



DUVAL COUNTY TOURIST DEVELOPMENT COUNCIL GRANT APPLICATION FORM AND INSTRUCTIONS

For consideration by the Duval County Tourist Development Council, please make sure your application is filled out completely and accompanied by the following information:

- Articles of Incorporation (except government entities);
- IRS Form W-9**
- IRS letter of **non-profit tax-exempt status** (Public Charity Status) and as required copy of **current**
 - **IRS Form 990**
 - **State of Florida Certificate of Solicitation of Contributions (Registration Requirement of Chapter 496.405, Florida Statutes);**
- TDC Post-Event Report (Attachment B for previous TDC grantees only);
- Written authorization for AUTHORIZED AGENT to act on behalf of Applicant;
- Organizational outline, including but not limited to names and addresses of each board member and corporate officer (except government entities);
- Sponsorship package for event;
- Complete project event budget including revenue and expenses;
- Complete Marketing and/or Advertising Plan
- Three support documents (letter of recommendation, programs, brochures, media articles, etc.); and
- All written agreements involving media, hotels/motels and venue contracts/leases.

Please submit your application in a format using dividers or tabs for the items outlined above along with this form. When completed, please be sure to mail fifteen (15) fully completed Application Form Packets (**one (1) signed original, fourteen (14) copies, and one (1) ELECTRONIC SUBMISSION COPY** with attachments along with all items on the checklist to:

Annette R. Hastings
Executive Director
Tourist Development Council
117 W. Duval St., Suite 425
Jacksonville, FL 32202
(904) 630-7625
annetteh@coj.net

INCOMPLETE APPLICATIONS WILL BE RETURNED

TDC GRANT GUIDELINES & PROCEDURES

ATTENTION: Pending legislation (see below) may amend criteria and requirements for TDC Grants. Applicants are advised to be mindful of pending changes.

2018-0472 ORD-MC Amend Chapt 70 (Duval County Tourist Dev Council), Sec 70.104 (Powers and Duties), and 70.105 (Administration of Tourist Development Plan, Ord Code; Amend Chapt 666 (Duval County Tourist Dev Plan), Section 666.108 (Tourist Dev Plan), Ord Code; Amend Tourist Dev Council Grant Guidelines; Provide for Codification Instructions. (Hodge) (Introduced by CP Bowman at Request of Duval County TDC) Public Hearing Pursuant Chapt 166, F.S. & CR 3.601 - 8/14/18

Special Event Grants. Chapter 666.108(b)(5) of the Ordinance Code component shall authorize the Tourist Council to award special event grants to organizations or persons hosting an event in the City or surrounding areas. Any event funded under this component shall have as one of its primary purposes the attraction of tourists to the City as evidenced by the promotion of such event to tourists.

- This component shall be limited to the following grants:
 - **Grant awards for attendance of 25,000 tourists or 10,000 room nights or greater.** The Tourist Council may award grants for special events designed to attract a minimum of 25,000 tourists to the City which grant award may not exceed \$250,000 for any such event.
 - **Grant awards for attendance of 5,000 tourists or greater for events held at publicly owned venues.** The Tourist Council may award grants for special events designed to attract a minimum of 5,000 tourists to the City using publicly owned tourist venues such as the arena, performing arts center, or stadium or at the zoo or eligible museums. Such grant awards may not exceed \$100,000 per event.
- Florida Statute 125.104 "Tourist" means a person who participates in trade or recreation activities outside the county of his or her permanent residence or who rents or leases transient accommodations.

The following are requirements to be **provided by the grant recipients**:

- Evidence of growth or increase in tourism to the City
- Evidence of a return on the City's investment
- Evidence of the marketing of City tourist-oriented facilities, attractions, activities

ANY USE OF THE TOURIST DEVELOPMENT TAX DOLLARS MUST HAVE THE PROMOTION AND ADVERTISEMENT OF TOURISM AS ITS PRILMARY PURPOSE

The City of Jacksonville Municipal Code prohibits the advance of City funds in Section 110.112. No advance of City funds shall be made in any case unless authorized by the appropriation concerned or other law. In all cases of contracts for the performance of any service or the delivery of any articles of any description for the use of the City, payment shall not exceed the value of the service rendered or of the articles delivered previously to the payment.

Section 1 PRELIMINARY INFORMATION	
Authorized Agent Name	Stanley Cromartie
Authorized Agent Title	Athletic Director
Contact Person Name	Henry Smith
Contact Person Title	Assistant Athletic Director
Company/Organization	Edward Waters College
Address	1658 Kings Road
City	Jacksonville
State	FL
Zip Code	32209
E-mail Address	hsmith@ewc.edu
Work Phone	(904) 470-8276
Home Phone/Cell Phone	(904) 222-107 FAX (904) 470-8139
Event Website	www.gcac.com or www.ewctigerpride.com

Section 2 EVENT INFORMATION	
Event/Project Name	GCAC Men/Women's Basketball 2019 Tournament
Event/Project Location Is it a Public Owned Venue?	Adam-Jenkins Sports/Music Complex (On campus) <input type="checkbox"/> Yes x <input type="checkbox"/> No
Sponsoring Organization/Name	Edward Waters College

Event/Project Description	2019 GCAC Basketball Tournament
Event Date Begins (MM/DD/YY)	February 28, 2019
Event Date Ends (MM/DD/YY)	March 3, 2019
Is this a non-profit organization?	x <input type="checkbox"/> Yes <input type="checkbox"/> No
Tax Code Status	501c3
Is this organization tax exempt?	x <input type="checkbox"/> Yes <input type="checkbox"/> No
What is your Federal ID# as it appears on Form W-9?	59-1146751
If your delegates are exempt from paying hotel occupancy tax, please explain.	N/A
Category (please check one) New Event Recurring Event Signature Event (TDC Approved)	<input type="checkbox"/> Convention <input type="checkbox"/> Conference <input type="checkbox"/> Special Event <input type="checkbox"/> Festival <input type="checkbox"/> Other <input type="checkbox"/> Professional Sporting Event x <input type="checkbox"/> Amateur Sports Event <input type="checkbox"/> Equestrian Center Event x <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES Number of Years x <input type="checkbox"/> NO <input type="checkbox"/> YES Number of Years x <input type="checkbox"/> NO
Event History Please provide the past five (5) years number of room nights attributable to this convention, conference, or event including: City event held Date/month/year of event Hotel(s) Number of room nights for each Number of attendance of tourist	A rotating tournament. Where bids was placed. We receive 2019 award, This tournament was held in New Orleans for five years, we are looking forward to hosting this tournament for next five years
If you have already reserved Duval County hotel rooms, please list hotel(s), number of rooms reserved, total room nights (rooms reserved multiplied by total number of nights), and dates. Also, please attach the contracts from the hotel(s).	We are now working with the Omni Hotel
Do contracts include hotel room night rebates? If yes, amount of rebate per room night.	<input type="checkbox"/> YES \$ X5 <input type="checkbox"/> NO

What is attendance of tourists this event will attract to Duval County?	5000
How many room nights do you guarantee to bring to Duval County?	250 to 300
How do you intend to provide a valid count of attendance of tourist and/or room nights at this year's event?	Using hotel Data from hotel partners
Total amount of grant funding being requested from the Tourist Development Council for this event	\$ 10,000.00
Intended Use of Funds NOTE: Please remember to attach itemized expenditures to be funded by this grant. If funding is for advertising, detail the media and/or publication(s) which will be used Must be approved by Visit Jacksonville.	National/ Regional marketing
List ALL other actual or potential city/county/state/federal funding sources for this event including: Visit Jacksonville Visit Florida Florida Sports Foundation Jacksonville City Council Downtown Investment Authority Jacksonville Office of Economic Development JEA JTA Jacksonville Children's Commission City of Jacksonville Office of Special Events/Sports& Entertainment , City of Jacksonville Parks & Recreation Department, Jacksonville Cultural Council, etc.). Do not include grant money from Duval County TDC. <u>Failure to disclose other funding sources will result in denying future TDC funding of events.</u>	

