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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 Inspection

A Fo	r the 2	2008 ca	lendar yea	r, or tax year beginning 06-	01-2008 and ending 05-31-200	9	D Fundamenida	atification number
		pplicable	Please	C Name of organization MCMURRY UNIVERSITY			D Employer ider	ntification number
☐ Add	iress ch	nange	use IRS label or	Doing Business As			75-0855633 E Telephone nu	
Mar	me cha	nge	print or type. See	Boiling Business 715				
Inıt	ial retu	rn	Specific Instruc-		x if mail is not delivered to street addre	ess) Room/suite	(325) 793-3 G Gross receipts	
Ter	mınatıo	on	tions.	MCMURRY STATION BOX 308			l cossiscapi	φ 31, 100,000
┌ Am	ended	return		City or town, state or country, ABILENE, TX 79697	and ZIP + 4	•	1	
☐ App	olication	pending		ADIENE, TA 73037				
				ne and address of Principal	Officer	H(a) Is the	s a group return	
				RUSSELL RRY STATION BOX 308		affilia	tes?	ΓYes Γ Nο
				NE,TX 79697		H(b) Are al	l affiliates include	d?
I Та	x-exem	npt status	✓ 501(c)	(3) ◀ (insert no)	a)(1) or			See instructions)
J W	eb sit	e: 🕨 WW	/W MCM ED	OU .		H(c) Grou	p Exemption Nur	nber 🗠
К Тур	e of org	janization	Corporat	ion trust association otl	ner 🏲	L Year of Fo	rmation 1923 M S	State of legal domicile TX
Pa	rt I	Sumi	marv					
	1		•	e organization's mission or	most significant activities			
9		to provi	de a christ	ıan lıberal arts and professı	onal education			
) E								
Governance	_	Charlet		.6.4.6		. f	F.0/ .f.tt-	
904			,		nued its operations or disposed o			32
	3		_		ody (Part VI, line 1a)			31
Activities &	_			nployees (Part V, line 2a)		b)		787
Ĕ	6			lunteers (estimate if neces				238
य स					Part VIII, line 12, column (C)		_	0
				ness taxable income from F			7b	0
					Pric	or Year	Current Year	
a.	8	Contri	butions and	d grants (Part VIII, line 1h)			9,068,529	1,754,438
anue	9	Progra	ım service	revenue (Part VIII, line 2g)		23,899,915	25,624,223
Raveni	10				ines 3, 4, and 7d)		3,458,081	1,843,931
_	11		-		5, 6d, 8c, 9c, 10c, and 11e) t equal Part VIII, column (A), lır			1,566,915
	12	12)	revenue—a	ad lines 8 through 11 (mus	t equal Part VIII, column (A), iir	ie	36,426,525	30,789,507
	13	Grants	and simila	r amounts paid (Part IX, co	olumn (A), lines 1-3)		6,515,773	7,341,876
	14	Benefi	ts paid to o	r for members (Part IX, col	umn (A), line 4)			0
92	15	Salarıe 10)	es, other co	ompensation, employee ben	efits (Part IX, column (A), lines	5 –	11,785,329	13,005,897
Expenses	16a	•	sional fund	raising fees (Part IX, colum	nn (A). line 11e)		11,100,011	0
÷	ь			penses, Part IX, column (D), line				
ш	17	·		Part IX, column (A), lines 1	· · · · · · · · · · · · · · · · · · ·		11,523,945	11,844,186
	18	Total	expenses—	add lines 13-17 (must equ	ial Part IX, line 25, column (A))		29,825,047	32,191,959
	19	Reven	ue less exp	enses Subtract line 18 fro	m line 12		6,601,478	-1,402,452
Net Assets or Fund Balances						Beginni	ing of Year	End of Year
set	20	Total	assets (Par	t X, line 16)			106,502,989	92,110,391
A As	21	Total I	ıabılıtıes (F	Part X, line 26)			17,097,676	17,417,545
₩ <u>₩</u>	22	Net as	sets or fun	d balances Subtract line 2	1 from line 20		89,405,313	74,692,846
Pai	rt II	Sign	ature Blo	ock				
					ined this return, including accompanying n of preparer (other than officer) is base			
Plea	se	****		,	, , , , , , , , , , , , , , , , , , , ,	1	-03-17	,
Sign	1	1 1	ature of office	er		Date		
Here	2			FINANCIAL AFFAIRS				
		Туре	e or print nam	e and title			_	
		Preparer		Willis		Check If self-	Preparer's PTIN (S	See Gen Inst)
Paid		signature	F Matt R	TTIMO		empolyed •		
•	arer's		ame (or yours	BOLINGER SEGARS GILBERT	AND MOSS LLP		EIN Þ	
Use (Jnly		and ZIP + 4	8215 NASHVILLE AVENUE				
				LUBBOCK, TX 79423			Phone no 🕨 (80	06) 747-3806
May	he IR	S discus	s this retu	rn with the preparer shown	above? (See instructions)			▼Yes 「No

