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DLN: 93493103006120

Form **990**

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2008

Open to Public Inspection

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

A Fo	rthe 2	2008 ca	lendar yea	r, or tax year beginning 0	5-01-2008 and en	ding 05-31-200	9		-15
		pplicable	Please	C Name of organization MARS HILL COLLEGE				D Employer ider	ntification number
_	dress ch		use IRS label or	Doing Business As				56-0554207 E Telephone nu	
Naı	me chai	nge	print or type. See	Doing Baomess / is					
Inıt	tial retui	rn	Specific Instruc-	Number and street (or P O	box if mail is not delive	red to street addre	ss) Room/suite	(828) 689-1 G Gross receipts	
☐ Ter	mınatıo	n	tions.	PO BOX 370				d dross receipts	3 ψ 41,302,043
┌ Am	ended i	return		City or town, state or counti	y, and ZIP + 4			1	
☐ App	olication	pending		MARS HILL, NC 28754					
			F Nan	ne and address of Principa	al Officer		H(a) Is th	s a group return	for
			dan lun PO BO					ites?	⊤Yes ▼ No
				N 370 HILL,NC 28754			H(b) Are a	II affiliates include	d?
I Ta	x-exem	pt status	▽ 501(c))(3) ◄ (insert no)	/(a)(1) or		1 ' '		See instructions)
J W	eb sit	e: 🕨 www	w mhc edu					ip Exemption Nur	
К Тур	e of org	janization	▽ Corporat	ion trust association	other 🕨		L Year of Fo	ormation 1892 M S	State of legal domicile NC
Pa	rt I	Sumi	mary						
	1			e organization's mission o	r most significant a	ictivities			
3				ION IS A PRIVATE LIBE			PRO GRAMS	LEADING TO FI	VE DEGREES
Ē		ВАСНЕ	LOROFA	RTS, SCIENCE, MUSIC, S	OCIAL WORK AND	D FINE ARTS			
Governance	2	Check t	this box	ıf the organization discon	tinued its operation	s or disposed o	f more than 2	25% of its assets	
() ()			,	nembers of the governing					36
	4		_	ident voting members of t					36
Activities &	5			nployees (Part V , line 2a)		,	,		947
\$				olunteers (estimate if nece				6 _	36
¥	7a	Total gr	ross unrela	ted business revenue fror	n Part VIII, line 12	, column (C)		7a	-3,506
	ь	Net unr	elated busi	ness taxable income from		7b	-3,506		
_							Pri	or Year	Current Year
	8	Contri	butions and	d grants (Part VIII, line 1		7,763,055	5,802,404		
al Li	9	Progra	ım service	revenue (Part VIII, line 2	g)			19,576,590	28,295,653
Reven	10			ne (Part VIII, column (A)				825,610	33,564
ш	11			art VIII, column (A), line		3,118,442	302,014		
	12	Total r 12)	revenue—a	dd lines 8 through 11 (mu	st equal Part VIII,	column (A), lin	e	31,283,697	34,433,635
	13		and simila	ar amounts paid (Part IX,	column (A), lines 1-	-3)		9,529,280	10,460,188
	14			or for members (Part IX, c	* **	•			0
	15	Saları	es, other co	ompensation, employee be	nefits (Part IX, col	umn (A), lines 5	5-		
Expenses		10)						12,525,284	13,363,211
₹ F	16a			raising fees (Part IX, colu					0
ठ	b			penses, Part IX, column (D), lın)			
	17			(Part IX, column (A), lines	•	-		8,866,416	13,251,887
	18			add lines 13-17 (must e		5, column (A))		30,920,980	37,075,286
- m	19	Keven	ue less exp	penses Subtract line 18 f	om line 12			362,717	-2,641,651
8		_					Beginn	ing of Year	End of Year
Net Assets or Fund Balances	20		-	rt X, line 16)				109,457,754	95,746,032
절절	21			Part X, line 26)				40,127,283	39,637,389
	22			d balances Subtract line	21 from line 20			69,330,471	56,108,643
Pai	rt II		ature Blo						
				егјигу, I declare that I have exa correct, and complete Declarat					
Plea		****	***				2010	-04-13	
Sign		Signa	ature of office	er	Date				
Here	e		TILLEY presid						
		Туре	e or print nam	e and title					
		Preparer		- Dung	Date		Check If self-	Preparer's PTIN (See Gen Inst)
Paid		signature	e Pum Va	n Dyne	seir- empolyed 🕨 🦵	•			
	arer's		ame (or yours	S CHERRY BEKAERT & HOLL	AND LLP		·	EIN Þ	
Use (Only		nployed), and ZIP + 4	525 N TRYON STREET SUI	TE 1800			CIIN F	
				CHARLOTTE NC 28202				Phone no 🕨 (70	94) 377-1678

May the IRS discuss this return with the preparer shown above? (See instructions) . .

Part III Statement of Program Service Accomplishments (See the instructions.)