List ALL other contributors, sponsors, and sources of funding for this event other than the grant money from Duval County or the City of Jacksonville. <u>Failure to disclose other funding sources will result in denying future TDC funding of events.</u>	Seeking sponsorship with Adidas
What additional sources of funding have you sought or intend to seek? <u>Failure to disclose other funding sources will result in denying future TDC funding of events.</u>	Rawlings Sports
List ALL past TDC funding (to include each year with amount requested, amount granted, amount spent, and purpose).	N/A
List media coverage of previous year(s)' event(s) NOTE: Attach clippings or copies of newspaper, magazine, or professional periodicals showing coverage of event(s), which may be beneficial to the TDC in making its decision. Also give a description of television, radio, or other coverage received	Regional Markets in southwest/ southeast markets Attach information
If your event is profitable, would you be willing to return all or a portion of the grant to the TDC? Please explain your answer.	<input type="checkbox"/> Yes x <input checked="" type="checkbox"/> No

Section 3 BACKGROUND INFORMATION	
What are your target audiences?	Family, fans, conference members and officials
What is your projected attendance (include local participants, out-of-town participants and guests?)	8250

Section 4 PROJECT/EVENT DETAILS	
In this space, please give details on your project or event so the Tourist Development Council can evaluate the economic impact on the county. Include in your narrative projected numbers of attendees, hotel rooms needed, and restaurant meals to be consumed.	We will host 16 teams, eight cheerleading squads and conference officials, along with conference 40 game officials for minimum of 3 days, each team will play one game per day and fans will look forward to enjoying the city of Jacksonville, while their teams are off the court, we will provide a restaurant and entertainment brochure for all participants. We will count ticket sale report and turn style counts for said event
What are your marketing and advertising plans (local, regional, national, and/or international)? <u>Must be approved by Visit Jacksonville</u>	<i>National Regional</i> Visit Jacksonville Approval x <input type="checkbox"/> YES \$ <input type="checkbox"/> NO

Section 5 PROJECT BUDGET RECAP		
Income	\$ See attachment	
Tourist Development Fund Request	\$	
TOTAL REQUEST	\$ 10,000.00	
Contributors, sponsors and other funding sources (include in-kind) <u>Failure to disclose other funding will result in denying future TDC funding of events.</u>		\$
		\$
		\$
		\$
		\$
		\$
		\$
TOTAL CONTRIBUTOR/SPONSOR FUNDS	\$ See attachment	
Other income sources (i.e. registration fees, ticket sales, concessions, vendor sales)	Room Night Rebates	\$ N/A
		\$
		\$
		\$
		\$
		\$
		\$
TOTAL OTHER INCOME	\$	
TOTAL INCOME	\$	

Section 6 EXPENSES		
Please list ALL event expenses and indicate which items will utilize TDC funds		=\$
		=\$
		=\$
		=\$
		=\$
		=\$
TOTAL EXPENSES	\$	

Section 7
CERTIFICATIONS

I have reviewed the GRANT APPLICATION to the Duval County Tourist Development Council. I am in full agreement with the information and certifications contained in this application and its attachments, confirm that such information is true, accurate, and complete, and understand that this application will be rejected, or that the previous acceptance of this application will be withdrawn, should such information or certifications be untrue, incorrect, or incomplete.

I certify that: I am not liable for any unpaid federal, state, or local taxes; no lien is currently filed or claimed against me; and, I have no knowledge of any threatened or pending action, suit, proceeding, inquiry, or investigation, in equity or law, before or by any court, governmental agency, public board or body to which I am a party.

I acknowledge my understanding that the Ordinance Code of the City of Jacksonville prohibits the advance payment of City funds and that all awards of the TDC are for purposes of reimbursement and are conditioned upon the submission of documentation, acceptable to the TDC and in keeping with its reimbursement criteria, evidencing the actual payment of all costs and expenses for which reimbursement is sought.

I further acknowledge my understanding that the TDC in making a grant for special promotions or other purposes does not assume any liability or responsibility for the ultimate financial profitability of the event for which the grant is awarded. The TDC, unless otherwise specifically stated, is only a financial contributor to the event and not a promoter or co-sponsor, and will not guarantee or be responsible or liable for any debts incurred for such event. The TDC is not responsible or liable to any third party; its only obligation is to a successful applicant for grant funds, provided such applicant remains at all times in compliance with all terms of the award.

Signature

Type/Print Name

Title

Date

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Edward Waters College Inc.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small> <input checked="" type="checkbox"/> Other (see Instructions) ▶ 501c(3)-Educational	4 Exemptions (codes apply only to certain entities, not individuals; see Instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See Instructions. 1658 Kings Road	Requester's name and address (optional)
6 City, state, and ZIP code Jacksonville, FL, 32209	
7 List account number(s) here (optional)	

Print or type.
See Specific Instructions on page 3.

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number													
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5	9	-	1	1	4	6	7	5	1				

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶ 4/17/2018
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (Interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Internal Revenue Service
District Director

Department of the Treasury

P.O. Box 1055
Atlanta, GA 30370

Date: September 28, 1982

Person to Contact:
Brenda Rickborn
Telephone Number:
(404) 221-4516
Refer Reply to:
EO: 7201: BR
Your Letter Dated:
August 13, 1982
Internal Revenue Code Section:
501(c)(3)
Our Exemption Letter Dated:
May 12, 1949

Edward Waters College
Jacksonville, FL 32209

We have received your letter requesting confirmation of your exemption from Federal income tax.

You received recognition of exemption from Federal income tax under the above cited section of the Internal Revenue Code.

The tax exempt status recognized by our letter referred to above is currently in effect and will remain in effect until terminated, modified or revoked by the Internal Revenue Service. Any change in your purposes, character, or method of operation must be reported to us so we may consider the effect of the change on your exempt status. You must also report any change in your name and address.

We have checked our records and find that your organization has not been recognized as exempt. If you believe you qualify for recognition of exemption from Federal income tax, you should complete the appropriate Form 1023 or Form 1024, "Application for Recognition of Exemption". Also enclosed is a copy of Publication 557, "How to Apply for Recognition of Exemption for an Organization". When the applicable form is completed, you should send it to the address shown above.

Our records indicate that your organization failed to establish recognition of exemption from Federal income tax. If you wish to have us reconsider your application for exemption, please submit the data previously requested in the enclosed letter.

Our records indicate that your exempt status was terminated revoked denied on _____

Thank you for your cooperation.

* You have also been classified as other than a private foundation by reason of being described in Section 170(b)(1)(A)(ii) and 509(a)(1) of the Internal Revenue Code.

Sincerely yours,



District Director

Enclosure(s)

- Form 1023
- Form 1024
- Publication 557
- SS-4
- Previous Request for Information

275 Peachtree Street, N.E., Atlanta, GA 30043

503-1-17 (9-81)

Return of Organization Exempt From Income Tax

2016

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

- Do not enter social security numbers on this form as it may be made public.
- Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 7/1/2016 , and ending 6/30/2017

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization Edward Waters College, Inc.
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1658 Kings Road
 City or town State ZIP code
Jacksonville FL 32209
 Foreign country name Foreign province/state/county Foreign postal code

D Employer identification number
59-1146751

E Telephone number
(904) 470-8000

F Name and address of principal officer:
Randolph Mitchell 1658 Kings Road, Jacksonville, FL 32209

G Gross receipts \$ 26,006,911

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ www.ewc.edu

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1967 **M** State of legal domicile: FL

