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DLN: 93493102005080

# 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)

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

2008

OMB No 1545-0047

Open to Public

A For	the 200	8 calendar vea	r, or tax year beginning 06	-01-2008 and ending 05-31-20	09		
	ck if applic	1-1-	C Name of organization	or 2000 and chang to 51 20	-	D Employer ide	ntification number
_	ress chang	e use IRS	MARYVILLE COLLEGE			62-047569	1
Nan	ne change	label or print or	Doing Business As			E Telephone nu	mber
_	al return	type. See Specific	Number and storet (see B.O. I		\LB/	(865) 981-8	3139
_	nınatıon	Instruc- tions.	502 E Lamar Alexander Parky	oox if mail is not delivered to street add way	ress) Room/suite	G Gross receipt	<b>s</b> \$ 55,008,053
	ended retu		City or town, state or country	, and 7ID ± 4		4	
	lication pe		Maryville, TN 37804	y, and zir + 4			
г Арр	исацоп ре				1		
			ne and address of Principa ald Gibson	l O fficer		nis a group return	for
		502 E	Lamar Alexander Pkwy		aiiiii	ates?	j res je No
<b>-</b> Tox	ovemnt		lle, TN 37804	/->/1> <b> </b>	H(b) Are a	all affiliates include	d?
<b>I</b> 14x	-exempt	status 🔽 501(c)	) ( 3 ) ◀ (insert no )	(a)(1) or   52/	_	•	See instructions )
J W	eb site:	www maryville	college edu		H(c) Gro	up Exemption Nui	mber 🟲
V Tuna	of organi	Tation 🔽 Cornerat	tion trust association o	thor <b>b</b>	I Voor of E	ormation 1910 M	State of legal domicile TN
к туре	or organi	zation je Corporat	nong tiust) association) o	tilei <b>F</b>	L Teal of F	omiation 1819   M	state of legal doffficile. The
Par							
Га		Summary Jefly describe th	e organization's mission o	r most significant activities			
o				il arts, residential community of	faith and learr	ıına servina stude	nts of all ages and
ê	ba	ckgrounds We p	prepare students for lives o	of citizenship and leadership as v	ve challenge e	ach one to search	
Governance				f creativity and service to the pe	•		
နို ဇွ		•		inued its operations or disposed			
න න්				body (Part VI, line 1a)		_	37 37
8			nployees (Part V, line 2a)				903
夏			olunteers (estimate if nece			_	140
Activities			•	Part VIII, line 12, column (C)			0
-		_		Form 990-T, line 34			0
					Pr	ior Year	Current Year
	<b>8</b> C	ontributions and	d grants (Part VIII, line 1h	1)		19,874,532	6,865,156
흴	<b>9</b> P	rogram service	revenue (Part VIII, line 2ç	3)		36,928,171	36,879,921
Revenu	<b>10</b> I	nvestment incor	me (Part VIII, column (A),		570,424	-11,749,069	
	<b>11</b> 0	ther revenue (P	art VIII, column (A), lines	5, 6d, 8c, 9c, 10c, and 11e)		1,809,043	462,067
		otal revenue—a	dd lines 8 through 11 (mus	st equal Part VIII, column (A), lı	ne	59,182,170	32,458,075
		•	ar amounts paid (Part IX, c	olumn (A ), lines 1-3)		15,695,343	15,916,680
			or for members (Part IX, co			0	0
				nefits (Part IX, column (A), lines	5-		
Expenses		0)				16,186,733	16,262,101
কু			Iraising fees (Part IX, colu			0	0
죠	•		penses, Part IX, column (D), line	·			
			(Part IX, column (A), lines			13,096,488	11,728,855
				ual Part IX, line 25, column (A))		44,978,564	43,907,636
<u></u> か	<b>19</b> R	evenue less exp	penses Subtract line 18 fr	om me 12	Danie	14,203,606 ning of Year	-11,449,561 End of Year
98 B	20 -	otal accete (B	rt V line 15)		Бедіпі	_	
3.4 <u>4.</u>		otal assets (Par				127,534,889	116,306,332
Not Assets or Fund Balances		otal liabilities (F		Ad formal language		46,457,282	46,678,286
			nd balances Subtract line 2	21 from line 20		81,077,607	69,628,046
Par		Signature Blo		nined this return, including accompanyii	ng schedules and	statements and to the	ne hest of my knowledge
				on of preparer (other than officer) is ba			
Plea	se 📗	· <del></del>				0-04-12	
Sign Here		Signature of office	er		Date	2	
		Dana Smith Vice I	President and Treasurer				
	<u> </u>		and the	D-t-	Charle &	Description of Description	Con Con Trust
D-! !		eparer's Jnature		Date	Check if self-	Preparer's PTIN (	see Gen Inst )
Paid Prepa		r	- h		empolyed 🕨		
Use C	nlv lif	rm's name (or yours self-employed),	s <b>)</b>			EIN Þ	
	<b>,</b> ad	ldress, and ZIP + 4	,			Phone no 🕨	

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

1	Briefly describe the organ	ization's mission			
		es students for lives of citizenship an rvice to the peoples of the world	d leadership as we challenge each one to s	search for truth, grow in wisdom, wo	rk for justice and dedicate
2			ogram services during the year whi	ch were not listed on	——————————————————————————————————————
	the prior Form 990	or 990-EZ? nese new services on Schedu		Y	es 🔽 No
3			ie O Ignificant changes in how it conduc	ts any program	
•	services?	_			es 🔽 No
4	Describe the exemp Section 501(c)(3) a	ot purpose achievements for e and (4) organizations and 494	each of the organization's three larg 17 (a)(1) trusts are required to repo or each program service reported		
4a	(Code Higher Education Man (1067 Students)		1,211,242 including grants of \$ : affiliated with the Presbyterian Church Th	15,916,680 ) (Revenue \$ ne institution provides four year degr	32,458,075 ) ee granting programs
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4c	(Code	) (Expenses \$	ıncludıng grants of \$	) (Revenue \$	)
4d	Other program ser	vices (Describe in Schedule	0)		
	(Expenses \$	0 including	grants of \$ C	) (Revenue \$	0)
4e	Total program serv	rice expenses \$ 34	,211,242 Must equal Part IX, Lin	e 25, column (B).	

art IV	Checklist of	Required	<b>Schedules</b>
--------	--------------	----------	------------------