4e	Total program service expenses \$	26,026,01	5 Must equal Part IX.	Line 25, column (B).	
4U	(Expenses \$	including grants of	f\$) (Revenue \$)
4d	Other program services (Describe ii	n Schedule O N			
	ACADEMIC SUPPORT-SERVICES THAT ARE A	N INTEGRAL PART OF TH	E COLLEGE'S PRIMARY MISS	SION OF EDUCATION	
4c	(Code) (Expenses \$	828,263	ıncludıng grants of \$) (Revenue \$)
	. 1 2 SENTISE ASSESSMENT DESTRUCTION OF THE PROPERTY OF THE PR		THE THE STREET		
4b	(Code) (Expenses \$ PUBLIC SERVICE-ACTIVITIES ESTABLISHED P	508,828 RIMARILY TO PROVIDE N	including grants of \$ ION-INSTRUCTIONAL SERVI) (Revenue \$ CES TO GROUPS EXTERNAL TO T) HE COLLEGE
	FINE ARTS APPROXIMATELY 1,300 STUDENT	S BENEFITED		•	
4a	(Code) (Expenses \$ INSTRUCTION-PRIVATE LIBERAL ARTS COLLE	GE OFFERING PROGRAM	including grants of \$ IS LEADING TO FIVE DEGRE	10,460,188) (Revenue \$ ES BACHELOR OF ARTS, SCIENC	20,864,573) E, MUSIC, SOCIAL WORK, AND
	others, the total expenses, and reven	ue, ıf any, for each p	rogram service reporte		
4	Describe the exempt purpose achieve Section 501(c)(3) and (4) organization	ns and 4947(a)(1) t	rusts are required to r	eport the amount of grants	
_	If "Yes," describe these changes on S				
3	Did the organization cease conducting services?	g or make significant	t changes in how it con	ducts any program	┌ Yes ┌ No
	If "Yes," describe these new services	on Schedule O			
2	Did the organization undertake any sit the prior Form 990 or 990-EZ?	gnıfıcant program se	rvices during the year	which were not listed on	┌ Yes ┌ No
	grounded in a rigorous study of the Liberal Arts, in the community, the region, and the world				
1	Briefly describe the organization's mission Mars Hill College, an academic community roote	ed in the Christian faith	challenges and equips stude	ents to nursue intellectual sointu	al and personal growth that is

Part IV	Checklist of	Required	Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νo
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
25a	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		No
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
	1a 7.	2		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	_		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
_	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return	7		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? Note:If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country CJ See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5с		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a		Νo
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
_	file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year	-		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	Yes	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	76	V	
8	required?	7h	Yes	
J	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	. 12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A	\. Governing	ı Body	and I	<u>Management</u>	

			165	140				
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.							
1a	Enter the number of voting members of the governing body 1a 36							
Ь	Enter the number of voting members that are independent 1b 36							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νο				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νo				
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?							
5	Did the organization become aware during the year of a material diversion of the organization's assets?							
6	Does the organization have members or stockholders?	6		No				
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο				
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	the governing body?	8a	Yes					
Ь	each committee with authority to act on behalf of the governing body?	8b	Yes					
9a	Does the organization have local chapters, branches, or affiliates?	9a		Νo				
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b						
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes					
11	Is there any officer, director or 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	11		Νο				

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14		Νo
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed $\,$ NC
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply
 - ┌ own website ┌ another's website ┌ upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

R NEIL TILLEY CPA PO BOX 370 MARS HILL,NC 28754 (828) 689-1306

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * 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, or 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

The check this box in the organization and i	(B) Average hours per week	(C) Position (check all that apply)							(E)	(F)
(A) Name and Title		Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							-			

Part VII Continued

	(B) Average hours per week	(C) Position (check all that apply)							(E)	(F)
(A) Name and Title		Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							-			
									_	
1b Total							Þ	551,455	5 0	83,908
2 Total number of individuals (including	ı those ın 1	a) who r	ecer	ved	mor	e thar	1 \$ 1	00,000 ın reportabl	e	

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►3

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

Section B. Independent Contractors

from the organization .

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation			
je green 303 e market street johnson city, TN 37601	construction	1,419,021			
mccarrol construction po box 400 arden, NC 28704	construction	624,086			
Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation					

Part VIII

Statement of Revenue

					(A) Total Revenue	(B) Related or Exempt Function	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC
	1a	Federated campaigns .	. 1a			Revenue		512, 513, or 514
数数	ь	Membership dues	-					
필		·	1b -					
Contributions, gifts, grants and other similar amounts	С	Fundraising events	 1c ⁻					
焦声	d	Related organizations .						
<u>™</u>	e	Government grants (contribution	ons) 1e	1,911,708				
<u>इंट</u>	f	All other contributions, gifts, gra	ants, and	3,890,696				
돌		sımılar amounts not ıncluded al	bove - 1f					
탈	g	Noncash contributions in	cluded ın					
S ၕ	١.	lines 1a-1f \$			5,802,404			
	h	Total (Add lines 1a-1f) .		· · · · ·				
an a	_			Business Code				
eun	2a	TUITION AND FEES		900,099	20,864,573	20,864,573		
₽e	Ь	auxılıary revenue		900,099	7,431,080	7,431,080		
93	C .							
er Fe	d							
S .	e							
Program Serwce Revenue	f	All other program service	revenue					
<u>&</u> 	g	Total. Add lines 2a-2f . ► \$ 28,295,653						
	3	Investment income (inclu		· · · · · · · · · · · · · · · · · · ·				
		other similar amounts) .		▶				
	4	Income from investment of tax	c-exempt bo	nd proceeds				
	5	Royalties						
		(ı) Re	al	(II) Personal				
	6a	Gross Rents						
	b	Less rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss	s)					
		(ı) Secur	rities	(II) O ther				
	7a	Gross amount	ittles	6,982,774				
		from sales of assets other						
	ь	than inventory Less cost or		6,949,210				
	"	other basis and sales expenses		5,2.13,223				
	с	Gain or (loss)		33,564				
	d	Net gain or (loss)	•	_	33,564			33,564
	8a	Gross income from fundra events (not including		•				
Other Revenue		\$ of contributions reported 1c) See Part IV, line 18						
şe,		Attach Schedule G If total e \$15,000	exceeds					
4	ь	Less direct expenses .	⊢					
Ě	с	Net income or (loss) from		ng events				
J	9a	Gross income from gamin activities See part IV, lir		▶-				
		Complete Schedule G if total exceeds \$15,000						
			а					
	ь	Less direct expenses .	ь					
	с	Net income or (loss) from		ctivities •				
	10a	Gross sales of inventory, returns and allowances						
			а					
	b	Less cost of goods sold		nyantary 🕨				
	_ c	Net income or (loss) from Miscellaneous Revenue	sales of I	Business Code				
	11a			900,099	305,520	305,520		
	ь	OTHER INCOME		523,000	-3,506		-3,506	
	c	MIDLAND US FUND, LP		5,550	2,330		2,230	
	[
	d	All other revenue	L					
	e	Total. Add lines 11a-11d		\$ 302,014				
	12	Total Revenue. Add lines	1h, 2g, 3,	4, 5, 6d, 7d,	34,433,635	28,601,173	-3,506	33,564
		8c, 9c, 10c, and 11e		. ▶				