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

1	Briefly describe the organization to provide a christian liberal arts		ation that prepares s	tudents for a fulfilling li	fe of leadership and service	
2	the prior Form 990 or 99	0-EZ?		ces during the yea	r which were not listed on	┌ Yes ┌ No
	If "Yes," describe these i	new services on Scl	nedule O			
3	Did the organization ceases services?			nanges in how it co	nducts any program	⊤Yes ▼ No
	If "Yes," describe these	changes on Schedu	le O			
4		l) organizations and	4947 (a)(1) trus	ts are required to	largest program services b report the amount of grants ed	
4a			approximately 1,400		7,341,876) (Revenue \$ diverse students educational serv o 1 and does not use teaching assi	
4b	(Code) (Expenses \$	inc	luding grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	inc	luding grants of \$) (Revenue \$)
4d	Other program services	(Describe in Scho	dule O)			
-ru	(Expenses \$		ding grants of \$) (Revenue \$)
4e	Total program service e	expenses \$	30,455,350	Must equal Part IX	, Line 25, column (B).	

Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	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		Νο
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? If "Yes," complete Schedule D, Part III	8		Νο
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		Νο
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		Νο
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		No
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? <i>If</i> "Yes," complete Schedule G, Part I	17		N o
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	Yes	
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		Νο
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		Νο
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		No
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		N o
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 VI . . .

Part IV Checklist of Required Schedules (Continued)

			res	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
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νο
С	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? <i>If "Yes," complete Schedule L, Part IV</i> .	28c		Νo
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? 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		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νo
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		Νo
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	Yes	
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		Νο
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	37		Νο

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			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	1,997		
Ь	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 vendors and reportable			
_	gaming (gambling) winnings to prize winners?	<u>1c</u>	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	787		
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 the return?			N o
h	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	. 3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authori			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Νο
b	If "Yes," enter the name of the foreign country			
	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		Νο
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibi			
6a	Tax Shelter Trans action?	. 6a		N o
	If "Yes," did the organization include with every solicitation an express statement that such contributions or			- 110
_	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	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	. 7ь	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was requifile Form 8282?	red to 7c		N o
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 persona benefit contract?	, 7е		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	. 7f		
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	. 7h		
8	required?	. /"		
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, excess business holdings at any time during the	have 8		No
_	year ²		<u> </u>	<u> </u>
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
_	Did the organization make any taxable distributions under section 4966?	9a		No
b 10	, , , , ,	9Ь		No
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a			
	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.	Governina	Body and	Management

						Yes	NO	
	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	ribe the d	urcums tance:	5,			
1a	Enter the number of voting members of the governing body	1a			32			
Ь	Enter the number of voting members that are independent	1b			31			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?	2		No				
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co				. 3		No	
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?							
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?							
Ь	Are any decisions of the governing body subject to approval by members, stockhold	. 7b		No				
8	Did the organization contemporaneously document the meetings held or written active year by the following	ons u	ndertake	n during the				
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 a affiliates, and branches to ensure their operations are consistent with those of the o			. ,	9Ь			
10	Was a copy of the Form 990 provided to the organization's governing body before it was tescribe in Schedule O the process, if any, the organization uses to review the		Yes					
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section At the organization's mailing address? If "Yes," provide the names and addresses in Sc	,					No	

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		Νo
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		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. 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

LISA LOVE WILLIAMS 1400 sayles blvd ABILENE,TX 79605 (325) 793-3821

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		Posit	(C) chec	:k al				(E)	(F)	
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	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	
							-				

Part VII Continued

			tion that a			all			(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
			+							
			-							
			-				\vdash			
1b Total			'	 			╞	822,689	9 (65,849

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 I 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			
jeff luther construction company 542 plum abilene, TX 79601	construction serviceS	1,621,412			
Weatherl & associates 104 pine st ste 612 abilene, TX 79601	architectURAL services	185,389			
Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation					