H(c) Group exemption number ▶

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>The College strives to prepare students holistically to advance in a global society through the provision of intellectually stimulating programs and an environment which emphasizes high moral and spiritual values.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	<u>22</u>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	<u>21</u>
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	<u>492</u>
	6 Total number of volunteers (estimate if necessary)	6	<u>49</u>
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	<u>0</u>
b Net unrelated business taxable income from Form 990-T, line 34	7b	<u>0</u>	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	<u>8,856,754</u>	<u>8,553,908</u>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>15,181,081</u>	<u>15,885,336</u>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>8,686</u>	<u>10,245</u>
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>24,097,401</u>	<u>26,006,911</u>
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>1,408,050</u>
14 Benefits paid to or for members (Part IX, column (A), line 4)		<u>0</u>	<u>0</u>
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		<u>1,131,665</u>	<u>1,127,886</u>
16a Professional fundraising fees (Part IX, column (A), line 11e)		<u>0</u>	<u>0</u>
b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>163,820</u>			
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		<u>21,104,417</u>	<u>22,355,908</u>
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>23,644,132</u>	<u>25,148,661</u>	
19 Revenue less expenses. Subtract line 18 from line 12	<u>453,269</u>	<u>858,250</u>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	<u>35,930,062</u>	<u>35,777,321</u>
	22 Net assets or fund balances. Subtract line 21 from line 20	<u>13,026,805</u>	<u>11,646,951</u>

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer _____ Date _____

Type or print name and title _____

Preparer Information

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
<u>Dane Alexander</u>	<u>Dane Alexander</u>	<u>5/15/2018</u>	<input type="checkbox"/>	<u>P01684380</u>
Firm's name ▶ <u>The Wesley Peachtree Group, CPAs</u>	Firm's EIN ▶ <u>58-1910650</u>			
Firm's address ▶ <u>1475 Klondike Road, Suite 100, Conyers, GA 30094</u>	Phone no. <u>(404) 874-0555</u>			

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2016)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
The College strives to prepare students holistically to advance in a global society through the provision of intellectually stimulating programs and an environment which emphasizes high moral and spiritual values in keeping with the African Methodist Episcopal Church.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
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 are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 15,468,184 including grants of \$ 1,664,867) (Revenue \$ 12,062,023)
To sustain a learning community in which students can prepare academically, socially, and spiritually for leadership in a complex, diverse and rapidly changing world.

4b (Code:) (Expenses \$ 4,119,165 including grants of \$) (Revenue \$ 3,823,313)
Auxiliary enterprises support the College's mission of providing quality educational opportunities. These services include but are not limited to food service, campus housing, campus post office, vending, campus stores and athletics.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.)
(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses ▶ 19,587,349

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	X	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		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 Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	X	
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		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 (see instructions)		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		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		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? <i>If "Yes," complete Schedule L, Part I.</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i>		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 of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Yes No

Table with columns for line number, description, and Yes/No checkboxes. Includes lines 1a through 14b with various tax-related questions and numerical inputs.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 22		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 21		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	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.	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official.	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ FL

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶
 Randolph Mitchell (904) 470-8014
 1658 Kings Road, Jacksonville, FL 32209

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Rev. Ronnie Clark Board Member	1.00 1.00	X								
(2) Rev. Victor D. Cole Board Member	1.00 1.00	X								
(3) Mr. Nathaniel Glover President	40.00 1.00	X		X			221,200		10,050	
(4) Bishop John E. Guns Board Member	1.00 1.00	X								
(5) Rev. Henry E. Green Board Member	1.00 1.00	X								
(6) Dr. Freddie Groomes-McLendon 1st Vice Chairperson	1.00 1.00	X		X						
(7) Rev. Dr. R. B. Holmes Board Member	1.00 1.00	X								
(8) Ms. Demetria Merritt-Bell Secretary	1.00 1.00	X		X						
(9) Rev. Dr. Julius H. McAllister, Jr. Board Member	1.00 1.00	X								
(10) Rev. Joyce Moore Board Member	1.00 1.00	X								
(11) Mr. Ted Pappas Board Member	1.00 1.00	X								
(12) Bishop Adam Richardson, Jr. Board Chairperson	1.00 1.00	X		X						
(13) Rev. Clifton Riley Board Member	1.00 1.00	X								
(14) Mr. Jimmie Scott Treasurer	1.00 1.00	X		X						

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) Dr. Rosa Simmons Board Member	1.00 1.00	X								
(16) Mrs. Esther Snowden Board Member	1.00 1.00	X								
(17) Mr. Charles Spencer Board Member	1.00 1.00	X								
(18) Rev. Elizabeth E. Yates Board Member	1.00 1.00	X								
(19) Mr. John D. Baker 2nd Vice Chairperson	1.00 1.00	X		X						
(20) Mr. Mark Lamping Board Member	1.00 1.00	X								
(21) Mr. Josh McGraw Board Member	1.00 1.00	X								
(22) Dr. R. Bruce Taylor Board Member	1.00 1.00	X								
(23) Dr. Anna Hammond Executive Vice President	40.00 1.00			X			131,180		6,250	
(24) Dr. Marvin Grant Vice President for Academic Affairs	40.00 1.00			X			100,000			
(25) Mr. Randolph Mitchell Vice President for Business and Finance	40.00 1.00			X			113,210			
1b Sub-total							565,590	0	16,300	
c Total from continuation sheets to Part VII, Section A							537,796	0	8,200	
d Total (add lines 1b and 1c)							1,103,386	0	24,500	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual.</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual.</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person.</i>		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.

(A) Name and business address	(B) Description of services	(C) Compensation
Thompson Hospitality 1741 Business Center Drive Reston, VA 20190	Food Service	1,335,302
Sodexo, Inc. & Affiliates 9801 Washington Boulevard Gaithersburg, Gabon, M	Facilities Management	960,639
Kelly Tours, Inc. 11828 New Kings Road Jacksonville, FL 32219	Transportation/Travel	166,916
Allied Universal LLC 161 Washington Street, Suite 60 Conshohocken, PA	Security Services	903,277
Florida Technology Managed Ser 3728 Philips Highway, Suite 46 Jacksonville, FL 3220	Information Technology Supp	296,367

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **6**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a	0			
	b	Membership dues	1b	0			
	c	Fundraising events	1c	0			
	d	Related organizations	1d	0			
	e	Government grants (contributions)	1e	5,450,324			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,103,584			
	g	Noncash contributions included in lines 1a-1f:	\$	0			
	h	Total. Add lines 1a-1f		8,553,908			
	Program Service Revenue			Business Code			
2a		Tuition & Fees	611600	12,062,023	12,062,023		
b		Sales & Services of Auxiliary Enterprises	611710	3,823,313	3,823,313		
c				0			
d				0			
e				0			
f		All other program service revenue		0			
g	Total. Add lines 2a-2f		15,885,336				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		10,245	10,245		
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
	6a	Gross rents	(i) Real				
			(ii) Personal				
				0	0		
	b	Less: rental expenses					
	c	Rental income or (loss)		0			
	d	Net rental income or (loss)		0			
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
				0	0		
				0	0		
	b	Less: cost or other basis and sales expenses		0			
	c	Gain or (loss)		0			
	d	Net gain or (loss)		0			
	8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18	a	0			
b			Less: direct expenses	b	0		
c			Net income or (loss) from fundraising events		0		
9a	Gross income from gaming activities. See Part IV, line 19	a	0				
		b	Less: direct expenses	b	0		
		c	Net income or (loss) from gaming activities		0		
10a	Gross sales of inventory, less returns and allowances	a	0				
		b	Less: cost of goods sold	b	0		
		c	Net income or (loss) from sales of inventory		0		
Miscellaneous Revenue		Business Code					
11a	Other income	900099	1,557,422	1,557,422			
b			0				
c			0				
d	All other revenue		0				
e	Total. Add lines 11a-11d		1,557,422				
12	Total revenue. See instructions		26,006,911	17,453,003	0	0	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	1,664,867	1,664,867		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,127,886		1,127,886	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees):				
a	Management	0			
b	Legal	0			
c	Accounting	0			
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	0			
12	Advertising and promotion	0			
13	Office expenses	0			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	0			
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.)				
a	Instruction	4,895,966	4,895,966		
b	Public Service/Student Services	5,248,435	5,248,435		
c	Academic Support	2,484,327	2,475,448	8,879	
d	Institutional Support	5,608,015	1,183,468	4,260,727	163,820
e	All other expenses Auxiliary Enterprises	4,119,165	4,119,165		
25	Total functional expenses. Add lines 1 through 24e	25,148,661	19,587,349	5,397,492	163,820
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	1,137,689	1	786,984
	2 Savings and temporary cash investments	71,600	2	71,325
	3 Pledges and grants receivable, net	883,345	3	1,600,857
	4 Accounts receivable, net	3,650,316	4	3,181,904
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	4,496	8	4,496
	9 Prepaid expenses and deferred charges	358,352	9	344,828
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 53,254,714		
	b Less: accumulated depreciation	10b 26,900,495	26,626,417	10c 26,354,219
	11 Investments—publicly traded securities	2,321,653	11	2,581,379
	12 Investments—other securities. See Part IV, line 11	721,114	12	685,896
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	155,080	15	165,433
16 Total assets. Add lines 1 through 15 (must equal line 34)	35,930,062	16	35,777,321	
Liabilities	17 Accounts payable and accrued expenses	3,632,688	17	3,113,530
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	5,043,597	20	4,556,613
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other 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	2,291,667	23	2,387,543
	24 Unsecured notes and loans payable to unrelated third parties	430,085	24	347,874
	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	1,628,768	25	1,241,391
	26 Total liabilities. Add lines 17 through 25	13,026,805	26	11,646,951
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	20,092,281	27	20,912,212
	28 Temporarily restricted net assets	1,130,327	28	1,537,509
	29 Permanently restricted net assets	1,680,649	29	1,680,649
	Organizations that do not follow SFAS 117 (ASC958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	22,903,257	33	24,130,370	
34 Total liabilities and net assets/fund balances	35,930,062	34	35,777,321	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	26,006,911
2	Total expenses (must equal Part IX, column (A), line 25)	2	25,148,661
3	Revenue less expenses. Subtract line 2 from line 1	3	858,250
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	22,903,257
5	Net unrealized gains (losses) on investments	5	368,863
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	24,130,370