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).								
Do ı	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 governments and organizations in the U.S. See Part IV, line 21								
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	10,460,188	10,460,188						
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors, trustees, and key employees	538,391	219,443	232,169	86,779				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$								
7	Other salaries and wages	9,432,761	6,834,459		477,070				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	451,294	319,259	106,515	25,520				
9	Other employee benefits	2,224,993	1,574,029	525,145	125,819				
10	Payroll taxes	715,772	506,359	168,937	40,476				
11	Fees for services (non-employees)								
а	Management								
b	Legal								
c	Accounting								
d	Lobbying								
е	Professional fundraising See Part IV, line 17								
f	Investment management fees								
g	Other	368,203	158,676	191,320	18,207				
12	Advertising and promotion	28,349	28,349						
13	Office expenses	1,621,263	636,255	827,337	157,671				
14	Information technology								
15	Royalties								
16	Occupancy	1,390,278		1,390,278					
17	Travel	651,858	513,860	86,414	51,584				
18	Payments of travel or entertainment expenses for any Federal, state or local public officials								
19	Conferences, conventions and meetings								
20	Interest	629,693		629,693					
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	1,680,198		1,680,198					
23	Insurance	568,280		568,280					
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)								
а	auxiliary expenses	4,391,803	4,391,803						
b	bad debT EXPENSE	285,809		285,809					
c	equip rental & maintena	278,682	108,090	169,320	1,272				
f	All other expenses	1,357,471	275,245	1,063,836	18,390				
25	Total functional expenses. Add lines 1 through 24f	37,075,286	26,026,015	10,046,483	1,002,788				
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation								

Part X B	lance	Sheet
----------	-------	-------

					(A) Beginning of year		(E End of	
	1	Cash—non-interest-bearing			4,866,950	1		5,270,035
	2	Savings and temporary cash investments		4,862,830	2		3,664,926	
	3	Pledges and grants receivable, net	1,396,471	3		808,537		
	4	Accounts receivable, net			274,841	4		198,498
	5	Receivables from current and former officers, directors, trustees other related parties Complete Part II of Schedule L				5		
	6	Receivables from other disqualified persons (as defined under spersons described in section 4958(c)(3)(B) Complete Part II of	ection	4958(f)(1)) and		6		
	7	Notes and loans receivable, net			2,369,746	7		2,326,103
	8	Inventories for sale or use			466,445	8		405,263
\simeq	9	Prepaid expenses and deferred charges			73,688	9		71,177
Assets	10a	Land, buildings, and equipment cost basis	_{10a}	69,025,901				
•	ь	Less accumulated depreciation Complete Part VI of Schedule D	10b	26,342,548	1	10c	4	2,683,353
	11	Investments—publicly traded securities			3,432,878	11		
	12	Investments—other securities See Part IV, line 11 Complete Part Schedule D	art VII	of	54,781,321	12	4	0,122,258
	13	Investments—program-related See Part IV, line 11 $\it Complete P of Schedule D$.	I		13			
	14	Intangible assets				14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D			198,363	15		195,882
	16	Total assets. Add lines 1 through 15 (must equal line 34)			109,457,754	16	9	5,746,032
	17	Accounts payable and accrued expenses .			4,272,271	17		4,143,693
	18	Grants payable		18				
	19	Deferred revenue	297,987	19		340,410		
	20	Tax-exempt bond liabilities			30,398,228	20	2	0,559,731
<u>6</u>	21	Escrow account liability Complete Part IV of Schedule D		21				
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
- 2		persons Complete Part II of Schedule L			22			
	23	Secured mortgages and notes payable to unrelated third parties			297,068	23		9,767,155
	24	Unsecured notes and loans payable				24		
	25	Other liabilities Complete Part X of Schedule D		4,861,729	25		4,826,400	
	26	Total liabilities. Add lines 17 through 25			40,127,283	26	3	9,637,389
~		Organizations that follow SFAS 117, check here ▶ $\sqrt{}$ and comp through 29, and lines 33 and 34.	lete li	nes 27				
ā	27	Unrestricted net assets			7,835,435	27		3,743,781
Balance	28	Temporarily restricted net assets			21,443,062	28	1	9,196,955
Ξ	29	Permanently restricted net assets			40,051,974	29	4	0,655,469
or Fund		Organizations that do not follow SFAS 117, check here ► ☐ an lines 30 through 34.	d com	plete				
	30	Capital stock or trust principal, or current funds				30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31		
	32	Retained earnings, endowment, accumulated income, or other fu	nds			32		
₩	33	Total net assets or fund balances			69,330,471	33	5	6,108,643
_	34	Total liabilities and net assets/fund balances			109,457,754	34	9	5,746,032
Pa	rt XI	Financial Statements and Reporting						
		· -					Yes	No