Statement of Revenue

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated campaigns 1a			Revenue		312, 313, 01 314
数数	ь	Membership dues					
팔		1b					
Contributions, gifts, grants and other similar amounts	С	Fundraising events 1c	26,416				
差岩	d	Related organizations					
S.E	e	Government grants (contributions) 1e	335,803				
<u>≅</u> .≅	f	All other contributions, gifts, grants, and	1,392,219				<u> </u>
돌	•	similar amounts not included above					
필드	g	Noncash contributions included in					
25		lines 1a-1f \$278,512					
Ų ···	h	Total (Add lines 1a-1f)		1,754,438			
			Business Code				
Ele	2a	tuition & fees	611,600	22,957,337	22,957,337		
Ye.	ь	dınıng hall	721,310	1,656,922	1,656,922		
뚔	c	other revenue	611,600	544,686	544,686		
MCA	d	athletics events	711,210	377,664	377,664		
3	e	bookstore	· ·	· ·	· ·		+
Ē			451,211	87,614	87,614		
Program Serwoe Revenue	f	All other program service revenue					
_≚ 	g	Total. Add lines 2a-2f					
	3	Investment income (including divi	dends, interest				
		other similar amounts)		1,880,588			1,880,588
	4	Income from investment of tax-exempt be	ond proceeds				
	_	B	▶	610,359			610,359
	5	Royalties	(u) B	010,333			010,337
	6a	(1) Real Gross Rents 961,884	(11) Personal				
	b	Less rental					
		expenses					
	С	Rental income 961,884 or (loss)					
	d	Net rental income or (loss)		961,884	961,884		
		(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	567,520				
		assets other					
	ь	than inventory Less cost or	604,177				
		other basis and sales expenses	·				
	С	Gain or (loss)	-36,657				
	d	Net gain or (loss)	_	-36,657			-36,657
	-		. ▶				
	8a	Gross income from fundraising events (not including					
Φ		\$9,854					
Other Revenue		of contributions reported on line 1c) See Part IV, line 18					
Š		Attach Schedule G if total exceeds					
Ċ.		\$15,000 a	26,416				
<u>=</u>	b	Less direct expensesb	15,182				
ŏ	С	Net income or (loss) from fundrais	ing events	-5,328			-5,328
	9a	Gross income from gaming	-				
		activities See part IV, line 19					
		Complete Schedule G ıf total exceeds \$15,000					
		a					
	ь	Less direct expensesb					
	c	Net income or (loss) from gaming a					
	10a	Gross sales of inventory, less	•				
	200	returns and allowances .					
		а					
	ь	Less cost of goods sold b					
	С	Net income or (loss) from sales of	inventory►				
		Miscellaneous Revenue	Business Code				
	11a						
	ь						
	С						
	d	All other revenue					
	e e	Total. Add lines 11a-11d	\$				
	12	Total Revenue. Add lines 1h, 2g, 3		30,789,507	26,586,107	0	2,448,962
		8c, 9c, 10c, and 11e					

Part IX Statement of Functional Expenses

	Il other organizations must complete column (A) but are not renot include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and 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	7,341,876	7,341,876		
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				
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	9,985,050	9,985,050		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	841,262	841,262		
9	Other employee benefits	1,453,597	1,453,597		
LO	Payroll taxes	725,988	725,988		
.1	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other				
2	Advertising and promotion				
3	Office expenses				
4	Information technology				
5	Royalties				
6	Occupancy				
7	Travel				
8	Payments of travel or entertainment expenses for any Federal, state or local public officials				
9	Conferences, conventions and meetings				
D	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization				
3	Insurance				
4	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	auxillary enterprises	4,503,206	4,503,206		
b	Instruction	3,254,193	3,254,193		
c	institutional support	1,736,609		1,489,141	247,46
d	student services	1,116,667	1,116,667		
e	academic support	952,083	952,083		
f	A II other expenses	281,428	281,428		
25	Total functional expenses. Add lines 1 through 24f	32,191,959	30,455,350	1,489,141	247,468
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	Balance	Shoot
	Balance	Sneer

					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	8,700		7,100		
	2	Savings and temporary cash investments			6,336,447	2	6,119,340
	3	Pledges and grants receivable, net			4,750,782	3	3,491,623
	4	Accounts receivable, net			2,688,413	4	2,587,681
	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 s persons described in section 4958(c)(3)(B) Complete Part II of	ection	4958(f)(1)) and		6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			16,322	8	16,693
20	9	Prepaid expenses and deferred charges			280,710	9	288,786
Assets	10a	Land, buildings, and equipment cost basis	_{10a}	53,133,574			
~4	b	Less accumulated depreciation Complete Part VI of	100				
		Schedule D	10Ь	32,174,990	19,375,606	10c	20,958,584
	11	Investments—publicly traded securities			7,559,878	11	6,815,712
	12	Investments—other securities See Part IV, line 11 $Complete Position Position Part IV$, line 11 $Complete Position Position Position Position Part IV$, line 11 $Complete Position Pos$	art VII	of	40,843,141	12	30,997,339
	13	Investments—program-related See Part IV, line 11 $\it Complete F of Schedule D$.	I		13		
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D	24,642,990	15	20,827,533		
	16	Total assets. Add lines 1 through 15 (must equal line 34)			106,502,989	16	92,110,391
	17	Accounts payable and accrued expenses .	2,028,331	17	2,556,005		
	18	Grants payable				18	
	19	Deferred revenue			512,021	19	593,247
	20	Tax-exempt bond liabilities				20	
<u>ě</u>	21	Escrow account liability $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$				21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
ä		persons Complete Part II of Schedule L		22			
	23	Secured mortgages and notes payable to unrelated third parties	7,686,573	23	7,179,953		
	24	Unsecured notes and loans payable				24	
	25	Other liabilities	6,870,751	25	7,088,340		
	26	Total liabilities. Add lines 17 through 25			17,097,676	26	17,417,545
s es		Organizations that follow SFAS 117, check here ► $\sqrt{}$ and comp through 29, and lines 33 and 34.	lete li	nes 27			
Balance	27	Unrestricted net assets			33,406,118	27	22,823,725
Bal	28	Temporarily restricted net assets			2,007,761	28	581,862
<u> </u>	29	Permanently restricted net assets		53,991,434	29	51,287,259	
r Fund		Organizations that do not follow SFAS 117, check here ► and lines 30 through 34.	plete				
s or	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
AS	32	Retained earnings, endowment, accumulated income, or other fu	ınds			32	
Net	33	Total net assets or fund balances			89,405,313	33	74,692,846
2	34	Total liabilities and net assets/fund balances			106,502,989	34	92,110,391
Pa	rt XI	Financial Statements and Reporting					