			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	Yes	
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? If "Yes," complete Schedule D, Part III	8	Yes	
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	Yes	
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		No
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	Yes	
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? If "Yes," complete Schedule F, Part II	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		No
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 $I$			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			
	IV	28a		Νo
Ь	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes,"</i> 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	Yes	
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>	30		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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>	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? If "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		Νo
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		No
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

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	ce				
					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	313			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments	to ven	dors 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	2a	903			
h	If at least one is reported in 2a, did the organization file all required federal employi					
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file thi			2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during return?	ng the	year covered by this	3a		N o
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch	nedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a sover, a financial account in a foreign country (such as a bank account, securities account)?	-	•	4a	Yes	
h	account)?			-14	162	
U	If "Yes," enter the name of the foreign country CJ, VI  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Re	onort o	of Foreign Bank and			
	Financial Accounts.	ероп о	i Foreigh Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time duri	_	•	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		Νο
C	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exemptax Shelter Transaction?</i>	ot Entit	ty Regarding Prohibited	5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement to were not tax deductible?	hat su	ch contributions or gifts	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 cor more?	ntrıbut	ion of \$75 or	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services p	rovide	d?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prope	erty for	which it was required to			
	file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to parbenefit contract?	y prem	niums on a personal	7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit 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 F	orm 1098-C as		V	
	required?	• •	-1 500(-)(3)	7h	Yes	
8	supporting organizations. Did the supporting organization, or a fund maintained by a excess business holdings at any time during the			8		No
9	year?					
				9a		N o
a b				9a 9b		No No
10	Section 501(c)(7) organizations. Enter			90		110
	Initiation fees and capital contributions included on Part VIII, line 12	10a	I			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations Enter					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	<b>—</b>				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 ii	n lieu d	of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

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

<u>Section A. Gov</u>	erning Body	and Manag	ement

							165	140
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	, desc	cribe the c	ırcumst <b>a</b> n	ces,			
1a	Enter the number of voting members of the governing body	1a			37			
b	Enter the number of voting members that are independent	1b			37			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?	•	2		Νo			
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management control over management control over management duties.					3		Νo
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?							Νo
5	Did the organization become aware during the year of a material diversion of the organization		5		Νo			
6	Does the organization have members or stockholders?		6		Νo			
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?							Νο
b	Are any decisions of the governing body subject to approval by members, stockhold		7b		Νo			
8	Did the organization contemporaneously document the meetings held or written active year by the following	ons ur	ndertaker	during th	ne			
а	the governing body?					8a	Yes	
b	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 adaffiliates, and branches to ensure their operations are consistent with those of the or			•	,	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was describe in Schedule O the process, if any, the organization uses to review the			_		10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A the organization's mailing address? If "Yes," provide the names and addresses in Sc	•				11		Νο

#### Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 $\cdot$ .	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	Yes	
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		No
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
- 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

Nancy J Pyanoe 502 E Lamar Alexander Parkway Maryville, TN 37804 (865) 981-8139

# 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					k al				(E)	(F)
(A) Name and Title	(B) Average hours per week	verage Trade was nours per correction Trade was not been week	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

			() ition that a			all			(E)	(F)
<b>(A)</b> 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
					_					
				ļ	_		$\vdash$			
					-					
			+							
										·
1b Total			<u>.                                    </u>				<b> </b>	1,188,977	' 0	0
2 Total number of individuals (including			•					1	<u> </u>	

Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►4

			Yes	No			
3	Did the organization list any <b>former</b> 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**

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
McCarty Holsaple McCarty Architects 550 West Main Street Knoxville, TN 37902	Architects	1,725,725
Messer Construction Co 5158 Fishwick Dr Cincinnatti, OH 45216	Construction	1,531,250
Lawler Wood LLC 900 S Gay Street Suite 1600 Knoxville, TN 37902	Project Managers	381,081
Blount Excavating Inc 3700 Garner Circle Maryville, TN 37803	Construction	1,872,184
Joseph Construction Co Inc PO Box 10563 Knoxville, TN 37939	Construction	3,949,706
Total number of independent contractors (including those in 1) who re		5

Statement of Revenue

				(A) Total Revenue	(B) Related or Exempt Function	<b>(C)</b> Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC
	1a	Federated campaigns	<b>1a</b> 0		Revenue		512, 513, or 514
\$ \$	ь	Membership dues					
ᄪ			1b				
g∑	С	Fundraising events	1c0				
£ #	d	Related organizations	<b>1d</b> 0				
چ ⊒آي	e	Government grants (contributions)	<b>1e</b> 897,693				
ू इं	f	All other contributions, gifts, grants, ar	nd 5,967,463	i			
<b>€</b> €		sımılar amounts not ıncluded above					
Contributions, gifts, grants and other similar amounts	g	Noncash contributions included					
ည်း	h	lines 1a-1f \$ Total (Add lines 1a-1f)	0	6,865,156			
	<u> </u>	Total (Add lines 1a-11)	<u> </u>				
<u> 9</u>	20	Tutton and Instruction	Business Code	20 562 016	20 562 016		
æm	2a	Tuition and Instruction	611,310			0	0
æ	ь	Residence Halls and Student Meal Plan	ns 611,710	7,316,905	0	0	7,316,905
931	C						
泵	d						
Ē	e f	Allaski				_	
Program Service Revenue	g	All other program service reversions.  Total. Add lines 2a-2f		0	0	0	0
	-	<b>&gt;</b> \$ 36,879,921	Inc. den 1				
	3	Investment income (including of other similar amounts)		-11,378,009	0	0	-11,378,009
			▶				
	4	Income from investment of tax-exem	pt bond proceeds	0	0	0	0
	5	Royalties		0	0	0	0
		(ı) Real	(II) Personal				
	6a	Gross Rents 135,1 Less rental	0 0				
	ь	expenses					
	С	Rental income 135,1 or (loss)	21 0				
	d	Net rental income or (loss) .		135,121	0	0	135,121
	7a	Gross amount from sales of (1) Securities 21,637,4	(II) O ther 71 541,447				
	ь	assets other than inventory Less cost or other basis and	52 623,126				
		sales expenses Gain or (loss) -289,3	81 -81,679				
	d	Net gain or (loss)	01,073	-371,060	-371,060	0	0
				,	,		
4.	8a	Gross income from fundraising events (not including \$					
Other Revenue		of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds	5				
Ę	_	\$15,000	Ů				
the	Ь	Less direct expenses Net income or (loss) from fundr	.b				
Ö	С		- Inglevents				
	9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000					
			а				
	b c	Less direct expenses  Net income or (loss) from gami	.b ng activities ▶				
	10a	Gross sales of inventory, less returns and allowances	а				
	ь	Less cost of goods sold	_				
	с	Net income or (loss) from sales		]			
		Miscellaneous Revenue	Business Code				
	11a	Campus Vending & Other	900,099	287,284	287,284	0	0
	ь						
	С						
	d	All other revenue		39,662	39,662	0	0
	e	Total. Add lines 11a-11d					
	12	Total Revenue. Add lines 1h, 2	\$ 326,946 a 3 4 5 6d 7d	32,458,075	29,518,902	0	-3,925,983
		8c, 9c, 10c, and 11e			,,55,552		2,323,303

# Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re	anizations mu equired to com	ıst complete plete columns	all columns. (B), (C), and (D)	
Do 1	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	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0	0		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	15,916,680	15,916,680		
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	828,924	299,031	451,993	77,900
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	0	0	0
7	Other salaries and wages	12,396,126	10,850,551	0	639,893
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	309,508	260,935	31,774	16,799
9	Other employee benefits	1,715,827	1,563,841	99,422	52,564
10	Payroll taxes	1,011,716	852,943	103,862	54,911
11	Fees for services (non-employees)				
а	Management	0	0	0	0
b	Legal	80,035	0	80,035	0
c	Accounting	78,082	0	78,082	0
d	Lobbying	0	0	0	0
e	Professional fundraising See Part IV, line 17	0			0
f	Investment management fees	0	0	0	0
g	Other	499,715	455,604	21,712	22,399
12	Advertising and promotion	25,873	25,873	0	0
13	Office expenses	355,684	190,652	96,831	68,201
14	Information technology	210,554	210,554	0	0
15	Royalties	0	0	0	0
16	Occupancy	1,353,511	373,789	979,722	0
17	Travel	755,453	729,051	8,678	17,724
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0	0	0	0
19	Conferences, conventions and meetings	118,532	97,157	8,601	12,774
20	Interest	1,215,982	0	1,215,982	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	2,367,824	0	2,367,824	0
23 24	Insurance	307,560	71,567	235,993	0
	grouped together and labeled miscellaneous may not exceed $5\%$ of total expenses shown on line $25$ below )				
	Supplies	620,559	318,164	279,785	22,610
Ь	Miscellaneous	611,686	450,989	160,697	0
c	Swap interest liability	1,541,662	0	1,541,662	0
	Meals & entertainment	304,603	262,321	4,582	37,700
e	Student meal plans	1,281,540	1,281,540	0	0
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	43,907,636	34,211,242	8,672,919	1,023,475
<b>26</b>	Joint Costs. Check  fiffollowing 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	Balance	Sheet
--	--------	---------	-------

						(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing				742,598	1	1,051,332
	2	Savings and temporary cash investments		267,148	2	72,964		
	3	Pledges and grants receivable, net		17,758,792	3	9,483,484		
	4	Accounts receivable, net				770,691	4	477,883
	5	Receivables from current and former officers, directors, trustee other related parties Complete Part II of Schedule L			oyees or	0	5	0
	6	Receivables from other disqualified persons (as defined under spersons described in section 4958(c)(3)(B) Complete Part II of				0	6	0
	7	Notes and loans receivable, net				2,560,997	7	2,729,162
	8	Inventories for sale or use				11,672	8	4,884
2	9	Prepaid expenses and deferred charges				839,922	9	1,201,030
Assets	10a	Land, buildings, and equipment cost basis	<sub>10a</sub>	I	84,017,543			
•	b	Less accumulated depreciation Complete Part VI of Schedule D	10b		29,651,304	47,288,216	10c	54,366,239
	11	Investments—publicly traded securities		•		0	11	0
	12	Investments—other securities See Part IV, line 11 Complete F Schedule D	Part VI.	I of		0	12	0
	13	Investments—program-related See Part IV, line 11 $\it Complete$ of $\it Schedule D$ .	Part VI	II		43,927,704	13	41,897,948
	14	Intangible assets				0	14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D		13,367,149	15	5,021,406		
	16	Total assets. Add lines 1 through 15 (must equal line 34)				127,534,889	16	116,306,332
	17	Accounts payable and accrued expenses .				4,017,524	17	2,632,990
	18	Grants payable				0	18	0
	19	Deferred revenue				46,470	19	59,418
	20	Tax-exempt bond liabilities				36,500,000	20	36,500,000
<u>ŏ</u>	21	Escrow account liability Complete Part IV of Schedule D				0	21	0
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					1	
Ï		persons Complete Part II of Schedule L				0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	s .			124,275	23	34,483
	24	Unsecured notes and loans payable					24	
	25	Other liabilities Complete Part X of Schedule D		5,769,013	25	7,451,395		
	26	<b>Total liabilities.</b> Add lines 17 through 25				46,457,282	26	46,678,286
S <del>O</del> O		Organizations that follow SFAS 117, check here ► ✓ and complete through 29, and lines 33 and 34.	plet e l	ines 2	7			
Balance	27	Unrestricted net assets				18,299,929	27	8,721,746
8	28	Temporarily restricted net assets		25,411,272	28	21,754,150		
Ξ	29	Permanently restricted net assets		37,366,406	29	39,152,150		
or Fund		Organizations that do not follow SFAS 117, check here ► a lines 30 through 34.	1					
	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 for			32			
Ŋĕţ	33	Total net assets or fund balances				81,077,607	33	69,628,046
_	34	Total liabilities and net assets/fund balances				127,534,889	34	116,306,332
Pa	rt XI	Financial Statements and Reporting						

ParitXI	Financial	Statements	and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	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	

As Filed Data -

DLN: 93493102005080

Employer identification number

OMB No 1545-0047

## **SCHEDULE A**

Name of the organization

(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.