Dart YT	Financial	Statements	and Reporting

1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νο
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
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?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits?	3b	Yes	

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

	e of the organization HILL COLLEGE Employer identification number					n number						
MAKS	HILL CC	JLLEGE						56	-055420 ⁻	7		
Pa	rt I	Reason	for Public C	harity Status (to be co	mpleted	by all or	ganızatıo					
The	organiz	zation is not	a private found	ation because it is (Please	check on	ly one org	anızatıon)				
1	Γ	A church, c	onvention of ch	nurches, or association of ch	nurches de	scribed in	Section 1	170(b)(1)	(A)(i).			
2	<u>~</u>	A school de	escribed in Sec t	tion 170(b)(1)(A)(ii). (Attac	ch Schedu	ıle E)						
3	Γ	A hospital	or a cooperativ	e hospital service organizati	ion descril	bed in Sec	t ion 170(l	b)(1)(A)(i	i ii). (A ttac	h Schedul	le H)	
4	Γ	A medical	research organi	zatıon operated ın conjunctı	on with a l	hospital d	escribed i	n Section	170(b)(1)	(A)(iii). E	nter the	
		hospital's name, city, and state										
5	Γ	An organiza	atıon operated 1	for the benefit of a college or	universit	y owned o	r operated	l by a gov	ernmental	unıt desc	rıbed ın	
		Section 17	D(b)(1)(A)(iv).	(Complete Part II)								
6	Γ	A federal, s	tate, or local g	overnment or governmental	unıt descr	ıbed ın Se	ction 170	(b)(1)(A)	(v).			
7	Γ	An organiza	ation that norm	ally receives a substantial p	art of its s	support fro	m a gove	rnmental ı	ınıt or fron	n the gene	eral public	
		describedi	n Section 170(I	o)(1)(A)(vi) (Complete Par	tII)							
8	Γ	A commun	ity trust describ	oed in Section 170(b)(1)(A)	(vi) (Com	nplete Par	tII)					
9	Γ	An organiza	ation that norm	ally receives (1) more than	331/3% 0	fits supp	ort from c	ontributior	ns, membe	rship fees	s, and gross	
		receipts fro	om activities re	lated to its exempt functions	s—s ubject	to certair	nexceptio	ns, and (2) no more	than 331/	/3% of	
		ıts support	from gross inve	estment income and unrelate	ed busines	ss taxable	ıncome (l	ess section	on 511 ta:	x) from bu	sinesses	
		acquired by	the organizati	on after June 30, 1975 See	Section 5	09(a)(2).	(Complet	e Part III)			
10	Γ	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ct ion 509	(a)(4). (S	ee instruc	tions)	
11	Γ			and operated exclusively fo								
		one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See Section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h										
		a Type I b Type III c Type III - Other										
e	Г		• •	rtify that the organization is			-		one or moi			
_	,	•	-	agers and other than one or			•			•	•	
_		section 50										
f		If the organ		d a written determination fro	om the IRS	that it is	a Type I,	Type II o	r Type III	supportir	ng organization,	
g				as the organization accepte	d anv gift	or contrib	ution from	any of the	<u>.</u>		'	
9		following pe		.	, 5			,				
		(i) a perso	n who directly o	r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes No	
		and (III) be	low, the governi	ng body of the the supported	d organıza	tion?				11g	(i)	
		(ii) a family	/ member of a p	erson described in (i) above	17					11g((ii)	
		(iii) a 35%	controlled ent	ty of a person described in ((ı) or (ıı) al	bove?				11g((iii)	
h		Provide the	following infori	mation about the organizatio	ns the org	janization	supports					
		_		T	I		1		1		T	
		ame of orted	(ii) EIN	(iii) Type of organization (described on lines 1-9		s the		ou notify inization		s the	(vii) A mount of support?	
		ızatıon		above or IRC section	-	ation in Iisted in		i) of your		ation in organized	support.	
	o igamzation			(See Instructions))		verning		ort?		US?		
					docur	ment?						
		Yes No Yes No Yes No										
					I		I		I			

Total

Part II	Support Schedule for Organizations Described in IRC 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.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
9	Net income from unrelated business							
	activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss							
10	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 160, 1/a or	1/D, check this	oox an	u see	▶ □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumm (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. 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 **33 1/3% Tests - 2007.** 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

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

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)					
	Facts and Circumstances Test					

Schedule A (Form 990 or 990-EZ) 2008

Software ID: Software Version:

EIN: 56-0554207

Name: MARS HILL COLLEGE

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa										
		(C) Position (check all that apply)							(E)	(F)
(A) Name and Title	(B) A verage hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
BONNIE W ADAMS , MEMBER	1 00	X						0	0	0
JOHN S AYERS , mEMBER	1 00	Х						0	0	0
MAX E BURGIN , MEMBER	1 00	Х						0	0	0
RONALD F MARTIN , MEMBER	1 00	Х						0	0	0
ROBERT L MERRILL , MEMBER	1 00	Х						0	0	0
JOEL L NEWSOME JR , MEMBER	1 00	Х						0	0	0
RUBY GAYLE ANDERSON , MEMBER	1 00	Х						0	0	0
LEE CAIN , mEMBER	1 00	Х						0	0	0
WILLIAM E CASEY , MEMBER	1 00	Х						0	0	0
TOM DIGH , MEMBER	1 00	Х						0	0	0
CAROLYN H FERGUSON , mEMBER	1 00	Х						0	0	0
DORIS L HELVEY , MEMBER	1 00	Х						0	0	0
FTIMOTHY MOORE, MEMBER	1 00	Х						0	0	0
A LEE ROYAL , MEMBER	1 00	Х						0	0	0
J KENNETH SANFORD , MEMBER	1 00	Х						0	0	0
JUSTUS M AMMONS , MEMBER	1 00	Х						0	0	0
RONALD O BROWN , MEMBER	1 00	Х						0	0	0
CORBIN L COOPER, MEMBER	1 00	Х						0	0	0
TROY L DAY , MEMBER	1 00	Х						0	0	0
J DIXON FREE , MEMBER	1 00	Х						0	0	0
PAUL P GREEN , MEMBER	1 00	Х						0	0	0
EUGENE HOLDWAY , MEMBER	1 00	Х						0	0	0
R LEO JAMES , MEMBER	1 00	Х						0	0	0
ROGER H JACKSON , MEMBER	1 00	Х						0	0	0
jerry h cates , meMBER	1 00	Х						0	0	0
joanne w alexander , mEMBER	1 00	Х						0	0	0
pauline r bethea , mEMBER	1 00	Х						0	0	0
m kyle carver , mEMBER	1 00	Х						0	0	0
brent b kıncaıd , mEMBER	1 00	Х						0	0	0
w harold newman , mEMBER	1 00	X						0	0	0

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Ada											
		(C) Position (check all that apply)							(E)	(F)	
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
fred n day ıv , mEMBER	1 00	Х						0	0	0	
arlo jennings , mEMBER	1 00	Х						0	0	0	
cheryl b pappas , mEMBER	1 00	Х						0	0	0	
DR DAN LUNSFORD , PRESIDENT	40 00			Х				157,338	0	21,345	
ROBERT MCLENDON , VP ADMINISTRATION	40 00			х				110,062	0	17,138	
NINA POLLARD , VP ACADEMIC & STDNT AFFR	40 00			х				109,381	0	17,191	
bud christman , VP FOR INST ADVNCMNT	40 00			х				89,219	0	13,893	
MICHAEL V GROCE , vice chair	1 00			Х				0	0	0	
bruce w boyles jr , chair	1 00			Х				0	0	0	
danıel g chrıstıan , treasurer	1 00			Х				0	0	0	
joyce schlapkohl , secretary	1 00			Х				0	0	0	
neil tilley , cfo	40 00			Х				85,455	0	14,341	

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Supplemental Financial Statements

Open to Public Inspection

	me of the organization RS HILL COLLEGE	Employer identification number				
мAl	NO TIME COLLEGE		56-0554207			
Pa	rt I Organizations Maintaining Donor A					
	organization answered "Yes" to Form 99	0, Part IV, line 6. (a) Donor advised funds	(h) Funda and other accounts			
ı	Total number at end of year	(a) Donor advised lunds	(b) Funds and other accounts			
L)	Aggregate Contributions to (during year)					
<u>.</u> 2	Aggregate Contributions to (during year) Aggregate Grants from (during year)					
	Aggregate value at end of year					
	Did the organization inform all donors and donor advi	core in writing that the access hold in don	or adviced			
•	funds are the organization's property, subject to the	organization's exclusive legal control?	Г Yes			
5	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben impermissible private benefit?		may be			
Pa	rt III Conservation Easements. Complete	ıf the organızatıon answered "Yes" to	o Form 990, Part IV, line 7.			
L 2	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a quality on the last day of the tax year	on or pleasure) Preservation of an Preservation of ce	historically importantly land area rtified historic structure of a conservation easement			
	off the last day of the tax year		Held at the End of the Year			
а	Total number of conservation easements		2a			
ь	Total acreage restricted by conservation easement	c	2b			
c	Number of conservation easements on a certified hi		2c			
d		• •	2d			
	Number of conservation easements included in (c) a	•				
•	Number of conservation easements modified, transfe the taxable year -	rred, released, extinguished, or terminate	a by the organization during			
	the taxable year F					
ŀ	Number of states where property subject to conserva	ation easement is located 🟲				
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	· · · · · · · · · · · · · · · · · · ·	ations, and Yes No			
5	Staff or volunteer hours devoted to monitoring, inspe	cting and enforcing easements during the	year ►			
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing easements during the ye	ear 🕨 \$			
3	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	(d) above satisfy the requirements of sec	tion Yes No			
•	In Part XIV, describe how the organization reports contained balance sheet, and include, if applicable, the text of the organization's accounting for conservation easen	the footnote to the organization's financial nents	statements that describes			
'a r	Complete if the organization answered '		or Other Similar Assets.			
la	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	ch in furtherance of public service,			
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research ii	·			
	(i) Revenues included in Form 990, Part VIII, line 1		► \$			
	(ii) Assets included in Form 990, Part X		▶ - \$			
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFA		- 4			
а	Revenues included in Form 990, Part VIII, line 1		▶ - \$			
ь	Assets included in Form 990, Part X		▶ \$			
-	A 3 3 E L3 III CIUU E U III I OIIII 3 3 U, F all A		F Ψ			

