procedures To Undertake Corrective Action Part V

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement Yes program if self-remediation is not available under applicable regulations

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

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME: LEE COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY 01-23-12

Schedule K (Form 990) 2011

EDISON STATE COLLEGE FINANCING

Schedi	ule K (Fo	rm 990) 2011		CORPORATION	26-1591757
Part V	Supple	mental Informa	ation.	Complete this part to provide additional information for responses to c	
(F)	DESC	CRIPTION	OF	PURPOSE:	
					ZACII TMV
FOR	THE	PURPOSE	OF.	CONSTRUCTING A 400 PLUS BED HOUSING 1	FACILITY.
6					

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service 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.

2011
Open to Public Inspection

Name of the organization

EDISON STATE COLLEGE FINANCING 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: KENNETH WALKER, GINA DOEBLE, JAMES
BROWDER, MARY LEE MANN, AND RANDALL PARRISH 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 PRESIDENT BEFORE IT IS FILED WITH THE IRS. IT IS APPROVED BY THE BOARD AT THE NEXT BOARD MEETING WHICH MAY BE AFTER IT HAS ALREADY BEEN FILED.

FORM 990, PART VI, SECTION B, LINE 12C: ALL VOTING BOARD MEMBERS MUST

COMPLETE AND SIGN THE CONFLICT OF INTEREST POLICY EACH YEAR. POLICY FORMS

ARE REVIEWED BY MANAGEMENT AND IF A QUESTION ARISES IT IS THEN TAKEN TO THE

EXECUTIVE COMMITTEE FOR FORMAL ACTION.

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: 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) (2011)

Schedule O (Form 990 or 990-EZ) (2011)	Page 2
Name of the organization EDISON STATE COLLEGE FINANCING CORPORATION	Employer identification number 26-1591757
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
	-12,720.
NET UNREALIZED LOSSES ON INVESTMENTS:	-12,720.
FORM 990, PART XII, LINE 2C:	
THE PROCESS OF ASSUMING RESPONSIBILITY FOR OVERSIGHT (OF THE AUDIT OF
THE ORGANIZATION'S FINANCIAL STATEMENTS AND SELECTION	OF AN INDEPENDENT
ACCOUNTANT HAS NOT CHANGED FROM THE PRIOR YEAR.	4
	1

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

Name of the organization

Part

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Related Organizations and Unrelated Partnerships

► See separate instructions.

▶ Attach to Form 990.

EDISON STATE COLLEGE FINANCING

CORPORATION

Open to Public Inspection 2011

OMB No. 1545-0047

Employer identification number 26-1591757

Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) $\boldsymbol{\Xi}$ End-of-year assets **e** Total income 9 Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or foreign country) Primary activity Name, address, and EIN of disregarded entity Part II

(g) Section 512(b)(13) å × controlled entity? Yes Direct controlling entity N/A Public charity status (if section 501(c)(3)) INE 2 Exempt Code section 9 Legal domicile (state or foreign country) FLORIDA Primary activity STATE COLLEGE EDISON STATE COLLEGE - 59-1211051 Name, address, and EIN of related organization FORT MYERS, FL 33907 8099 COLLEGE PARKWAY

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

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Schedule R (Form 990) 2011

132161 01-23-12 LHA

26-1591757

Page 2

EDISON STATE COLLEGE FINANCING CORPORATION

Schedule R (Form 990) 2011

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

(a)	(q)	(0)	(b)	(e)	(£)	(a)	(h)	0	6	(K)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	trolling y	Predominant income (related, unrelated, excluded from tax under certions 512-514)	Share	of year ts	ations?	Code V-UBI amount in box 20 of Schedule	General or managing partner?	General or Percentage managing ownership partner?
	,	(Animo)					NO Les		Lesino	
						4				
				6						
								v		
Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	ganizations Taxable a orporation or trust durin	s a Corpo g the tax y	ration or Trust (Corear.)	mplete if the organi	zation answered "Yes	' to Form 990, Pa	rt IV, line 34	because it had	one or mo	re related
(a)			(q)	(c)	(p)	(e)	(±)		(6)	(h)
Name, address, and EIN of related organization	N ii		Primary activity	ity Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income		Share of end-of-year assets	Percentage ownership
400460 04 00 40				34				Cohodu	lo D (Eorn	Schodulo D (Earm 000) 2011
132 102 01-23-12				1				350		1000 5000

26-1591757

EDISON STATE COLLEGE FINANCING CORPORATION

Schedule R (Form 990) 2011

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

Make Communication of its contraction in the state of the contraction of the state				ŕ	_	13
Note: Complete line in any entity is listed in Parts II, III, or IV or unis schedule. 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	elated organizations listed	in Parts II:V?		Sal	2
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		ò		12	_	×
				9	×	1
(8)				10	×	
				1d		M
				1 e	7	×
		<				
f Sale of assets to related organization(s)				11	_	M
g Purchase of assets from related organization(s)				1g	_	×
				4	_	M
~				1i		×
	<					
				;		× >
k Performance of services or membership or fundraising solicitations for related organization(s)	anization(s))		¥		بابه
I Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			=	\dashv	ايد
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)			트	×	- 1:
n Sharing of paid employees with related organization(s)				ŧ		×
Reimbursement paid to related organization(s) for expenses				9	<u> </u>	×
p Reimbursement paid by related organization(s) for expenses	Đặ.			4	_	54
				Ş		×
(S)				₹ ;=		×
If the answer to any of the above is "Yes," see the instructions for	who must complete t	nis line, including covered	information on who must complete this line, including covered relationships and transaction thresholds.			1 1
(a) Name of other organization	(b) Transaction type (a·r)	(c) Amount involved	(d) Method of determining amount involved			
(1) EDISON STATE COLLEGE	В	21,818.	CASH			
(2) EDISON STATE COLLEGE	υ	693,819.	819.CASH			- 1
(3)						
(4)						
(5)				n		- 1
(9)						
132163 01-23-12	35		Schedule R (Form 990) 201	3 (Form	990) 20	Ξ