Dart YT	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		Νο
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	
ь	If "Yes," did the organization undergo the required audit or audits?	3b	Yes	

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DLN: 93493103007590

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

	ame of the organization CMURRY UNIVERSITY Employer identification number											
чСмс	KKT UI	MINEKOILI						75	-085563:	3		
Pa	Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)											
	e organization is not a private foundation because it is (Please check only one organization)											
1	Ē			iurches, or association of ch					(A)(i).			
2	굣	A school de	escribed in Sect	i on 170(b)(1)(A)(ii). (Attad	ch Schedu	ıle E)						
3				e hospital service organizati			tion 170(l	o)(1)(A)(i	ii). (Attac	h Schedul	le H)	
4		A medical research organization operated in conjunction with a hospital described in Section 170(b)(1)(A)(iii). Enter the										
	·	hospital's r	name, city, and	state		·						
5	Г	·		or the benefit of a college or	universit	y owned o	r operated	by a gove	rnmental	unıt desc	rıbed ın	
		Section 170	D(b)(1)(A)(iv).	(Complete Part II)			•					
6	\sqcap	A federal, s	tate, or local go	overnment or governmental	unıt descr	ıbed ın Se	ction 170	(b)(1)(A)	(v).			
7	\sqcap	An organiza	ation that norma	ally receives a substantial p	art of its s	support fro	m a gove	rnmental u	ınıt or fron	n the gene	ral public	c
		described i	n Section 170(b	o)(1)(A)(vi) (Complete Par	tII)							
8	\sqcap	A communi	ity trust describ	ed in Section 170(b)(1)(A)	(vi) (Com	plete Pari	tII)					
9	Γ	An organiza	ation that norma	ally receives (1) more than	331/3% 0	fits supp	ort from co	ontribution	ıs, membe	rship fees	, and gro	SS
		receipts fro	om activities rel	ated to its exempt functions	s—subject	to certair	exceptio	ns, and (2) no more	than 331/	'3% of	
		ıts support	from gross inve	estment income and unrelate	ed busines	s taxable	ıncome (l	ess sectio	on 511 tax	() from bu	sınesses	
		acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	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). (Se	ee instruc	tions)	
11	Γ			and operated exclusively fo								
				orted organizations describe type of supporting organiza						Section 5	09(a)(3)	.Check
		a T				- Function		_	'' d	Гтуре	III - Ot	her
e	\sqcap	By checkin	g this box, I ce	rtify that the organization is					one or mor	e disquali	ified pers	ons
				agers and other than one or	more publ	ıcly suppo	orted orga	nızatıons (described	ın sectior	1 509(a)(1) or
_		section 50		d a westen datares sation from	+b a TDC	. +6-+ .+	5 Tuna I	Tuna II a	. Tuna III			
f		check this		d a written determination fro	im the IRS	that it is	a Type I,	Type II o	r Type III	Supportin	ig organia	
g				as the organization accepted	d any gift	or contribi	ution from	any of the	<u>:</u>			,
		following pe										
			· ·	r indirectly controls, either a		-	th persons	describe	d in (ii)		Yes	No
		• •	, -	ng body of the the supported	-	tion				11g		
			•	erson described in (i) above		h = = 3				11g(
h				ty of a person described in (nation about the organizatio			cupporto			11g(1117	<u> </u>
		Provide the	: lollowing illion	nation about the organization	iis the org	janization	Supports					
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did y	ou notify	(vi) I	s the	(vii) An	nount of
		orted	(,	(described on lines 1-9		ation in		nızatıon		ation in	supp	
	Organ	ıızatıon		above or IRC section		listed in) of your		rganized		
				(See Instructions))		verning ment?	supp	orty	In the	US?		
					Yes	No	Yes	No	Yes	No	1	
					163	110	163	110	163	140		
											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) 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						
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) 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: 75-0855633