Part		Organizations Maintaining Co	llections of Art,	<u>His</u>	<u>tori</u>	cal Treas	ures, or Othe	er Similar	Asse	ts (co	ntınued)
3		g the organization's accession and other s (check all that apply)	records, check any	of th	e foll	owing that a	re a sıgnıfıcant ı	use of its co	llection	ı	
а	Γ	Public exhibition		d	Γ	Loan or exc	change programs	5			
b	—	Scholarly research		e	Γ	Other					
С	Γ	Preservation for future generations									
4	Prov Part	ide a description of the organization's co XIV	llections and explain	how	v the y	further the	organızatıon's e	xempt purpo	ose in		
5		ng the year, did the organization solicit o ts to be sold to raise funds rather than t						nılar	Г	Yes	┌ No
Par	t IV	Trust, Escrow and Custodial A Part IV, line 9, or reported an am					anızatıon ansv	vered "Yes	" to Fo	rm 99	9 0,
1a		e organization an agent, trustee, custod ded on Form 990, Part X?	ıan or other ıntermed	ıary	for c	ontributions	or other assets	not	Г	Yes	┌ No
b	If"Y	es," explain why in Part XIV and comple	te the following table								
									A mou	nt	
C	Begi	nnıng balance					1c				
d	Add	itions during the year					1d				
e	Dıst	ributions during the year					1e				
f	Endi	ng balance					1f				
2a	Dıd t	he organization include an amount on Fo	orm 990, Part X, line	21?					Γ	Yes	┌ No
b	If "Y	es," explain the arrangement in Part XIV									
Pai	rt V	Endowment Funds. Complete									
4_	D		(a)Current Year 44,732,322	(b) Prior	Year (c)	wo Years Back (d)Three Years E	Back (e	Four Ye	ars Back
1a L		nning of year balance	299,617								
b c		stment earnings or losses	-7,527,486								
d		nts or scholarships	.,,,,,,,,								
e		er expenditures for facilities									
_		programs									
f	Adm	iinistrative expenses	1,174,469								
g	End	of year balance	36,329,984								
2	Prov	ide the estimated percentage of the year	r end balance held as								
а	Boar	d designated or quasi-endowment 🕨	6 270 %								
b	Perm	nanent endowment 🕨 93730 %									
c	Term	n endowment 🕨									
3a		there endowment funds not in the posses	sion of the organizat	ıon t	hat a	re held and	admınıstered foı	the			
		nization by nrelated organizations						[3a(i)	Yes	No No
		elated organizations		•	•				3a(ii)		No
ь		es" to 3a(II), are the related organization							3b		
4	Desc	cribe in Part XIV the intended uses of the	e organization's endo	wme	nt fu	nds		ı			
Par	t VI	Investments—Land, Buildings	, and Equipmen	t. S	ee F	orm 990, F	Part X, line 10.	_			
		Description of investment				Cost or other s (investment)	(b)Cost or other basis (other)	(c) Depreci	ation	(d) Boo	ok value
1 a l	and						1,110,968			:	1,110,968
b E	Buildii	ngs					49,950,796	20,55	53,136	29	9,397,660
c l	ease	hold improvements									
d E	Equipi	ment					14,070,151	5,78	39,412		8,280,739
e (Other						3,893,986				3,893,986

Part VII Investments—Other Securities. See	Form 990, Part X, line 12	
(a) Description of security or cateory (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other INVESTMENTS IN PARTNERSHIP	23,120,671	F_
Other REAL ESTATE INVESTMENT TRUSTS	2,587,993	F_
Other BONDS	370,089	F_
Other REAL ESTATE HELD FOR INVESTMENT	554,777	<u> </u>
Other ASSETS HELD IN CHARITABLE REMAINDER TRUSTS	6,082,985	F
Other BENEFICIAL INTERESTS IN TRUSTS	4,768,164	F
Other MONEY MARKET	15,371	F
Other mutual funds	2,622,208	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	40,122,258	
Part VIII Investments—Program Related. Se	e Form 990, Part X, line 1	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, III	ne 15.	
(a) Descri	otion	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	(, line 25. (b) A mount	
Federal Income Taxes	(B) Alliount	
ANNUITIES PAYABLE	1,227,322	
POSTRETIREMENT BENEFITS LIABILITIES	2,511,074	
REFUNDABLE ADVANCES FROM DEPARTMENT OF EDUCATION	1,088,004	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	4,826,400	

_	lotal revenue (Form 990, Part VIII, column (A), line 12)	1	34,433,03
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	37,075,28
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-2,641,65
4	Net unrealized gains (losses) on investments	4	-8,086,68
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-2,493,49
9	Total adjustments (net) Add lines 4 - 8	9	-10,580,17
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-13,221,82
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue	er Retu	ırn
1	Total revenue, gains, and other support per audited financial statements	1	26,170,72
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	-7,927,33
3	Subtract line 2e from line 1	3	34,098,05
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	335,57
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	34,433,63
1	Reconciliation of Expenses per Audited Financial Statements With Expenses Total expenses and losses per audited financial statements	sperke 1	27,547,12
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		27,547,12
a	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Losses reported on Form 990, Part IX, line 25	1	
d	Other (Describe in Part XIV) 2d	1	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	27,547,12
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
ь	Other (Describe in Part XIV)	1	
c	Add lines 4a and 4b	4c	9,528,16
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	37,075,28
	T XIV Supplemental Information		

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b. and Part XIII. lines 2d and 4b

Ident if ier	Return Reference	Explanation
Part V , Line 4	Description of Intended Use of Endowment Funds	To support the institution in perpetuity for scholarships, lectureships, and various other operations and buildings on campus
Part X	Description of Uncertain Tax Positions Under FIN 48	effective july 1, 2007, the college adopted fasb interpretation no 48, accounting for uncertainty in income taxes which interprets sfas no 109, accounting for income taxes this interpretation clarifies the accounting for uncertainty in income taxes recognized in an entity's financial statements in accordance with sfas no 109 by prescribing a recognition threshold and measurement attribute for the financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return the college's policy is to record a liability for any tax position taken that is beneficial to the college, including any related interest and penalties, when it is more likely than not that 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 are no such positions as of may 31, 2009 and 2008 and, accordingly, no liability has been accrued
Part XI, Line 8 - O ther A djustments		change in value of split interest agreements -109937 CHANGE IN VALUE OF ASSETS HELD BY OTHERS -107548 NEGATIVE INVESTMENT INCOME SHOWN AS REVENUE ON FINANCIALS -2276009
Part XII, Line 2d - Other Adjustments		TUITION DISCOUNTS REDUCING TUITION INCOME ON FINANCIALS -7927337
Part XII, Line 4b - Other Adjustments		gains shown as non-operating on financials 33564 non-operating revenue 302014
Part XIII, Line 4b - O ther Adjustments		TUITION DISCOUNTS REDUCING TUITION INCOME ON FINANCIALS 7927337 non-operating expenses 806237 change in value of interest rate swap 794592