2008

Open to Public
Inspection

<b>MARY</b>	VILLE CO	OLLEGE									
								62	-047569	1	
Pa	rt I	Reason	for Public C	harity Status (to be co	mpleted	by all or	ganızatıc	ns) (See	Instruct	ions)	
Γhe	organız	zation is not	a private found	ation because it is (Please	check on	ly <b>one</b> org	anızatıon	)			
1	Γ	A church, c	onvention of ch	nurches, or association of ch	nurches de	escribed in	Section :	170(b)(1)(	(A)(i).		
2	<u>~</u>	A school de	escribed in <b>Sect</b>	t <b>ion 170(b)(1)(A)(ii).</b> (Attac	ch Schedı	ıle E )					
3	Γ	A hospital	or a cooperative	e hospital service organizati	on descri	bed in <b>Sec</b>	tion 170(	b)(1)(A)(i	ii). (Attac	h Schedul	le H )
4	Γ	A medical i	research organı	zation operated in conjuncti	on with a	hospital d	escribed i	n <b>Section</b>	170(b)(1)	(A)(iii). E	nter the
		hospital's name, city, and state									
5	Γ	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
		Section 170	D(b)(1)(A)(iv).	(Complete Part II )							
6	Γ	A federal, s	tate, or local go	overnment or governmental	unıt desci	rıbed ın <b>Se</b>	ection 170	(b)(1)(A)	(v).		
7	Γ	Anorganiza	ation that norma	ally receives a substantial p	art of its	support fro	om a gove	rnmental u	ınıt or fror	n the gene	ral public
		described i	n Section 170(b	o)(1)(A)(vi) (Complete Par	tII)						
8	Γ	A communi	ty trust describ	oed in <b>Section 170(b)(1)(A)</b>	(vi) (Com	nplete Par	tII)				
9	Γ	An organiza	ation that norma	ally receives (1) more than	3 3 1/3% 0	of its supp	ort from c	ontributior	ns, membe	rship fees	s, and gross
		receipts fro	m activities rel	lated to its exempt functions	s—s ubject	to certair	n exceptio	ns, and (2	) no more	than 331/	'3% of
		ıts support	from gross inve	estment income and unrelate	ed busines	ss taxable	income (	less sectio	on 511 tax	x) from bu	sınesses
		acquired by	the organization	on after June 30, 1975 See	Section 5	609(a)(2).	(Complet	e Part III	)		
10	Γ	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See <b>S</b> e	ection 509(	( <b>a)(4).</b> (S	ee instruc	tions )
11	Γ		•	and operated exclusively fo		, ,			,	•	
				orted organizations describe						Section 5	<b>09(a)(3).</b> Check
		a T		type of supporting organiza		omplete li - Functioi			n <b>d</b>	Γ Type	III - Other
e	г	·		rtify that the organization is			-	_			
•	'	•		agers and other than one or			•			•	•
		section 50	9(a)(2)								
f		_		d a written determination fro	m the IRS	5 that it is	a Type I,	Type II o	r Type III	supportir	ng organization,
g		check this		as the organization accepted	d any dift	or contrib	ution from	any of the	1		l
9		following pe		as the organization decepted	a any gne	or continb	acron 110111	any or the	•		
		(i) a perso	n who directly o	r indirectly controls, either a	alone or to	ogether wi	th persons	s describe	d ın (ıı)		Yes No
		and (III) bel	ow, the governi	ng body of the the supported	d organiza	tion?				11g	(i)
		(ii) a famıly	/ member of a p	erson described in (i) above	?					11g(	ii)
	(iii) a 35% controlled entity of a person described in (i) or (ii) above?						iii)				
h		Provide the	following inform	mation about the organizatio	ns the org	ganızatıon	supports				
					1				1		,
	. ,	ame of	(ii) EIN	(iii) Type of organization		sthe	1 * . *	ou notify	I	is the	(vii) A mount of
		orted		described on lines 1-9 above or IRC section				anızatıon <b>i)</b> of your		ation in organized	support?
	Organ	nization		(See Instructions)		verning		port?		US?	
	(500 1)				ment?						
					Yes	No	Yes	No	Yes	No	
							1	1			1

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>(b)</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					<del> </del>		
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>(b)</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 <b>stop here</b>		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	<b>▶</b> □
								•
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 <b>stop here.</b> The organization qualifies a				,			<b>▶</b> □
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				<b>▶</b> □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							<b>►</b> □
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	<b>Private Foundation.</b> If the organization did	not check the b	oux on line 13, 1	oa, 100, 1/a or	1/D, Check this	oox an	u see	<b>▶</b> □
	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>(b)</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						
c	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>(b)</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 <b>stop here</b>						<b>▶</b> □
	monutation of Dublic Compant Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (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	<b>Supplemental Information.</b> 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:** 62-0475691

Name: MARYVILLE COLLEGE

#### Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa											
			<b>(C</b> tion ( hat a	chec		I			(5)	(F)	
<b>(A)</b> 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)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
Ms Elizabeth A Bulette , Board Member	2 00	Х						0	0	0	
Mr Sheridan H Greaser , Board Member	2 00	Х						0	0	0	
Mr G Donald Hıckman , Board Member	2 00	Х						0	0	0	
Mr Richard E Ragsdale , Board Member	2 00	Х						0	0	0	
Dr C Edward Brubaker , Honorary Board Member	2 00	Х						0	0	0	
Dr Dan M McGill , Honorary Board Member	2 00	Х						0	0	0	
Dr Dorsey D Ellis Jr , Board Member	2 00	Х						0	0	0	
Ms Christine G Hayworth , Board Member	2 00	X						0	0	0	
Mr Mark E Ingram , Board Member	2 00	X						0	0	0	
Mr J William Johnson , Board Member	2 00	Х						0	0	0	
Mr Robert E Kallstrom , Board Member	2 00	X						0	0	0	
Rev Mark L Knisley , Board Member	2 00	Х						0	0	0	
Mr Ronald Y Koo , Board Member	2 00	Х						0	0	0	
Ms Sherrı P Lee , Board Member	2 00	X						0	0	0	
Mr James E McCall , Board Member	2 00	X						0	0	0	
Dr J Robert Merriman , Board Member	2 00	Х						0	0	0	
Mr Alvın Nance , Board Member	2 00	X						0	0	0	
Mr George W Poland , Board Member	2 00	Х						0	0	0	
Mr John Knox Sıngleton , Board Member	2 00	Х						0	0	0	
Mr James M Usdan , Board Member	2 00	Х						0	0	0	
Dr Tutt S Bradford , Emeriti Board Member	2 00	Х						0	0	0	
Mr Robert A Jefferies Jr , Board Member	2 00	Χ						0	0	0	
Mr Wayne R Kramer , Board Member	2 00	Х						0	0	0	
Ms Judy M Penry , Board Member	2 00	Χ						0	0	0	
Mr Steve West , Board Member	2 00	X						0	0	0	
Mr Jeffrey K Willis , Board Member	2 00	Χ						0	0	0	
Ms Mary L Witherspoon , Board Member	2 00	Χ						0	0	0	
Dr Bryant L Cureton , Board Member	2 00	Χ		$ldsymbol{ld}}}}}}$				0	0	0	
Mr William E Harmon , Board Member	2 00	Χ						0	0	0	
Ms Diane HumphreysBarlow , Board Member	2 00	Х						0	0	0	