Name: MCMURRY UNIVERSITY

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) 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
HOLLAND EVANS , BOARD chair	8 00	Х		Χ				0	0	0
JAMES KIRBY , first vice chair	1 00	Х		Х				0	0	0
C GIRVIN HARKINS , second vice chair	2 00	Х		Х				0	0	0
CLARK WALTER , third vice chair	2 00	Х		Х				0	0	0
RALPH TURNER , fourth vice chair	9 00	Х		Х				0	0	0
PHIL BREWER , treasurer	10 00	Х		Х				0	0	0
TOMMYE ANN LEITNER , secretary	1 00	X		Х				0	0	0
JOHN RUSSELL , UNIVERSITY PRESIDENT	60 00	Х		х				209,561	0	11,067
donald boren , trustee	3 00	Х						0	0	0
LANE BOYD , trustee	1 20	Х						0	0	0
DON CAIN , trustee	1 00	Х						0	0	0
BOBBY LEE CARTER , trustee	3 00	Х						0	0	0
RICHARD COUNTISS , Trustee	8 00	Х						0	0	0
CHUCK COWELL, Trustee	1 00	Х						0	0	0
WELDON CROWLEY, Trustee	3 00	Х						0	0	0
DONNA DOUGHERTY , Trustee	2 00	Х						0	0	0
DALE EVERS , Trustee	1 00	Х						0	0	0
CHUCK FALLON , Trustee	30	Х						0	0	0
JOE BILL FOX , Trustee	7 50	Х						0	0	0
JOLYNN GALVIN , Trustee	1 00	Х						0	0	0
JIM HAWK, Trustee	1 00	Х						0	0	0
PATTI HOLLOWAY , Trustee	1 00	Х						0	0	0
CARL HUBBARD , Trustee	2 50	Х						0	0	0
JERE LAWRENCE , Trustee	1 00	Х						0	0	0
MARK MILLER , Trustee	10 00	Х						0	0	
BILL MOORE , TRustee	6 00							0	0	
HERSCHEL NEAL , Trustee	1 00	Х						0	0	
AUSTIN PITTMAN , Trustee	10 00							0	0	
LUTHER REYNOLDS , Trustee	6 0 0							0	0	
DON MAX WHITFIELD , Trustee	30	Х						0	0	0

Form 990, Part VII - Section Aaa

	-								
(A) Name and Title	(B) Average hours per week		tion a Institutional Trustee	chec pply	Highest compensated	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
ANTHONY WILLIAMS, Trustee	1 00	Х					0	0	0
OLIVER WOFFORD , Trustee	1 00	Х					0	0	0
lısa williams , V P FINANCIAL AFFAIRS	40 00			х			89,147	0	5,570
steve crisman , v p institutional advan	40 00			Х			95,796	0	7,460
ron holmes , athletic director	40 00			Х			57,832	0	11,181
beverly lenoir , v p academic affairs	40 00			Х			110,701	0	6,309
brad poorman , v p Information service	40 00	, in the second second		Х			92,519	0	4,618
vanessa roberts , dean of students	40 00	, in the second second		Х			60,613	0	6,546
dave voskuil , v p student enrollment	40 00			Х			106,520	0	13,098

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a tuition & fees	611,600	22,957,337	22,957,337		
b dining hall	721,310	1,656,922	1,656,922		
c other revenue	611,600	544,686	544,686		
d athletics events	711,210	377,664	377,664		
e bookstore	451,211	87,614	87,614		

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As Filed Data -

DLN: 93493103007590

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

SCHEDULE D (Form 990)

> ▶ 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 MURRY UNIVERSITY		Employer identification number
-10	TIONNI ONIVENDITI		75-0855633
Pa	organizations Maintaining Donor Acorganization answered "Yes" to Form 99		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate Contributions to (during year)		
3	Aggregate Grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advifunds are the organization's property, subject to the	_	oradvised Yes No
5	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben		may be
Da	rt II Conservation Easements. Complete	if the organization answered "Ves" to	<u> </u>
1	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 quali	rganization (check all that apply) on or pleasure) Preservation of an Preservation of ce	historically importantly land area rtified historic structure
_	on the last day of the tax year	ned conservation contribution in the form	Held at the End of the Year
а	Total number of conservation easements		2a
b		-	2b
c	Total acreage restricted by conservation easement		
d	Number of conservation easements on a certified hi	• •	2c
	Number of conservation easements included in (c) a	•	2d
3	Number of conservation easements modified, transfe	rred, released, extinguished, or terminate	d by the organization during
	the taxable year 🟲		
4	Number of states where property subject to conserve	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		
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing easements during the ye	ear ► \$
8	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
9	In Part XIV, describe how the organization reports co balance sheet, and include, if applicable, the text of t the organization's accounting for conservation easen	he footnote to the organization's financial	
ar	Complete if the organization answered '		or Other Similar Assets.
1a	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	oublic 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	· · · · · · · · · · · · · · · · · · ·	or financial gain, provide the
а	Revenues included in Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990 Part Y		b- ⊄