OMB No 1545-0047

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Schools

Attach to Form 990 or Form 990-EZ. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

	of the organization	Employer identificati	on nun	nber	
1131		56-0554207			
	·			YES	NO
	Does the organization have a racially nondiscriminatory policy toward students by statement in it other governing instrument, or in a resolution of its governing body?	ts charter, bylaws,	1	Yes	
	Does the organization include a statement of its racially nondiscriminatory policy toward student brochures, catalogues, and other written communications with the public dealing with student adr programs, and scholarships?		2	Yes	
	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadd the period of solicitation for students, or during the registration period if it has no solicitation pro- that makes the policy known to all parts of the general community it serves? If "Yes," please des	gram, in a way			
	please explain RACIALLY NONDISCRIMINATORY POLICY STATEMENT IS INCLUDED IN NEWSPAPER PUE PUBLISHED IN STUDENT PUBLICATIONS	BLICITY AND IS	3	Yes	
4	Does the organization maintain the following?				
а	Records indicating the racial composition of the student body, faculty, and administrative staff?		4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially basis?	nondiscriminatory	4b	Yes	
	Copies of all catalogues, brochures, announcements, and other written communications to the pu with student admissions, programs, and scholarships?	blic dealing	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?		4d	Yes	
	If you answered "No" to any of the above, please explain (If you need more space, attach a sepa	rate statement)	-		
	Does the organization discriminate by race in any way with respect to Students' rights or privileges?		5a		Νο
b	Admissions policies?		5b		Νo
c	Employment of faculty or administrative staff?		5c		Νo
d	Scholarships or other financial assistance?		5d		Νo
е	Educational policies?		5e		Νo
	Use of facilities?		5f		Νo
g	Athletic programs?		5g		Νo
	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a sep	arate statement)	5h		No
6a	Does the organization receive any financial aid or assistance from a governmental agency?		6a	Yes	
b	Has the organization's right to such aid ever been revoked or suspended?		6b		Νo
	If you answered "Yes" to either 6a or b, please explain using an attached statement 🏿 🎜				
7	Does the organization certify that it has complied with the applicable requirements of sections 4 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an exp		7	Yes	

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

DLN: 93493103006120 OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

2008

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

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

Open to Public Inspect ion

Employer identification number

MARS HILL COLLEGE						56-0554207	
Does the organization mathe selection criteria use Describe in Part IV the control of the contr	aintain records to sed to award the gran	nts or assistance? edures for monitoring the	of the grants or assista 	he United States			
Form 990, Part Part IV and Sch	IV, line 21 for ar iedule I-1 if addit	ny recipient that rece Gional space is	ived more than \$5,0	00. Check this box	tes. Complete if the o	eived more than \$5,	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Enter total number of sec			ı		_		
organizations 3 Enter total number of oth					• 		•
For Paperwork Reduction Act No	tice, see the Instruct	ions for Form 990.		Cat No 50055	p	Sc	hedule I (Form 990) 2008

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

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
tuition discounts/scholarships	1052	10,460,188			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 The process for monitoring the use of tuition discount or grants/scholarship funds at Mars Hill College includes the use of a matrix that limits and determines the amount of academic scholarship awarded with a maximum being \$7000 The Vice President for Administration, Dean of Admissions and Financial Aid, and the Director of Financial Aid meet monthly to review the current amount of tuition discount or grants/scholarships being awarded to ensure that the college stays within budget Tuition discount, grant and scholarship reports are submitted to the President on a regular basis the budget for these grants is approved by the Board of Trustees on an annual basis. The Dean of Admissions and Financial Aid and the Director of Financial Aid monitor all tuition discount financial aid awards prior to the award letter being mailed Athletic grants are monitored by coaches and the Athletic Director with strict guidelines established by NCAA. The Athletic Director reports regularly to the President of the college the amount of tuition discount athletic grants awarded by each team per year.

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Part I Questions Regarding Compensation

As Filed Data -

DLN: 93493103006120

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Compensation Information

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

2008

Open to Public Inspection

Internal Revenue Service Name of the organization **Employer identification number** MARS HILL COLLEGE 56-0554207