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Ada											
			<b>(C</b> tion ( hat a	chec		I				(F)	
<b>(A)</b> 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)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
Dr Naomı B Lynn , Board Member	2 00	Х						0	0	0	
Mr James N Proffitt , Board Member	2 00	X						0	0	0	
Dr Kenneth D Tuck , Board Member	2 00	X						0	0	0	
Rev Dr Emily J Anderson , Board Member	2 00	Х						0	0	0	
Ms Nancy B Cain , Board Member	2 00	Х						0	0	0	
Mr Carle M Davis , Emeriti Board Member	2 00	Х						0	0	0	
Mr Dana Smith , Treasurer	40			Х				81,017	0	0	
Dr William Seymour , Vice President	40			Х				105,336	0	0	
Mrs Alta Kemp , Vice President	40			Х				99,332	0	0	
Dr Gerald W Gibson , President	40			Х				288,536	0	0	
Dr Jeffrey A Fager , Vice President	40			Х				58,247	0	0	
Holly D Jackson-Ludlow , Vice President	40			Х				72,545	0	0	
Mr William J Sliwa , Vice President	40			Х				8,136	0	0	
Dr John Nichols , Div Chair/Professor	40					Х		101,792	0	0	
Dr Terry Bunde , Professor	40					Х		92,524	0	0	
Dr Susan Schneibel , Div Chair/Professor	40					х		90,767	0	0	
Dr Terry Sımpson , Dıv Chaır/Professor	40					Х		105,720	0	0	
Dr Mary K Sullivan , Professor	40					X		85,025	0	0	

OMB No 1545-0047

Open to Public Inspection

# **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** 

Name of the organization **Employer identification number** MARYVILLE COLLEGE

		6	2-0475691		
Pa		Advised Funds or Other Similar Fund	ls or Account	<b>s.</b> Comple	te if the
	organization answered "Yes" to Form 9	(a) Donor advised funds	(b) Funds and	other accou	ınts
1	Total number at end of year	379	(B) Fallas alla	other decod	51
2	Aggregate Contributions to (during year)	1,854,472			17,406
3	Aggregate Grants from (during year)	1,542,505			283,350
4	Aggregate value at end of year	36,527,286			278,089
5	Did the organization inform all donors and donor ad- funds are the organization's property, subject to the	visors in writing that the assets held in donor a	dvised	✓ Yes	┌ No
6	Did the organization inform all grantees, donors, an used only for charitable purposes and not for the be impermissible private benefit?		y be	✓ Yes	┌ No
Pa	rt III Conservation Easements. Complete	e if the organization answered "Yes" to Fo	orm 990, Part I	V, line 7.	
1	Purpose(s) of conservation easements held by the  Preservation of land for public use (e.g., recrea  Protection of natural habitat  Preservation of open space	tion or pleasure)  Preservation of an his Preservation of certifi	ed historic struct	cure	а
2	Complete lines 2a-2d if the organization held a qua on the last day of the tax year	alified conservation contribution in the form of a	i conservation ea	isement	
			Held a	t the End of	the Yea
а	Total number of conservation easements	2a			
b	Total acreage restricted by conservation easemer	2b			
С	Number of conservation easements on a certified	historic structure included in (a)	2c		
d	Number of conservation easements included in (c)	acquired after 8/17/06	2d		
3	Number of conservation easements modified, trans	ferred, released, extinguished, or terminated by	y the organization	n during	
	the taxable year ►				
4	Number of states where property subject to conserv	vation easement is located <b>&gt;</b>			
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds	ng the periodic monitoring, inspection, violation	ns, and	☐ Yes	┌ No
6	Staff or volunteer hours devoted to monitoring, insp	ecting and enforcing easements during the yea	ar ►		
7	A mount of expenses incurred in monitoring, inspec	ting, and enforcing easements during the year l	<b>►</b> \$		
8	Does each conservation easement reported on line $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$ ?	2(d) above satisfy the requirements of section	1	☐ Yes	Г No
9	In Part XIV, describe how the organization reports balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	f the footnote to the organization's financial sta			
Par	t III Organizations Maintaining Collecti Complete if the organization answered	ons of Art, Historical Treasures, or "Yes" to Form 990, Part IV, line 8.	Other Similar	Assets.	
1a	If the organization elected, as permitted under SFA art, historical treasures, or other similar assets hel provide, in Part XIV, the text of the footnote to its f	d for public exhibition, education or research in	n furtherance of p		e,
b	If the organization elected, as permitted under SFA historical treasures, or other similar assets held for provide the following amounts relating to these item	r public exhibition, education, or research in fui			
	(i) Revenues included in Form 990, Part VIII, line	1	<b>►</b> \$		0
	(ii) Assets included in Form 990, Part X		<b>F</b> \$		11,350
2	If the organization received or held works of art, his following amounts required to be reported under SF,			ide the	
а	Revenues included in Form 990, Part VIII, line 1		<b>►</b> \$		0