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2016

Open to Public Inspection

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.**

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization

Edward Waters College, Inc

Employer identification number

59-1146751

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 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total					0	0

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	0	0	0	0	0	0
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.						0

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	0	0	0	0	0	0
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
11 Total support. Add lines 7 through 10						0
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	0.00%
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	0.00%
16a 33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6.)						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
13 Total support. (Add lines 9, 10c, 11, and 12.)	0	0	0	0	0	0

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	0.00%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	0.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	0.00%

19a 33 1/3% support tests—2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
3b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
4c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
5b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
9b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
9c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
10b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	0
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	0
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	0
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	0
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0
6	Multiply line 5 by .035.	6	0
7	Recoveries of prior-year distributions	7	0
8	Minimum Asset Amount (add line 7 to line 6)	8	0
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	0
2	Enter 85% of line 1	2	0
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	0
4	Enter greater of line 2 or line 3.	4	0
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	0
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year		
1	Amounts paid to supported organizations to accomplish exempt purposes			
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supported organizations			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.		0	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.			
9	Distributable amount for 2016 from Section C, line 6		0	
10	Line 8 amount divided by Line 9 amount		0.000	
Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			0
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
c	From 2013 0			
d	From 2014 0			
e	From 2015 0			
f	Total of lines 3a through e	0		
g	Applied to underdistributions of prior years		0	
h	Applied to 2016 distributable amount			0
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	0		
4	Distributions for 2016 from Section D, line 7: \$ 0			
a	Applied to underdistributions of prior years		0	
b	Applied to 2016 distributable amount			0
c	Remainder. Subtract lines 4a and 4b from 4.	0		
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		0	
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			0
7	Excess distributions carryover to 2017. Add lines 3j and 4c.	0		
8	Breakdown of line 7:			
a				
b	Excess from 2013 0			
c	Excess from 2014 0			
d	Excess from 2015 0			
e	Excess from 2016 0			

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Area with horizontal dashed lines for supplemental information.

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2016

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

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization

Edward Waters College, Inc

Employer identification number

59-1146751

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization Edward Waters College, Inc	Employer identification number 59-1146751
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Part I **Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	11th Episcopal District A.M.E. Church 101 E Union Street, Suite 301 Jacksonville FL 32202-3065 Foreign State or Province: _____ Foreign Country: _____	\$ 500,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	African Methodist Episcopal Church Financial Departm 1134 11th Street NW Washington DC 20001 Foreign State or Province: _____ Foreign Country: _____	\$ 306,864	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Beaver Street Fisheries, Inc. P. O. Box 41430 Jacksonville FL 32203-1430 Foreign State or Province: _____ Foreign Country: _____	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	Brandon Williams 1180 8th Avenue West, Suite 303 Palmetto FL 34221 Foreign State or Province: _____ Foreign Country: _____	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	Carl Johnson P. O. Box 2191 Jacksonville FL 32203-2191 Foreign State or Province: _____ Foreign Country: _____	\$ 7,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	Cathie Hulburt, PGA 100 PGA Tour Boulevard Ponte Vedra Beach FL 32082-3046 Foreign State or Province: _____ Foreign Country: _____	\$ 40,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Edward Waters College, Inc	Employer identification number 59-1146751
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Part I **Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Champak & Meena Panchal 6050 Elmburg Court Jacksonville FL 32277-1609 Foreign State or Province: _____ Foreign Country: _____	\$ 17,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	Dominique Rogers-Cromartie Foundation, Inc. 1180 8th Avenue West, Suite 303 Palmetto FL 34220 Foreign State or Province: _____ Foreign Country: _____	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	Edward Baker/Patriot Transportation 200 West Forsyth Street, 7th Floor Jacksonville FL 32202 Foreign State or Province: _____ Foreign Country: _____	\$ 264,464	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	Edward Waters College JAX Alumni Association P. O. Box 2326 Jacksonville FL 32203-2326 Foreign State or Province: _____ Foreign Country: _____	\$ 11,600	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	Florida Blue Foundation, Inc. P. O. Box 2210 Jacksonville FL 32203-2210 Foreign State or Province: _____ Foreign Country: _____	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	Fourth Episcopal District, AME Church The Bishop Ric 4448 South Michigan Avenue Chicago IL 60653-3117 Foreign State or Province: _____ Foreign Country: _____	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Edward Waters College, Inc	Employer identification number 59-1146751
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	Gary Chartrand/Acosta 6600 Corporate Center Parkway Jacksonville FL 32216 Foreign State or Province: _____ Foreign Country: _____	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	Henry Y. White 15106 Peartree Drive Bowie MD 20721 Foreign State or Province: _____ Foreign Country: _____	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	Irene Lazzara 5000 Sawgrass Village Cir, Suite 3 Ponte Vedra Beach FL 32082-5042 Foreign State or Province: _____ Foreign Country: _____	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	Jacksonville Fireman's Credit Union 2205 Haines Street Jacksonville FL 32206 Foreign State or Province: _____ Foreign Country: _____	\$ 12,118	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	Jacksonville Jaguars Foundation, Inc. 1 Everbank Field Drive Jacksonville FL 32202-1928 Foreign State or Province: _____ Foreign Country: _____	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	James Pellot 3883 Brampton Island Court, North Jacksonville FL 32224 Foreign State or Province: _____ Foreign Country: _____	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Edward Waters College, Inc	Employer identification number 59-1146751
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	John D. Baker II/Patriot Transportation 200 West Forsyth Street, 7th Floor Jacksonville FL 32202 Foreign State or Province: _____ Foreign Country: _____	\$ 49,434	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	Josh McGraw P. O. Box 559 Ponte Vedra Beach FL 32004-0559 Foreign State or Province: _____ Foreign Country: _____	\$ 35,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	Luther W Coggin Revocable Trust P. O. Box 3499 Ponte Vedra Beach FL 32204-3499 Foreign State or Province: _____ Foreign Country: _____	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	Michael Ward 1908 River Road Jacksonville FL 32207 Foreign State or Province: _____ Foreign Country: _____	\$ 200,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	NFFRFA Doug Milne Scholarship Fund, Inc. 2719 Brandybuck Trail Jacksonville FL 32223-1846 Foreign State or Province: _____ Foreign Country: _____	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	Pamela Y. Paul P. O. Box 1188 Ponte Vedra Beach FL 32004 Foreign State or Province: _____ Foreign Country: _____	\$ 40,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Edward Waters College, Inc	Employer identification number 59-1146751
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	R. Bruce and June Taylor 8343 Hollyridge Road Jacksonville FL 32256-7248 Foreign State or Province: _____ Foreign Country: _____	\$ 12,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	Ray Grimsley 11188 Turnbridge Drive Jacksonville FL 32256-2336 Foreign State or Province: _____ Foreign Country: _____	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	Steven Halverson/The Haskell Company 111 Riverside Avenue Jacksonville FL 32202-4905 Foreign State or Province: _____ Foreign Country: _____	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	The New National Alumni Association of EWC Inc. P. O. Box 40792 Jacksonville FL 32203-0792 Foreign State or Province: _____ Foreign Country: _____	\$ 13,400	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	The Philadelphia Foundation, Inc. 1234 Market Street, Suite 1800 Philadelphia PA 19107 Foreign State or Province: _____ Foreign Country: _____	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	The Winestock Foundation, Inc. 1650 Margaret Street, Suite 302, Box 381 Jacksonville FL 32204 Foreign State or Province: _____ Foreign Country: _____	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Edward Waters College, Inc	Employer identification number 59-1146751
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Part I **Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	William W. & Eloise D. Gay Foundation, Inc. 524 Stockton Street Jacksonville FL 32204-2535 Foreign State or Province: _____ Foreign Country: _____	\$ 65,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Edward Waters College, Inc