			Ye	N o
1a	Check the appropiate box(es) if the organization provided any of th 990, Part VII, Section A, line 1a Complete Part III to provide any			
	First class or charter travel Housi	ng allowance or residence for personal use		
	·	ents for business use of personal residence		
		n or social club dues or initiation fees		
	☐ Discretionary spending account ☐ Perso	nal services (e g , maid, chauffeur, chef)		
b	If line 1a is checked, did the organization follow a written policy reg provision of all the expenses described above? If "No," complete P		Ye:	s
2	Did the organization require substantiation prior to reimbursing or a officers, directors, trustees, and the CEO/Executive Director, rega		Ye	5
3	Indicate which, if any, of the following the organization uses to esta organization's CEO/Executive Director Check all that apply	blish the compensation of the		
		n employment contract		
		ensation survey or study		
	Form 990 of other organizations	val by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Secti	on A, line 1a		
а	Receive a severance payment or change of control payment?	4	9	Νo
b	Participate in, or receive payment from, a supplemental nonqualifie	d retirement plan?	o	No
c	Participate in, or receive payment from, an equity-based compensa	ation arrangement?	c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the appli	cable amounts for each item in Part III		
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-	8.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the compensation contingent on the revenues of	organization pay or accrue any		
а	The organization?	5	a	Νo
b	Any related organization?	5	,	Νο
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the compensation contingent on the net earnings of	organization pay or accrue any		
а	The organization?	6.	a	No
b	Any related organization?	6	,	No
	If "Yes," to line 6a or 6b, describe in Part III	Γ		
7	For persons listed in form 990, Part VII, Section A, line 1a, did the payments not described in lines 5 and 6? If "Yes," describe in Part			No
8	Were any amounts reported in Form 990, Part VII, paid or accured subject to the initial contract exception described in Regs section in Part III			No

Cat No 50053T

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

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

(A) Name	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	benefits (B)(ı)-(D)	
DR DAN LUNSFORD (I)			10,624	8,250	13,095	178,683	
(ii							
(i)							
(ii							
(i)							
(ii							
(i)							
(ii)						
(i)							
(ii)						
(i)							
(ii)						
(i)							
(ii)						
(i)							
(ii)						

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
	Part I, Line 1a	mars hill college provides the president with housekeeping related to personal hosting of college guests and provides some key employees with college vehicles to drive. The Presidents spouse will occasionally travel with him on certain college functions. The business purpose and expenses are documented and retained on file.
-		

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DLN: 93493103006120

OMB No 1545-0047

Open to Public **Inspection**

Schedule K (Form 990)

Department of the Treasury

MARS HILL COLLEGE

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.

Supplemental Information on Tax Exempt Bonds

Provide descriptions, explanations, and any additional information in Schedule O. Internal Revenue Service Name of the organization

Employer identification number 56-0554207

		· (- 2000)												
Pa	Part I Bond Issues (Required for 2008) (a) Issuer Name (b) Issuer EIN (c) CUSIP #		(d) Date Issued		(e) Issue Price		(f) Description of Purpose		Purpose	(g) Defeased		(h) O n Behalf of Issuer		
											Yes	No	Yes	No
A	nc facilities financing agency 56-1592154 658189peq			12-14-2006		facility construction a 31,000,000 renovations, refunding loans					х		Х	
Pa	rt III Proceeds (Optional for	2008)		_		_				T		1		
1	Total Proceeds of Issue			A	\	E	3			D			E	
	Gross Proceeds in Reserve Funds													
3	Proceeds in Refunding or Defeasar	nce Escrows												
4	Other Unspent Proceeds													
5	Issuance Costs from Proceeds													
6	Working Capital Expenditures from	n Proceeds												
7	Capital Expenditures from Proceed	ds												
8	8 Year of Substantial Completion					•		•		•		•		
				Yes	No	Yes	No	Yes	No	Yes	No	Yes		No
9	Were the bonds issued as part of a current refunding issue?													
10	10 Were the bonds issued as part of an advance refunding issue?													
11	Has the final allocation of proceed	s been made?												
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?													
Par	t IIII Private Business Use	(Optional for 2008))									•	İ	
				A	\	E	3	(:	D			Ę	
			,	Yes	No	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?													
2	A re there any lease arrangements with respect to the financed property which may result in private business use?													
For P	For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50193E Schedule K (Form 990) 2008													

Schedule K (Form 990) 2008	· · · · · · · · · · · · · · · · · · ·
Part III Private Business Use	(Continued)

		A B		(D		E			
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or 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 501(c)(3) organization or a state or local government											
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 501(c)(3) organization, or a state or local government											
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										
Pai	rt IV Arbitrage (Optional for 2008)									_	
		ı	Ą	В			<u> </u>	l	<u> </u>	E	
	,	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
b	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?										
6	Did the bond issue qualify for an exception to rebate?										

OMB No 1545-0047

Open to Public Inspection

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Name of the organization MARS HILL COLLEGE

Employer identification number 56-0554207

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		the executive committee of the board and the full board of trustees are presented with a copy of the 990 for review prior to filing. Consistent with that authority the Executive Committee plus the Audit Committee have received and reviewed the 990 prior to submission. The full board will receive the document for review at its next meeting.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		Each new or returning trustee receives orientation including the conflict of interest requirement Board members with potential conflicts will recuse themselves from any vote or discussion

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		the compensation committee of the board reviews and approves the compensation for the president and the top management officials recommended changes require action and approval by the full board of trustees and discussions are documented in the meeting minutes salaries are compared to other like institutions

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		these documents are available to the public upon request through the president's office

ldentifier	Return Reference	Explanation
form 990, part v, questions 1c, 7g & 7h	forms 8899, 1098- c and backup w thholding	the organization did not have any reportable payments to vendors or reportable gaming winnings to prize winners and therefore the backup withholding rules did not apply the organization did not receive any contributions of qualified intellectual property and therefore was not required to file form 8899 the organization did not receive any contributions of boats, airplanes or other vehicles and therefore was not required to file form 1098-c

ldentifier	Return Reference	Explanation
passive foreign investments		mars hill college is an investor in one or more "passive foreign investment companies" ("pfics") the school is an investor in gt offshore fund, ltd, which is a blocker corporation located in the cayman islands this fund substantially invests in gt partners - offshore a and gt global hedge - offshore b, both located in the cayman islands form 8621 is not being filed pursuant to irs guidance set forth in reg. sec. 1 1291-1(e)