**b** Assets included in Form 990, Part X

Par	<b>Till</b> Organizations Maintaining Co	illections of Art,	Hist	orio	<u>cal Treasu</u>	ires, or Othe	<u>r Similar Ass</u>	ets (co	ntınued)	
3	Using the organization's accession and othe items (check all that apply)	r records, check any o	of the	follo	owing that ar	e a sıgnıfıcant u	se of its collectio	n		
а	Public exhibition		d	Γ	Loan or exc	hange programs				
b	Scholarly research		e	Γ	Other					
c	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	how	they	further the	organization's ex	empt purpose in			
5	During the year, did the organization solicity assets to be sold to raise funds rather than t							Yes	√ No	
Pai	t IV Trust, Escrow and Custodial	Arrangements. C	omp	lete	if the orga		ered "Yes" to F	orm 9	90,	
	Part IV, line 9, or reported an ar									
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other intermed	ıary f	orco	ontributions	or other assets		Yes	┌ No	
b	If "Yes," explain why in Part XIV and comple	ete the following table								
							A mo	unt		
С	Beginning balance					1c				
d	Additions during the year	1d								
е	Distributions during the year									
f	Ending balance					1f				
2a	Did the organization include an amount on Fe	orm 990, Part X, line 2	21?				Г	Yes	┌ No	
b	If "Yes," explain the arrangement in Part XI\									
Pa	rt V Endowment Funds. Complete							\F \/		
1a	Beginning of year balance	(a)Current Year 51,410,793	(b)	Prior \	rear   (c)	wo Years Back (d)	Three Years Back   (	e)Four Ye	ears Back	
ь	Contributions	1,871,878								
c	Investment earnings or losses	-9,506,359								
d	Grants or scholarships	1,161,022								
e	Other expenditures for facilities	664,833								
_	and programs	,								
f	Administrative expenses	145,082								
g	End of year balance	41,805,375								
2	Provide the estimated percentage of the year	r end balance held as								
а	Board designated or quasi-endowment 🕨	2 4 %								
ь	Permanent endowment 🕨 97 6 %									
c	Term endowment ► 0 %									
3а	Are there endowment funds not in the posse	ssion of the organizati	ion th	nat a	re held and a	admınıstered for	the			
	organization by						2-(1)	Yes	No	
	(i) unrelated organizations		•	•			3a(i) 3a(ii)		N o N o	
h	(ii) related organizations						Sa(II)	<u> </u>	140	
4	Describe in Part XIV the intended uses of th	•					30			
	t VI Investments—Land, Building					art X. line 10.				
	Description of investment	-,		(a)	Cost or other (investment)	( <b>b</b> )Cost or other basis (other)	(c) Depreciation	(d) Bo	ok value	
1a	Land				0	457,104			457,104	
	Buildings		ŀ		0	72,193,157	20,647,258	.5	1,545,899	
	Leasehold improvements		.		0	0	0		0	
	Equipment		.		0	9,379,403	7,778,163		1,601,240	
	Other		ŀ		0		1,225,883		761,996	
_					•	., ,	,,		-,	

54,366,239

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2.		
(a) Description of security or cateory (including name of security)	<b>(b)</b> Book value		d of valuation year market value	
Financial derivatives and other financial products	0			
Closely-held equity interests	0			
O ther				
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )	0			
Part VIII Investments—Program Related. Se	e Form 990, Part X, line	13.		
(a) Description of investment type	( <b>b)</b> Book value		d of valuation	
		Cost or end-of-	year market value	
US equities	10,166,943		F	
International equities	12,209,609		F	
Commodities and natural resources REITS	1,638,161		F	
Bonds	558,646 5,051,717		F F	
Limited partnerships	11,097,105			
O ther investments	1,175,767			
other investments	1,173,707		С	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )	41,897,948			
Part IX Other Assets. See Form 990, Part X, III	ne 15.			
(a) Descri	ption		(b) Book value	
Funds restricted to investment in buildings & equipment			4,448,337	
Funds held in trust			417,841	
Bond origination costs			155,228	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 3	15.)		5,021,406	
Part X Other Liabilities. See Form 990, Part >			, . = -,	
(a) Description of Liability	(b) A mount			
Federal Income Taxes	0			
Interest rate swap liability	3,253,976			
Due to US Government	1,698,208			
Annuities payable	1,085,564			
Student and other deposits	594,273			
Line of credit	819,374			
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 ) ▶	7,451,395			

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	32,458,075
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	43,907,636
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-11,449,561
4	Net unrealized gains (losses) on investments	4	0
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)	8	0
9	Total adjustments (net) Add lines 4 - 8	9	0
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-11,449,561
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	er R	eturn
1	Total revenue, gains, and other support per audited financial	_	32,458,075
_	statements	1	
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)		
е	Add lines 2a through 2d	2e	0
3	Subtract line <b>2e</b> from line <b>1</b>	3	32,458,075
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 0		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	32,458,075
Part	XIIII Reconciliation of Expenses per Audited Financial Statements With Expenses	s per	Return
1	Total expenses and losses per audited financial statements	1	43,907,636
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities 2a 0		
b	Prior year adjustments		
c	Losses reported on Form 990, Part IX, line 25 2c 0		
d	Other (Describe in Part XIV) 2d 0		
e	Add lines <b>2a</b> through <b>2d</b>	2e	0
3	Subtract line <b>2e</b> from line <b>1</b>	3	43,907,636
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 0		
b	Other (Describe in Part XIV) 4b	1	
c	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	43,907,636
Do.	t YIV 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
SchD_P03_S00_L04	Schedule D, Part III, Line 4	The fine art collection is held for public exhibition and/or education. The construction of a civic and fine arts center on our campus has increased the desire to share with the region art work with educational values. Our collection consists of two sculptures at this time.
SchD_P05_S00_L04	Schedule D, Part V, Line 4	The endowed funds of the College are used for student scholarships, building maintenance, and various programs support
SchD_P10_S00_L00	Schedule D, Part X	FASB Interpretation No 48 Accounting for Uncertainty in Income Taxes clarifies the accounting for uncertainty in income taxes recognized in an enterprise's financial statements and provides guidance for recognizing, measuring, presenting, and disclosing in the financial statements tax positions taken or expected to be taken on a tax return, if applicable FASB Staff Position No FIN 48-3 permits non-public enterprises to defer the effective date of FIN 48 until fiscal years beginning after December 31, 2008 The College's management has elected to defer the application of FIN 48 and is evaluating the impact to its financial statements

### OMB No 1545-0047

#### **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury

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.