	sing the organization's accession and other ems (check all that apply) Public exhibition	records, check any	of the	e foll	owing that ar	e a sıgnıfıcant u	ise of its co	ollection	า	
а Г ь Г	Public exhibition									
ь Г —			d	Γ	Loan or exc	hange programs				
_	Scholarly research		e	Γ	Other					
с 🗆	Preservation for future generations									
	ovide a description of the organization's co art XIV	llections and explair	n how	they	further the	organization's ex	kempt purp	ose in		
	uring the year, did the organization solicit o sets to be sold to raise funds rather than t						nılar	Г	Yes	Г No
Part I	V Trust, Escrow and Custodial A Part IV, line 9, or reported an am					anızatıon answ	ered "Yes	s" to Fo	orm 9	90,
	the organization an agent, trustee, custod cluded on Form 990, Part X?	an or other intermed	diary 1	for c	ontributions	or other assets	not	Γ	Yes	┌ No
b If	"Yes," explain why in Part XIV and comple	te the following table)				T			
								A mou	ınt	
	eginning balance					1c				
	dditions during the year					1d				
_	istributions during the year					1e				
	nding balance					1f				
	d the organization include an amount on Fo	rm 990, Part X, line	21?					Г	Yes	☐ No
	"Yes," explain the arrangement in Part XIV									
Part \	Endowment Funds. Complete i								Nous V	aara Daali
1a Be	eginning of year balance	(a)Current Year 40,569,009	(D)	Prior	rear (c)	wo Years Back (d)	inree Years	васк (е)Four Y	ears back
	ontributions	540,858								
	ivestment earnings or losses	-9,899,993								
	rants or scholarships	0								
	ther expenditures for facilities	3,996								
	nd programs	, 								
f A	dmınıstratıve expenses									
g Er	nd of year balance	31,205,878								
2 Pr	ovide the estimated percentage of the year	end balance held as	5							
a Bo	oard designated or quasi-endowment 🕨	1 580 %								
b Pe	ermanent endowment 🕨 98 420 %									
c Te	erm endowment 🕨 0 %									
	e there endowment funds not in the posses	sion of the organizat	tion t	hat a	re held and a	administered for	the			
	ganızatıon by								Yes	No
(i)	unrelated organizations			•				3a(i)	Yes	<u> </u>
•	i) related organizations							3a(ii)	Yes	<u> </u>
	"Yes" to 3a(II), are the related organization escribe in Part XIV the intended uses of the	•						3b		<u> </u>
Part V						art V lina 10				
Pait V	Investments—Land, Buildings	, and Equipmen	11. 36		•	•				
	Description of investment				Cost or other (investment)	(b)Cost or other basis (other)	(c) Depred	iation	(d) Bo	ok value
1a Lan	d					2,427,435	.			2,427,435
b Buil	ldıngs		.			33,248,067	18,0	08,163	1	5,239,904
c Lea	sehold improvements		.							
d Equ	iipment		.			17,006,063	14,1	66,827		2,839,236
	ier				_	452,009			· <u> </u>	452,009
e Oth		<u> </u>				132,003				

Part VIII Investments—Other Securities. Se	<u>e Form 990, Part X, line 12</u>	
(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		Cost of the of year market value
Closely-held equity interests		
Other common fund	22,748,706	
Other common fund realty investors	1,207,787	
Other texas methodist foundation	1,258,021	
Other real estate	202,391	
Other mineral interests	2,211,403	
Other by mowry inc	2,863,913	
Other other	505,118	
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	30,997,339	
Part VIII Investments—Program Related. S	ee Form 990, Part X, line 1	13.
(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,		
(a) Desc		(b) Book value
perpetual & charitable remainder trusts		20,827,533
Total. (Column (b) should equal Form 990, Part X, col.(B) line	e 15.)	
Part X Other Liabilities. See Form 990, Part		
(a) Description of Liability	(b) A mount	
Federal Income Taxes		
annuity obligations	15,227	
due to federal government	1,616,225	
post retirement benefit obligation	5,435,892	
capital leases	20,996	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)		
TOTAL (COMMIN (D) SHOULD EQUAL FORM 330, PAIL A, COL(D) HINE 25)	▶	

Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	30,789,507
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	32,191,959
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-1,402,452
4	Net unrealized gains (losses) on investments	4	-9,855,640
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-3,454,375
9	Total adjustments (net) Add lines 4 - 8	9	-13,310,015
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-14,712,467
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		
1	Total revenue, gains, and other support per audited financial	- Retu	10,152,798
	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 2b		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	-13,294,833
3	Subtract line 2e from line 1	3	23,447,631
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)		
c	Add lines 4a and 4b	4c	7,341,876
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	30,789,507
	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Re	
1	Total expenses and losses per audited financial statements	1	24,865,265
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	15,182
3	Subtract line 2e from line 1	3	24,850,083
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		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	7,341,876
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	32,191,959

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 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	the endowed funds are used to support the educational programs provided by the school, and to provide scholarships to current and future students of the school
Part XI, Line 8 - Other Adjustments		change in value of split interest agreements -3454375
Part XII, Line 2d - Other Adjustments	l e e e e e e e e e e e e e e e e e e e	change in value of split interest agreements -3454375 FUNDRAISING EXPENSES REPORTED ON PART VIII LINE 8B 15182
Part XII, Line 4b - Other Adjustments		scholarship expense netted against tuition revenue 7341876
Part XIII, Line 2d - Other Adjustments		FUNDRAISING EXPENSES REPORTED ON PART VIII LINE 8B 15182
Part XIII, Line 4b - Other Adjustments		scholarship expense netted against tuition revenue 7341876