Employer identification number

59-1146751

Part II Noncash Property (See instructions). Use duplicate copies of Part II 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
-----	----- ----- -----	\$ -----	-----
(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
-----	----- ----- -----	\$ -----	-----

Name of organization Edward Waters College, Inc	Employer identification number 59-1146751
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Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____ 0

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
For. Prov. _____ Country _____			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
For. Prov. _____ Country _____			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
For. Prov. _____ Country _____			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
For. Prov. _____ Country _____			

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2016

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Edward Waters College, Inc

Employer identification number

59-1146751

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of 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 advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Revenue, Assets. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1. b Assets included in Form 990, Part X.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c Beginning balance	0
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	0

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,680,649	1,680,649	1,660,594	1,660,595	1,660,594
b Contributions			20,055	60	60
c Net investment earnings, gains, and losses	368,863	-49,341	91,151	724	823
d Grants or scholarships	368,863	-49,341	91,151	785	882
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	1,680,649	1,680,649	1,680,649	1,660,594	1,660,595

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
- b Permanent endowment 100%
- c Temporarily restricted endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	4,203,830		4,203,830
b Buildings	0	39,413,014	21,659,049	17,753,965
c Leasehold improvements	0	0	0	0
d Equipment	0	7,584,866	4,168,191	3,416,675
e Other	100,000	1,953,004	1,073,255	979,749
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				26,354,219

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives	0	
(2) Closely-held equity interests	0	
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	0	

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶	0	

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	0

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2) Obligation under interest swap agreement	78,951
(3) Capital lease obligation	1,162,440
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,241,391

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	26,375,774
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	368,863	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	368,863	
3	Subtract line 2e from line 1		3	26,006,911
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	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	26,006,911

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	25,148,661
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		0
3	Subtract line 2e from line 1		3	25,148,661
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	25,148,661

Part XIII Supplemental Information.

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

Part V Line 4 The endowment funds shown are permanently restricted. The College does not

intend to use the funds.

Part X Line 2 The College's policy is to record a liability for any tax position taken

that is not beneficial to the College, including any related interest and penalties, when

it is more-likely-than-not the position taken by management with respect to a transaction

or class of transactions will be overturned by a taxing authority upon examination.

Management believes there is no such position as of June 30, 2017. Accordingly, no

liability has been accrued.

Part III Line 4 The College maintains African artifacts. The displays are used for public

exhibition, but more importantly for the education of future generations seeking knowledge

of the past.

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

Schools

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

Name of the organization
Edward Waters College, Inc

Employer identification number
59-1146751

Part I

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	X	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	X	
3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II <u>The College admits students of any race, color, national or ethnic origin. The College does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational policies, scholarships, or loan programs; and athletic and school administered programs. The College's non-discrimination statement appears in all brochures and application for admission.</u>	X	
4 Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff?	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	X	
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II.	X	
5 Does the organization discriminate by race in any way with respect to: a Students' rights or privileges?		X
b Admissions policies?		X
c Employment of faculty or administrative staff?		X
d Scholarships or other financial assistance?		X
e Educational policies?		X
f Use of facilities?		X
g Athletic programs?		X
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		X
6a Does the organization receive any financial aid or assistance from a governmental agency?	X	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" on either line 6a or line 6b, explain on Part II.		X
7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	X	

**SCHEDULE I
(Form 990)**

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

Edward Waters College, Inc

59-1146751

Part I General Information on Grants and Assistance

- 1 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 criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(1) (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶ 0

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

Schedule I (Form 990) (2016)

HTA

SCHEDULE J
(Form 990)

Compensation Information

OMB No. 1545-0047

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

2016

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization

Employer identification number

Edward Waters College, Inc

59-1146751

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input checked="" type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (such as, maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (such as, maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (such as, maid, chauffeur, chef)									
<p>b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	X									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?</p>	X									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>										
		X								
		X								
		X								
<p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>										
		X								
		X								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>										
		X								
		X								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III</p>		X								
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>		X								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>		X								

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

For each individual whose compensation must be reported on 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 aren't listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Mr. Nathaniel Glover	(i)	179,200		42,000	10,050	231,250		
1 President	(ii)					0		
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**SCHEDULE K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

2016

▶ **Attach to Form 990.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization

Employer identification number

Edward Waters College, Inc

59-1146751

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A City of Jacksonville	59-6000344	46936RAC6	6/9/2004	4,400,000	Facilities Improvements		X		X		X
B											
C											
D											

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue	4,400,000							
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds								
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds	4,400,000							
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion	2005							
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?		X						
15 Were the bonds issued as part of an advance refunding issue?		X						
16 Has the final allocation of proceeds been made?	X							
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X						

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

Schedule K (Form 990) 2016

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government								
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6 Total of lines 4 and 5		0.00%		0.00%		0.00%		0.00%
7 Does the bond issue meet the private security or payment test?	X							
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?		X						
c No rebate due?	X							
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X							
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open To Public Inspection

Name of the organization

Edward Waters College, Inc

Employer identification number

59-1146751

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total ▶						\$	0					

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Edward Waters College, Inc

Employer identification number

59-1146751

Form 990, Part VI, Section B, Line 11b: The College presents the Form 990 to its finance/audit committee for review when the form is ready. Depending on when the committee meets and the due date of the return, the Form 990 is either modified before it is filed or an amendment is filed for any changes required from the finance/audit committee's review.

Form 990, Part VI, Section B, Line 12c: Trustees are required to disclose at the next convening Board of Trustees meeting any conflict of interest. Trustees with a conflict of interest on a matter for vote must abstain from voting. The College's audit/finance committee is responsible for ensuring adherence to the policy.

Form 990, Part VI, Section B, Line 15a: The Board of Trustees, based on predetermined areas of performance, evaluates the work of the President annually. The Board's Evaluation and Compensation Committee evaluates the performance. When additional compensation is deemed appropriate, a review of salaries at peer institutions is conducted to assist in arriving at a recommendation to the Executive Committee for approval.

Form 990, Part VI, Section B, Line 15b: Compensation for top officers of the College is at the discretion of the President. This discretion is based on 1) previous salary history, 2) market data from the CUPA Survey published in the Chronicle of Higher Education, and 3) the bargaining process.

Form 990, Part VI, Section C, Line 19: The College makes its governing documents, conflict of interest policy, and financial statements available upon request. To obtain copies contact the business office and submit a request identifying the specific documents.

Form 990, Part XI, Line 5: The College presents its changes in net assets (or fund balances) separate from revenues and expenses. The balance is representative of gains and losses on investments during the year.

Name of the organization

Employer identification number

Edward Waters College, Inc

59-1146751

Area with horizontal dashed lines for supplemental information.