**Schools** 

Internal Revenue Service Name of the organization Employer identification number MARYVILLE COLLEGE 62-0475691 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? 1 Yes 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? 2 Yes 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 3 Yes Maryville College does not discriminate on the basis of race, color, gender, ethnic or national origin, religion, sexual orientation, age, disability, or political beliefs in provision of educational opportunities and benefits. This information is located in our By-laws, on our web site and in all publications that are distributed to the public Does the organization maintain the following? a 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 nondiscriminatory 4h Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 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 separate statement) Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? 5c Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? No\_ 5e f Use of facilities? 5f Νo g Athletic programs? 5g Νo h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) 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 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation

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DLN: 93493102005080

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

**SCHEDULE F** 

(Form 990)

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

**Statement of Activities Outside the United States** 

Name of the organization

Employer identification number

MARYVILLE COLLEGE					Employer ide		
					62-047569		
Part I General Infor "Yes" to Form 9			de the United States	<b>s.</b> Complete	e if the orgar	nization answ	ered
			ecords to substantiate	the amount	of the grant	s or	
assistance, the grante	es' eligibility fo	or the grants or	assistance, and the se	lection crite	rıa used to a	wa rd	
the grants or assistan	ce					☐ Yes	┌ No
2 For grant makers. Descri United States	be in Part IV the	organization's pr	ocedures for monitoring th	ne use of grar	nt funds outsid	e the	
3 Activites per Region (U:	se Schedule F-1	(Form 990) If add	ditional space is needed )				
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	ıs a progradescribe sp	ty listed in (d) am service, pecific type of s) in region	<b>(f)</b> Total expe	
Europe (including Iceland and Greenland)	0	0	Program Services	with faculty	Vales and land during 19 as a group Expenditures d trip air fare,		50,716
South Asia	0	0	Program Services	Students stu program to I January 200 with faculty	udy abroad ndia during 19 as a group Expenditures d trip air fare,		46,734
Sub-Saharan Africa	0	0	Program Services	Students stu program to 0 January 200 with faculty	udy abroad Shana during 19 as a group Expenditures d trip air fare,		41,072
Central America and the Caribbean	0	0	Program Services	Students stu program to C during Janua group with fa Expenditure:	udy abroad Costa Rica iry 2009 as a iculty s include r fare, hotels,		48,802
		+	<del> </del>			<del>                                     </del>	

187,324

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	( <b>g)</b> A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other
	_							
	_							
	_							
	_							-
	_							_
	_							
	_							
	_							
	_							
	_							
	_							
	_							
	_							

	F-1 (Form 990) if a			tea States. Complete	if the organization a	inswered "Yes" to Form	990, Part IV, line 16.
(a) Type of grant or assistance	( <b>b)</b> Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
		+					
		1					
		+					
			•				

Schedule F (Form 990) 2008

Complete this part t	o provide the information required	ın Part I, line 2, and any other additional information.
Identifier	ReturnReference	Explanation

**Software ID:** 08000095

**Software Version:** v1.00

**EIN:** 62-0475691

Name: MARYVILLE COLLEGE

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraisal, other)
--------------------------	---	------------	-------------------------	------------------------------	------------------------------------	---	--	--

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

OMB No 1545-0047

2008

DLN: 93493102005080

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

MARYVILLE COLLEGE

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 Inspection

Employer identification number

62-0475691

Form 990, Part I Part IV and Sche	ganization's proc ler Assistance V, line 21 for a edule I-1 if addi	edures for monitoring the <b>to Governments</b> ny recipient that rec	ne use of grant funds in t and Organizations eived more than \$5,0	he United States in the United Stat	tes. Complete if the of	organization answere	d "Yes" on
1(a) Name and address of organization or government	( <b>b)</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	(h) Purpose of grant or assistance
2 Enter total number of sect organizations						_	

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>(b)</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
Federal Supplemental Educational Opportunity Grant	91	150,984	0	Cost	N/A
Federal Work Study Program	233	171,514	0	Cost	N/A
Maryville College Endowed Scholarships	222	1,161,022	0	Cost	N/A
Maryville College Grants and Awards	748	14,194,624	0	Cost	N/A
Bonner Scholarships	57	238,536	0	Cost	N/A

**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
SchI_P01_S00_L02	Schedule I, Part I, Line 2	The Financial Aid office maintains a data base of all students, their eligibility for grant funds determined through FASFA and other analytical procedures, the amount awarded and accepted by each student and documentation of verifying data. We have an A-133 audit preformed each year in addition to our regular financial audit.
1		

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DLN: 93493102005080

OMB No 1545-0047

2008

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

**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.

Open to Public Inspection

Name of the organization MARYVILLE COLLEGE

**Employer identification number** 

62-0475691

Pa	tt I Questions Regarding Compensation	n			
				Yes	Νo
1a		ovided any of the following to or for a person listed in Form I to provide any relevant information regarding these items			
	First class or charter travel	✓ Housing allowance or residence for personal use			
	▼ Travel for companions	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e.g., maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a w provision of all the expenses described above? If "	vritten policy regarding payment or reimbursement or No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to				
	officers, directors, trustees, and the CEO/Executiv	e Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the organizat organization's CEO/Executive Director Check all t	·			
	Compensation committee	Written employment contract			
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990,	Part VII, Section A, line 1a			
а	Receive a severance payment or change of control	payment?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ental nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-	pased compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and p	rovide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	omplete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	, line 1a, did the organization pay or accrue any			
а	The organization?		5a		Νo
b	Any related organization?		5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	, line 1a, did the organization pay or accrue any			
а	The organization?		6a		Νo
b	Any related organization?		6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"	, line 1a, did the organization provide any non-fixed describe in Part III	7		Νο
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III	paid or accured pursuant to a contract that was in Regs section 53 4958-4(a)(3)? If "Yes," describe	8		N o

#### 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>(B)</b> Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Deferred		(E) Total of columns	<b>(F)</b> Compensation reported in prior Form 990 or Form 990-EZ	
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)		
Dr Gerald W Gıbson	267,266 0	1	21,270 0	0	0	288,536 0	288,536 0	
(1	i)							
	)							
	i)							
(1	)							
(1)	i)							
(i	)							
(1)	i)							
(1	)							
(i	i)							
(1	)							
(i	i)							
(1	)							
(1	i)							
(i	)							
(1)	i)							

#### 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	Ret urn Ref erence	Explanation
SchJ_P01_S00_L01a	Schedule J, Part I, Line 1a	Our President's wife will accompany him to conferences and meetings several times each year. The College pays for her travel expenses. The President receives a housing allowance of \$1400 each month. He receives a vehicle for business and personal use. The annual lease value of the vehicle and the housing allowance are added to his taxable compensation.
SchJ_P01_S00_L03	Schedule J, Part I, Line 3	The annual collegewide wage increase percentage is approved by the Finance Committee and the Board of Directors after discussion of local, regional and national pay increases and other economic issues. These discussions are noted in the minutes of the Finance Committee meetings. The Executive Committee of the Board of Directors then obtains relevant information from the Human Resources Department of the College to determine the President's annual increase. The President's increase is discussed and approved by the Executive Committee of the Board of Directors. The College did not award pay increases to anyone for year end May 31, 2009.