Employer identification number

OMB No. 1545 004

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

2008

Open to Public

MCMURRY UNIVERSITY 75-0855633 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? 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 Yes prospective student publication states, "mcmurry university welcomes the application for admission of all qualified students regardless of sex, race, color, national origin, religion, handicap or age 4 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 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes 4d d Copies of all material used by the organization or on its behalf to solicit contributions? 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? 5e Νo f Use of facilities? 5f Νo g Athletic programs? 5g Νo 5h h Other extracurricular activities? 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 **h** 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 CB 587, covering racial nondiscrimination? If "No," attach an explanation

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DLN: 93493103007590

2008

OMB No 1545-0047

Department of the Treasury

(Form 990 or 990-EZ)

SCHEDULE G

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Supplemental Information Regarding

Fundraising or Gaming Activities

Open to Public

lemai Nevenue Service						Inspection
ame of the organization					Employer iden	tification number
CMURRY UNIVERSITY					75-0855633	
Part I Fundraising Act	vivities Complet	o if the oi	raanizat	ion answored "Ves" i		lino 17
	·				·	, iiile 17.
Indicate whether the organ	iization raised funds	through ar	ny of the			
a Mail solicitations b Email solicitations				· <u> </u>	non-government grants government grants	
c Phone solicitations				g Special fundrais		
d In-person solicitations				g i Special idildials	sing events	
a Did the organization have a or key employees listed in			•	, ,		Г _{Yes} Г
b If "Yes," list the ten highes to be compensated at leas						
		(iii)				
(i) Name of individual		fundrais		(iv) Gross receipts	(v) A mount paid to (or retained by)	(vi) A mount paid to
or entity (fundraiser)	(ii) Activity	custody or control of		from activity	fundraiser listed in	(or retained by)
		contribu	ıtıons?		col (i)	organization
		Yes	No			
	1			 	 	
otal						

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or 3 licensing

			(a) Event #1	(b) Event #2	(c) O ther Events	(d) To (A dd col	(a) th	
			golf tournaments (event type)	(event type)	(total number)	co	l (c))	
₽	1	Gross receipts	36,270				3 (6,270
Revenue	2	Less Charitable	26,416				2	6,416
	3	Gross revenue (line 1 minus line 2)	9,854				ı	9,854
	4	Cash Prizes						
90	5	Non-cash Prizes						
Expenses	6	Rent/Facility costs	6,278				1	6,278
ã	7	Other direct expenses	8,904					8,904
Direct	8	Direct expense summary Add line	es 4 through 7 in column	(d)			1	5,182
	9	Net income summary Combine lin	-	• •			-,	5,328
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lin		"Yes" to Form 990, Pa	art IV, line 19, or repo	orted mor		
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total col (a) th		
<u> </u>	1	Gross revenue						
ses	2	Cash prizes						
cbeni	3	Non-cash prizes						
Direct Expenses	4	Rent/facility costs						
	5	Other direct expenses						
	6	Volunteer labor	┌ Yes		┌ Yes			
	7	Direct expense summary Add lines	2 through 5 in column (d)				
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)	🛌		_	
9	E n t	er the state(s) in which the organiza	tion operator gaming act	tuutiaa			Yes	No
a		the organization licensed to operate				. 9a		
b	If"	No," Explain						
10a	— We r	re any of the organization's gaming li	censes revoked, suspen	ded or terminated during	g the tax year?	10a		
b	If "`	Yes," Explain						
4.4								
11 12		es the organization operate gaming a the organization a grantor, beneficiar				11		
		ned to administer charitable gaming				. 12		

			
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name •		
	Address •		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
Ь	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address		
	Name •		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲		

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DLN: 93493103007590

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

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

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

Open to Public Inspect ion

Name of the organization						Employer identif	ication number
MCMURRY UNIVERSITY						75-0855633	
Part I General Inform	mation on Grai	nts and Assistance				•	
	d to award the grar	nts or assistance?			ıbılıty for the grants or ass		▼ Yes □
Form 990, Part : Part IV and Sch	IV, line 21 for ar edule I-1 if addit	ny recipient that rece tional space is	erved more than \$5,0	00. Check this box	tes. Complete if the order if no one recipient rece	ived more than \$5,0	
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 seconganizations3 Enter total number of oth					•		

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, P	art 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
scholarships to students who attend the university	1385	7,341,876		n/a	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
Procedure for Monitoring Grants in the U S		Schedule I, Part I, Line 2 scholarships are provided to students based on the requirements of the scholarship each scholarship recipient will be monitored by the university to confirm that they have satisfied all scholarship requirements
<u> </u>		
1		
<u> </u>		

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DLN: 93493103007590

OMB No 1545-0047

Schedule J (Form 990)

Compensation Information

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

2008

Department of the Treasury Internal Revenue Service 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 MCMURRY UNIVERSITY