FLORIDA DEPARTMENT OF AGRICULTURE & CONSUMER SERVICES
COMMISSIONER ADAM H. PUTNAM

June 13, 2017

Refer To: DTN2950865

EDWARD WATERS COLLEGE, INC.
1658 KINGS RD
JACKSONVILLE, FL 32209-6167

Subject: EDUCATIONAL

Dear Sir or Madam:

In accordance with s. 496.403, Florida Statutes ("F.S."), the Solicitation of Contributions Act (ss. 496.401-496.424, F.S.) does not apply to educational institutions, as defined in s. 496.404(10), F.S., or to persons or organizations who solicit solely on behalf of those entities.

Upon review of documents and other relevant information submitted to or obtained by the Florida Department of Agriculture and Consumer Services ("Department"), a determination has been made that the requirements of the Solicitation of Contributions Act do not apply to your organization.

Should changes occur in the future that would render this determination invalid, please contact the Department immediately. If the Department becomes concerned about the validity of this determination, it will contact you immediately for clarification.

Sincerely,

Tom Kenny

Tom Kenny
Regulatory Consultant
850-410-3681
Fax: 850-410-3804
E-mail: thomas.kenny@freshfromflorida.com

AMENDED AND RESTATED ARTICLES OF INCORPORATION
OF
EDWARD WATERS COLLEGE, INC.

FILED

06 MAR 25 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WHEREAS, Edward Waters College, Inc. (the "Corporation") is a nonprofit corporation which currently has on file with the Florida Department of State its Articles of Incorporation;

WHEREAS, the Corporation now desires to amend and fully restate its Articles of Incorporation;

WHEREAS, these Amended and Restated Articles of Incorporation were approved by unanimous resolution of the Board of Trustees; and

NOW, THEREFORE, in accordance with Florida Statute Sections 617.02011 - 617.0203, the undersigned hereby adopts the following Amended and Restated Articles of Incorporation:

ARTICLE I
Name And Offices.

Section 1.1 Name. The name of this Corporation is: EDWARD WATERS COLLEGE, INC.

Section 1.2 Offices. The principal office and mailing address of the Corporation is: 1658 Kings Road, Jacksonville, Florida 32209.

ARTICLE II
Statement Of Corporation Nature.

Section 2.1 Non-Profit. This is a nonprofit Corporation organized solely for general charitable purposes pursuant to Chapter 617 of the Florida Statutes.

Section 2.2 Non-Stock. This Corporation is organized on a non-stock basis.

ARTICLE III
Purposes.

Section 3.1 Purposes. The Corporation is organized and shall be operated for strictly educational, scientific, and charitable purposes including:

- (a) To establish, conduct, operate and maintain a college and school of instruction in any and all professional, semi-professional, musical, artistic, technical, literary, educational, business and fine arts courses and other subjects appertaining or relating thereto;
- (b) To confer degrees or other certificates of merit upon those who satisfactorily complete the prescribed courses offered at the institution;

- (c) To develop in each of its students the high levels of competence in basic social, thinking, listening, speaking, reading, writing, mathematical, technological, and leadership skills that are the characteristics of an educated person;
- (d) To develop within each student the breadth of knowledge, the commitment to service, and adherence to high ethical values that are the characteristics of a good citizen;
- (e) To prepare its students to pursue further graduate and professional studies as well as to assume positions of leadership in commerce, industry, education, government and community service; and
- (f) To commit to Christian principles that emphasize high moral and spiritual values with particular emphasis on the black religious perspective which is the Corporation's heritage.

Section 3.2 Additional Acts and Powers. In general, the Corporation is organized for the purpose of doing any and all acts and things, and exercising any and all powers, which it may now or hereafter be lawful for the Corporation to do or exercise under and pursuant to the laws of the State of Florida and the United States of America and any applicable local laws.

Section 3.3 Limitations On Purpose. The Corporation shall not participate in or intervene in (including the publishing or distributing of statements) any political campaign on behalf of any candidate for public office, nor shall the Corporation engage in subversive or un-American activities. Unless the Corporation elects to qualify its activities under Section 501(h) of the Internal Revenue Code of 1986, as amended, a substantial part of the Corporation's activities, funds, property or income shall not involve carrying on propaganda or lobbying.

ARTICLE IV Effective Date; Duration.

Section 4.1 Effective Date. These Amended and Restated Articles of Incorporation shall become effective on the date these Articles are filed with the Department of State.

Section 4.2 Duration. This Corporation shall exist perpetually.

ARTICLE V Powers.

Section 5.1 Powers Under Florida Statute 617.0302. The Corporation shall have all the powers set forth in Florida Statute 617.0302 unless specifically prohibited by these Articles of Incorporation.

Section 5.2 Powers In Relation to Purpose. Notwithstanding any other provision of these Articles of Incorporation, the purposes for which the Corporation is organized are exclusively religious, charitable, scientific, literary, and educational within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended.

Section 5.3 Limitations on Powers. Notwithstanding any other provision of these Articles of Incorporation, this organization shall not carry on any activities not permitted to be carried on by an organization exempt from Federal income tax under Section 501(c)(3) of the Internal Revenue Code of 1986 as amended.

ARTICLE VI

Registered Agent and Address.

Section 6.1 Name and Address. The name and street address of the registered agent of this Corporation is:

Brennan, Manna & Diamond, P.L.
The SunTrust Building
76 S. Laura Street, Suite 2110
Jacksonville, Florida 32202

ARTICLE VII

Management Of Corporate Affairs.

Section 7.1 Board of Trustees. The powers of the Corporation shall be exercised, its properties controlled, and its affairs conducted by a Board of Trustees (the "Board").

Section 7.2 Election and Appointment. The election and appointment of the Trustees shall be as specified in the Bylaws of the Corporation.

ARTICLE VIII

Dedication Of Assets.

Section 8.1 Charitable Purposes. The property of this Corporation is irrevocably dedicated to charitable purposes and no part of the net income or assets of this Corporation shall ever inure to the benefit of any Trustee, Officer, or to the benefit of any private individual.

ARTICLE IX

Distribution Of Assets.

Section 9.1 Exempt Purposes. In the event of dissolution of the Corporation, the assets shall be distributed for one or more exempt purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended, or shall be distributed to the Federal, state or local government for a public purpose. Any such assets not so disposed of shall be disposed of by the court of competent jurisdiction, of the county in which the principal office of the Corporation is then located, exclusively for such purposes.

Article X
Amendment.

Section 10.1 Amendment. These Amended and Restated Articles of Incorporation may be altered, amended, or repealed by a vote of two thirds of the members of the Board present and voting, at regular or special meeting of the Board.

ARTICLE XI
Miscellaneous.

Section 11.1 Distribution of Income. The Corporation shall distribute its income for each tax year at such time and in such manner as not to become subject to the tax on undistributed income imposed by Section 4942 of the Internal Revenue Code of 1986, as amended.

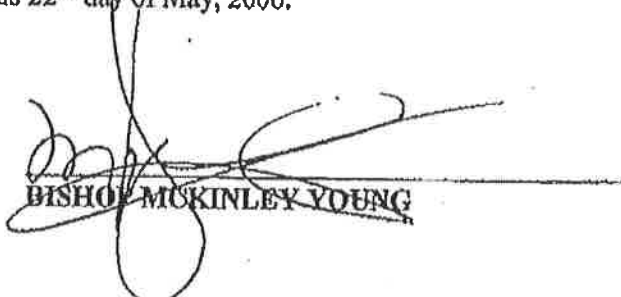
Section 11.2 Self-Dealing Prohibited. The Corporation shall not engage in any act of self-dealing as defined in Section 4941(d) of the Internal Revenue Code of 1986, as amended.

Section 11.3 Excess Business Holdings Prohibited. The Corporation shall not retain any excess business holdings as defined in Section 4943(c) of the Internal Revenue Code of 1986, as amended.

Section 11.4 Certain Investments Prohibited. The Corporation shall not make any investments in such manner as to subject it to tax under Section 4944 of the Internal Revenue code of 1986, as amended.