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DLN: 93493102005080

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

**Schedule K** 

(Form 990)

# **Supplemental Information on Tax Exempt Bonds**

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O.

Open to Public **Inspection** Employer identification number

МΑ	RYVILLE COLLEGE									62-0475	591			
Р	art I Bond Issues (Required	for 2008)								1				
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date	Issued	(e) Issue	e Price	<b>(f)</b> Des	cription of P	urpose	( <b>g</b> ) De	feased	Beha	On alf of uer
											Yes	No	Yes	No
A	Health & Educational Facilities Board of Blount County Tennessee	62-1192419	094900AR8	04-05-	2007	36,	500,000	Construction improvemen and refinanc	t to existing	buildings <sup>'</sup>		х		x
Pa	art II Proceeds (Optional for 2	2008)												
1	Total Proceeds of Issue				Α	E	<b>B</b>	(	:	D			E	
2	Gross Proceeds in Reserve Funds													
3	Proceeds in Refunding or Defeasan	nce Escrows												
4	Other Unspent Proceeds													
5	Issuance Costs from Proceeds													
6	Working Capital Expenditures from	Proceeds												
7	Capital Expenditures from Proceed	İs												
8	Year of Substantial Completion													
9	Were the bonds issued as part of a	current refunding iss	sue?	Yes	No	Yes	No	Yes	No	Yes	No	Yes		No
10	Were the bonds issued as part of a	n advance refunding	ıssue?											
11	Has the final allocation of proceeds	s been made?												
12	Does the organization maintain ade final allocation of proceeds?	equate books and rec	ords to support the											
Pa	rt IIII Private Business Use (	(Optional for 2008)	)	1										
						_	B	(		D			E	
1	Was the organization a partner in a which owned property financed by t		mber of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No	Yes		No
2	Are there any lease arrangements which may result in private busines	with respect to the fi	nanced property											
For	Paperwork Reduction Act Notice, see the	Instructions for Form	990.			Cat No 501	L93E			Sch	nedule K (	Form 990	) 2008	

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

			A	E	3	(	С	l	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										
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 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	E	3		<u>c</u>	l	<u> </u>	1	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?										

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DLN: 93493102005080

OMB No 1545-0047

Open to Public Inspection

#### **SCHEDULE M Non-Cash Contributions** (Form 990)

Department of the Treasury Internal Revenue Service

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

Name of the organization MARYVILLE COLLEGE

**Employer identification number** 

62-0475691

Рa	rt I Types of Property							
		(a) Check If	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line	<b>(d</b> ) Method of de reven	etermi	nıng	
	A =	applicable		1 g				
	Art—Works of art							
	Art—Historical treasures							
	Art—Fractional interests							
	Books and publications							
	Clothing and household goods							
6	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .							
	Securities—Closely held stock $oldsymbol{.}$							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Q ualified conservation contribution (historic							
14	structures)							
15	contribution (other) Real estate—Residential .	X	1	32 000	appraisal			
	Real estate—Commercial	<u> </u>		32,000	арріаізаі			
	Real estate—Other							
	Collectibles							
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
	Fencing							
	materials and							
25	crushed Other (describe stone )	×	2	51 500	V endor (donor) fair i	marke	tvalue	
23	Other (describe stone )  Trees and			31,300	v chaor (aonor) lair i	Harke	· varac	
26	Other (describe plants )	X	1	1,347	V endor (donor) faır ı	marke	t value	<u>:</u>
27	Other (describe)							
28	Other (describe)							
29	Number of Forms 8283 received		<del>-</del> -	ar for contributions for	29			^
	which the organization complete  Acknowledgement	d Form 828	33, Part IV, Donee		29			0
	Acknowledgement :		•				Yes	No
30a	During the year, did the organiza	ition receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it must		103	
	least three years from the date o	of the initial	contribution, and which is	not required to be used for $\epsilon$	exempt purposes			
	for the entire holding period? .					30a		No
ь	If "Yes", describe the arrangeme	ent in Part 1	II					
31	Does the organization have a gif	t acceptano	ce policy that requires the i	review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us contributions?	e third part • • •	ies or related organizations	to solicit, process, or sell r	non-cash	32a		Νο
ь	If "Yes", describe in Part II							
33	If the organization did not report checked, describe in Part II	revenuesı	n Column (c) for a type of p	roperty for which Column (a	a) is			

<b>Supplemental Information.</b> Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.									
Identifier	ReturnReference	Explanation							
240111111	Notal III Colored	Explanation							
	1	1							

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DLN: 93493102005080

**SCHEDULE 0** 

Department of the Treasury
Internal Revenue Service

(Form 990)

# **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.

2008

Open to Public Inspection

<b>Name of the organizatio</b> MARYVILLE COLLEGE	Employer identification number	
		62-0475691

ldentifier	Return Reference	Explanation
F990_P06_S0A_L10	Form 990, Part VI,	Maryville College's Finance Committee reviews the annual Form 990 before it is filed. Committee members are encouraged to ask questions of the entries on the form. The form is not signed or submitted to the IRS until the Board members have had a chance to review.

ldentifier	Return Reference	Explanation
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	Board members are required to complete a conflict of interest form each year. When a possible conflict is noted, the Administrative Assistant to the President informs the Treasurer and the Business Office. A possible Conflict of Interest Schedule is created. The schedule is referred to by the Business Office throughout the year. The College's purchasing policy prohibits transactions that may create a conflict of interest. All faculty and staff are reminded of the purchasing policy annually

ldentifier	Return Reference	Explanation
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	Maryville College's governing documents and conflict of interest policy are located on our wieb site. Financial statements are available to anyone upon request.

ldentifier	Return Reference	Explanation
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	Annual wage increases are approved by the Finance Committee and the Board of Directors after discussion and review of analysis of local, regional and national wage increases and other economic issues. These meetings are documented by minutes. Salary increases for the President follow this same process and additionally the Executive Committee finalizes his increase. No wage increases were awarded to employees or the President during fiscal year ending May 31, 2009.