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EDISON STATE COLLEGE FINANCING CORPORATION

Schedule R (Form 990) 2011

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

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

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8	ıntage	amount in box 20 managing ownership of Schedule K-1 partner? (Form 1065) Yes No			20					
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6	eral or	managing partner? Yes No								
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€	Share of	total income		7						
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	Sec.	<u>@</u> 9								
(6)	Are al	501(c)(3) orgs.? 4) Yes No		A	No.					
	e e	(related, unrelated, excluded from tax under section 512-514) y				þ.				
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(8)	Name, address, and EIN	of entity								
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Schedule R (Form 990) 2011

EDISON STATE COLLEGE FINANCING

hedule R (Form 990) 2011	ORPORATION	26-1591/5/ Pag
hedule R (Form 990) 2011 C art VII Supplemental Informa		
	additional information for responses to questions on Sch	edule R (see instructions).
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THIS IS NOT A FILEABLE COPY

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2011, or fiscal year beginning $\ APR\ 1$, 2011, and ending $\ MAR\ 31$, 20 $\ 12$

OMB No. 1545-1878

Form **8879-EO**

Do not send to the IRS. Keep for your records

Department of the Treasury		a to the mo. Keep for your records.		
Internal Revenue Service		See instructions.	Employer	identification number
Name of exempt organization	~~~~		Elliployer	identification number
	COLLEGE FINANCING		26.1	591757
CORPORATION			20-1	.591/5/
Name and title of officer	_			
GINA B. DOEBL	⊡			
TREASURER				
	Return and Return Information			
Check the box for the retu	rn for which you are using this Form 88	879-EO and enter the applicable amount, if a	any, from the ret	urn. If you check the box
on line 1a, 2a, 3a, 4a, or 5	a, below, and the amount on that line f	for the return being filed with this form was b	lank, then leave	line 1b, 2b, 3b, 4b, or 5b,
	ank (do not enter -0-). But, if you enter	ed -0- on the return, then enter -0- on the app	olicable line belo	w. Do not complete more
than 1 line in Part I.				
1a Form 990 check here		(Form 990, Part VIII, column (A), line 12)		
2a Form 990-EZ check he	re 🕨 📖 b Total revenue, if	any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check		rm 1120-POL, line 22)		
4a Form 990-PF check he	re 🕨 🗆 b Tax based on inv	vestment income (Form 990-PF, Part VI, line	∍ 5) 4b	
5a Form 8868 check here	b Balance Due (Form 8	3868, Part I, line 3c or Part II, line 8c)	5b	
· ·	8		200	
Part II Declarat	ion and Signature Authorizat	ion of Officer		
further declare that the amintermediate service provid (a) an acknowledgement of the date of any refund. If a debit) entry to the financial return, and the financial instrum, and the financial instrument. I have selected a organization's consent to of Officer's PIN: check one	ount in Part I above is the amount sho der, transmitter, or electronic return ori f receipt or reason for rejection of the pplicable, I authorize the U.S. Treasun institution account indicated in the ta stitution to debit the entry to this acco an 2 business days prior to the payme c payment of taxes to receive confide a personal identification number (PIN) electronic funds withdrawal.	and to the best of my knowledge and belief, own on the copy of the organization's electroginator (ERO) to send the organization's retutransmission, (b) the reason for any delay in y and its designated Financial Agent to initial expreparation software for payment of the organization to the organization to the organization date. I also authorize the finantial information necessary to answer inquiring as my signature for the organization's electron	onic return. I con urn to the IRS ar processing the tte an electronic rganization's fed e U.S. Treasury ancial institutions ies and resolve is	nsent to allow my and to receive from the IRS return or refund, and (c) funds withdrawal (direct deral taxes owed on this Financial Agent at s involved in the ssues related to the if applicable, the
Taddionzo	Total Control	firm name		Enter five numbers, b
				do not enter all zeros
is being filed wit	on the organization's tax year 2011 elen a state agency(ies) regulating charitien the return's disclosure consent screet	ectronically filed retum. If I have indicated wi es as part of the IRS Fed/State program, I al: n.	ithin this return t so authorize the	that a copy of the return aforementioned ERO to
indicated within program, I will er	this retum that a copy of the return is nter my PIN on the return's disclosure		2011 electronica g charities as pa	ally filed return. If I have art of the IRS Fed/State
Officer's signature	*** THIS IS NOT A F	ILEABLE COPY *** Date ▶_		
Part III Certifica	tion and Authentication			

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 2011 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 ► MARTIN REDOVAN CPA

Date \triangleright 07/09/12

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

LHA For Paperwork Reduction Act Notice, see instructions. 123051 12-01-11

Form **8879-EO** (2011)