Section 11.5 Certain Taxable Expenditures Prohibited. The Corporation shall not make any taxable expenditures as defined in Section 4945(d) of the Internal Revenue Code, as amended.

The undersigned, being the Chairman of the Board of Trustees of this Corporation has executed these Articles of Incorporation this 22nd day of May, 2006.

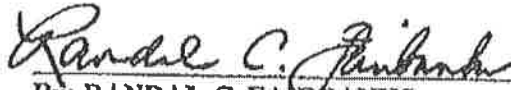

BISHOP MCKINLEY YOUNG

ACCEPTANCE OF REGISTERED AGENT

Having been named in the foregoing Amended and Restated Articles of Incorporation to accept service of process for the above stated Corporation at the place designated therein, and being familiar with the duties and responsibilities as registered agent for said Corporation, I hereby agree to act in this capacity and to comply with the provisions of the Florida Business Corporation Act.

DATED this 22nd day of May, 2006.

BRENNAN, MANNA & DIAMOND, P.L.



By: RANDAL C. FAIRBANKS

Member

CERTIFICATE RELATED TO THE
AMENDED AND RESTATED ARTICLES OF INCORPORATION
OF
EDWARD WATERS COLLEGE, INC.

WHEREAS, Florida Statute Section 617.1007(3) requires that the Amended and Restated Articles of Incorporation for a not-for-profit corporation be accompanied by a certificate setting forth whether the corporation contains an amendment requiring member approval and, if it does not, that the board of directors adopted the restatement.

NOW, THEREFORE, in accordance with Florida Statute Sections 617.1007(3), the undersigned authorized representative of Edward Waters College, Inc. hereby certifies the following:

ARTICLE I
Member Approval.

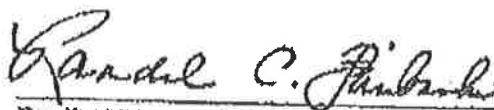
Pursuant to Article VI of the Bylaws of Edward Waters College, Inc. (the "Corporation"), the Corporation has no members.

ARTICLE II
Board of Trustees.

The Board of Trustees adopted the Amended and Restated Articles of the Corporation.

DATED this 29th day of June, 2006.

BRENNAN, MANNA & DIAMOND, P.L.



By: RANDAL C. FAIRBANKS
Member

Edward Waters College
Members of the Board of Trustees



1. Mr. John D. Baker
2. Reverend Ronnie Clark
3. Reverend Victor D. Cole - **Chair Audit Committee**
4. Dr. A. Zachary Faison - **EWC President**
5. Reverend Henry E. Green
6. Dr. Freddie Groomes-McClendon - **1st Vice Chair**
7. Reverend Dr. R. B. Holmes - **Chair, Academic Affairs**
8. Mr. Mark Lamping
9. Ms. Brandi Jean-Baptiste - **SGA President**
10. Reverend Dr. Julius K. McAllister, Jr.
11. Ms. Demetria Merritt-Bell - **Secretary**
12. Reverend Joyce Moore - **Chair, Student Affairs**
13. Bishop Adam Richardson, Jr. - **Board Chair**
14. Reverend Clifton Riley
15. Dr. Benjamin Okafor - **Faculty Representative**
16. Ms. Lillie Vereen - **National Alumni President**
17. Dr. Rose Simmons - **Chair, Board Development Committee**
18. Bishop John Guns
19. Mr. Charles Spencer - **Chair, Building and Grounds**
20. Dr. R. Bruce Taylor
21. Reverend Elizabeth E. Yates
22. Mr. Kevin Clair
23. Ms. Sanjena V. Clay
24. Ms. Pamela D. Prier

Last Update July, 2018





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- 2. *GCAC Tournament Budget***
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- 6. *Conference Members***
- 7. *GCAC Championships Information***
- 8. *GCAC Analytics/Website Tournament Traffic 2018***



2019 GCAC

Men and Women's Basketball Tournament

Itinerary

Date: Thursday, February 28, 2019

Time: 7:00pm-9:00pm

Location: Omni Hotel- 2450 Waters Street, Jacksonville, FL 32202

In the year of 2019, we will have a formal awards banquet, we are celebrating inside the beautiful downtown Omni Hotel. The event will be business attire, buffet meal and the gold star awards program.

GCAC students-athletes are encourage to dress in business attire, this is an indoor event dress appropriately, coaches and all others are encouraged to dress in business attire as well.

We will live stream our annual GCAC awards ceremony during the banquet, we are fulfilling our destiny of excellent in 2019



Men/ Women's

Date: Friday, March 1, 2019

Location: Adam-Jenkins Sports and Music Complex

Second Location: Historic James Weldon Johnson Gymnasium

First Round

Times: Game 1 -12:00 Noon

Game 2- 2:00 PM

Game 3- 5:00PM

Game 4- 7:00PM

Note: order of games tentative.

Semi-Final Games

Date: Saturday, March 2, 2019

Cheerleaders Contest – 10:00am - Adam/Jenkins Complex

Game Times: Game 1-12:00 Noon

Game 2- 2:00PM

Game 3- 5:00 PM

Game 4- 7:00pm

Championship Games

Date: Sunday, March 3, 2019

GCAC Women's Basketball Championship Game 1:00PM

GCAC Men's Basketball Championship Game 3:30PM

Note: The men's game will start at approximately 3:30pm depending on the length of women's game and awards presentation.

Estimated Revenue

<i>Items</i>	<i>Amount</i>
<i>Sponsorship</i>	<i>\$20,070.00</i>
<i>Tickets/Tournament Passes</i>	<i>\$7,550.00</i>
<i>Conference Support</i>	<i>\$10,000.00</i>
<i>Grant Request</i>	<i>\$10,000.00</i>
<i>Tournament Souvenir Programs (Advertising)</i>	<i>\$2,800.00</i>

Total Estimated Revenue: \$50,420.00



Estimated Tournament Attendance

<i>Date</i>	<i>Attendance</i>
<i>Friday, March 1, 2019</i>	<i>(2375)</i>
<i>Saturday, March 2, 2019</i>	<i>(1825)</i>
<i>Sunday, March 3, 2019</i>	<i>(1255)</i>

Note: This includes Fans/ Students and Conference members

GCAC Tournament Budget

Expenditures	Amount
Awards Dinner Banquet	\$6,500.00
Awards	\$3,500.00
Printing	\$3,000.00
Championship Merchandise	\$2,500.00
Men Officials	\$4,400.00
Women's Officials	\$4,675.00
Event Staff	\$8,200.00
Photographer	\$500.00
Live Stream Production	\$2,900.00
Hospitality	\$815.00
Staff Meals	\$360.00
Advertising/ Promotions (4 Markets)	\$15,500.00
Miscellaneous	\$770.00
Contingency	\$1,500.00
Tournament Expenditures Total:	\$56,740.00

Marketing Plan

GCAC Tournament

Southeast/ Southwest Regional Markets

<i>Market</i>	<i>Radio</i>	<i>Television</i>	<i>News Paper</i>
<i>Birmingham, AL</i>	<i>WUHT</i> <i>WBHJ</i>	<i>WBRC Fox</i> <i>WIAT TV</i>	<i>Birmingham News</i>
<i>New Orleans, LA</i>	<i>WNOE</i> <i>WYLD</i>	<i>WGNO</i> <i>WWL</i>	<i>Time Picayune</i>
<i>Jackson, MS</i>	<i>WJMI</i> <i>WKXI</i>	<i>WJTV</i> <i>WLBT</i>	<i>Clarion-Ledger</i>
<i>Little Rock, AR</i>	<i>KIPR</i> <i>KDXE</i>	<i>KATV</i> <i>KTHV</i>	<i>Arkansas-Democrat</i> <i>Arkansas Times</i>

Advertising Budget/ Breakdown

<i>Market</i>	<i>Radio</i>	<i>Television</i>	<i>News Paper</i>
Birmingham, AL	WUHT WBHJ	WBRC WIAT	Birmingham- News
New Orleans, LA	WNOE WYLD	WGNO WWL	Time Picayune
Jackson, MS	WJMI WKXI	WJTV WLBT	Clarion Ledger
Little Rock, AR	KIPR	KATV	Arkansas Democrat

Market Financial Breakdown

	Amount
<i>Birmingham, AL</i>	<i>\$2,000.00</i>
<i>New Orleans, LA</i>	<i>\$3,500.00</i>
<i>Jackson, MS</i>	<i>\$2,500.00</i>
<i>Little Rock, AR</i>	<i>\$2,000.00</i>
Total:	\$10,000.00

Advertising Timeline

Start Date: 25-Jan-19

Ending: 28-Feb-19

Local Media

Jacksonville Surrounding Area

Radio

COX Media Network

IHeart Media Network

1010XL Sports

Television

CW17/ Bounce

WJXT

First Coast

News Paper

Times Union

Florida Star

E U Magazine

Social Media

Facebook: www.facebook.com/ewcsports www.facebook.com/GCAC

Twitter: @ewcathletics

Periscope: @ewcathletics

Gulf Coast Athletic Conference Website

Onnidan Sports Website

Press box to press row Website

All GCAC Conference Members Website

HBCU Connection Website

Local Media

Jacksonville Surrounding Area

Radio

COX Media Network

IHeart Media Network

1010XL Sports

Television

CW17/ Bounce

WJXT

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Gulf Coast Athletic Conference Website

Onnidan Sports Website

Press box to press row Website

All GCAC Conference Members Website

HBCU Connection Website



Blue Star Sponsors

\$15,000.00

- ***50 Tournament Passes to distribute to charity organization(s) of your choice***
- ***Table of ten (10) at Awards banquet***
- ***Full Page ad (camera-ready) in Tournament program***
- ***Recognition as sponsor on radio, television and print media***
- ***Banner Signage Awards Banquet and Tournament Venues***
- ***Presentation to company (A) representative at half-time***
- ***P.A. recognition of title sponsorship throughout the tournament***
- ***Company (A) recognized as title sponsor in all advertisements***
- ***V.I.P Passes for skybox during GCAC Tournament***
- ***10 game day tickets per day***
- ***Live interviews with company representative during tournament breaks on 1010XL ESPN Radio and Live Stream Broadcasting***
- ***Honorary coach of the day –representative from your company***

Silver Star

\$10,000.00

- ***20 Tournament Passes to distribute to charity organization(s) of your choice***
- ***Five tickets to attend Awards Banquet***
- ***Half –page ad (camera-ready) in tournament program book***
- ***Recognition as sponsor on radio, television, and print media***
- ***Banner signage during Awards Banquet/ Tournament***
- ***Presentation to company (A) representative during GCAC tournament***
- ***V.I.P Passes for skybox during GCAC tournament***
- ***Five game day tickets per day***

Star

\$5000.00

- ***Two tickets to attend Awards Banquet***
- ***¼ ad (camera-ready) in tournament program book***
- ***Recognition as sponsor on radio, television and print media***
- ***Two V.I.P passes for Skybox during GCAC Tournament***
- ***Three game tickets per day***



Hotels

Omni Hotel - GCAC Headquarters

245 Waters St.

Jacksonville, FL 32202

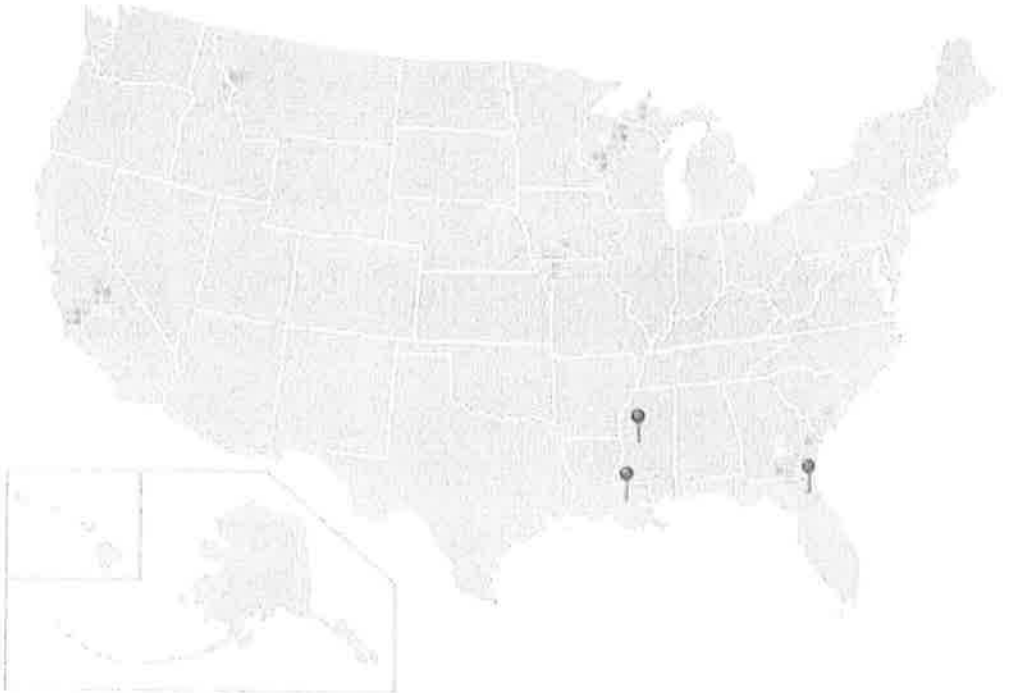
Double Tree Hilton Hotel – over flow

2101 Dixie Clipper Drive

Jacksonville, FL 32218

GCAC 2018-2019

TOURNAMENT SITES & DATES



CROSS COUNTRY

Choctaw Trails
Clinton, Miss.
October 19

VOLLEYBALL

Southern - NO
New Orleans
November 9-10

BASKETBALL

Edward Waters
Jacksonville, Fla.
March 1-3

TRACK & FIELD

Tad Gormley
New Orleans
April 17-18

    @GCACINFO #GCACPRIDE

	A	B	C	D
26				
27	Web Site			
	We had 14,708 page visits in March; we had 19,034 in February			
28	We had 2,450 first time visitors to the Web site in March; we had 2,045 in February			
	We had 3,039 visitors to the Web site in March; there were 2,529 visitors in February			
29	We had 5,494 visits to the Web site in March; there were 6,070 visitors in February.			
30	Top basketball-related stories included:			
31	2018 GCAC men's, women's basketball brackets announced (695 views)			
	Accolades, camaraderie ahead of a tense 2018 GCAC Basketball Tourney (495 views)			
32	GCAC, adidas launch historic partnership (281 views)			
	2018 GCAC Men's & Women's Basketball Tournament Recap 1 (422 views)			
33	GCAC Men's & Women's Basketball Tournament Recap 2 (290 views)			
	GCAC Men's & Women's Basketball Tournament Championship Recap (398 views)			
34	Digital operation at men's, women's basketball tournament a conference first (191 views)			
	Dillard men and women, Xavier men advance to NAIA Basketball Tourney (243 views)			
35				
36	YouTube			
	2018 GCAC Conference Tournament Men's Semi-final (130 views)			
37	2018 GCAC Conference Final: Dillard vs. Edward Waters (162 views)			
	2018 GCAC Conference Final: Dillard vs. Xavier (300 views)			
38	2018 GCAC Men's Basketball Coach of the Year - Frederick Summers (98 views)			
39	Facebook			
	238 page views from March 1-7			
40	1,345 reach from March 1-7			
	553 post engagement from March 1-7			
41				
42	Livestream			
43	Philander Smith Men's Basketball vs Tougaloo			
	Talladega Men's Basketball vs Southern University at New Orleans			
44	Xavier University Of Louisiana Men's Basketball vs Edward Waters			
	Dillard Women's Basketball vs Talladega			
45	Dillard Men's Basketball vs Philander Smith			
	Edward Waters Women's Basketball vs Xavier University Of Louisiana			
46	Xavier University Of Louisiana Men's Basketball vs Talladega			
	Dillard Women's Basketball vs Edward Waters			
47	Dillard Men's Basketball vs Xavier University Of Louisiana			
48	Total Viewers 1,342			