Employer identification number

75-0855633

Pa	rt I Questions Regarding Compensatio	n				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III					
	First class or charter travel	굣	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	<u> - - - - - </u>	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
Ь	If line 1a is checked, did the organization follow a w provision of all the expenses described above? If "N			1b		No
2	Did the organization require substantiation prior to i officers, directors, trustees, and the CEO/Executive			2	Yes	
3	Indicate which, if any, of the following the organizatiorganization's CEO/Executive Director Check all the		ly			
	Compensation committee	<u> </u>	Written employment contract			
	Independent compensation consultant	V	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 VI	I, Section A, line 1a			
а	Receive a severance payment or change of control p	oaymen [.]	t?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ntal nor	nqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-b	ased co	ompensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide th	he applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	mplete	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
ь	Any related organization?			5b		Νο
	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," o		,	7		No
8	Were any amounts reported in Form 990, Part VII, I subject to the initial contract exception described in Part III					

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
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
JOHN RUSSELL (I)			44,500	9,310	1,757	220,628	
(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 1b	it is very common for universtity's to provide the university president a house or housing allowance this is considered part of the president's compensation

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DLN: 93493103007590

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury

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

Non-Cash Contributions

Internal Revenue Service Name of the organization MCMURRY UNIVERSITY

Employer identification number

75-0855633

Pa	Types of Property							
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d Method of do reven	- etermı	nıng	
1	Art-Works of art	, ,						
3	Art—Fractional interests .							
4	Books and publications .							,
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	X	1	273,512				
10	Securities—Closely held stock							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous .							
13	Qualified conservation contribution (historic structures)							
14	Qualified conservation contribution (other)							
15	Real estate—Residential .							
16	Real estate—Commercial .							
17	Real estate—Other							
18	Collectibles							
	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (describe signage) X	1	5,000	fmv of materials			
	Other (describe)							
27	Other (describe)							
28	Other (describe)							
29	Number of Forms 8283 receive which the organization comple Acknowledgement			ar for contributions for	29			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-				Yes	No
30a	During the year, did the organi hold for at							1
	least three years from the date	e of the initial	contribution, and which is	not required to be used for	exempt purposes			
	for the entire holding period?					30a		No
Ь	If "Yes", describe the arrange							
31	Does the organization have a	•		·		31	Yes	
	Does the organization hire or u	use third part	ies or related organizations	to solicit, process, or sell i	ion-cash	32a		No
b	If "Yes", describe in Part II							
33	If the organization did not repo	ort revenues i	n Column (c) for a type of p	property for which Column (a	ı) ıs			
	checked, describe in Part II					<u> </u>		
F D	Panerwork Peduction Act Notice s	aa tha Tuatuus	tions for Form 000	Cat No. 512271	Schedule	M /F	000	1 2000

Supplemental Information. 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					

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

Name of the organization

Employer identification number MCMURRY UNIVERSITY 75-0855633

responses to specific questions for the Form 990 or to provide any additional information.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		management will present a copy of the form 990 to the board for discussion, review and approval prior to filing

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		THE CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY DURING THE OCTOBER BOARD MEETING ALL TRUSTEES ARE REQUIRED TO BE FAMILIAR WITH THE POLICY AND DISCLOSE ANY POSSIBLE CONFLICT OF INTEREST TO THE ENTIRE BOARD AT THE EARLIEST PRACTICAL TIME THE TRUSTEE SHALL ABSENT THEMSELVES FROM DISCUSSIONS OF AND ABSTAIN FROM VOTING ON MATTERS IN WHICH THEY MAY HAVE A POSSIBLE CONFLICT OF INTEREST

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		the board of trustees used comparative pay data when setting the compensation of the officers of the university when hired after the officers are hired increases to their pay are determined based on the university's budget and the percentage increase paid other university employees the university does not have any employees meeting the irs definition of key employees

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		the university will make available to any student, faculty member, alumni or other interested person a copy of the university's governing documents, conflict of interest policy and financial statements, these documents are available for viewing at the university's campus in abilene, tx

ldentifier Return Reference		Explanation					
form 990, page 11, part 11, line 2c	committee in charge of audit	mcmurry university uses a committee of trustees assigned by the board to oversee the financial statement audit and for the selection of the independent auditor this process has not changed from prior years					

ldentifier	Return Reference	Explanation
form 990, schedule b	charitable contributions	total contributions on schedule b exceed contribution income reported on form 990, part viii, line 1h schedule b reports all contributions of \$5,000 or more received during the year contribution income reported on line 1h also includes all contribution income for the year, but it also includes write offs of contribution pledges from prior years that were deemed uncollectable at the end of the year, the write offs reduce contribution income reported on form 990, part viii, line h to an amount that is less than total contributions reported on schedule b

DLN: 93493103007590

2008

OMB No 1545-0047

Open to Public Inspection

Employer identification number

SCHEDULE R (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ► See separate instructions.

Related Organizations and Unrelated Partnerships

MCMURRY UNIVERSITY 75-0855633 Part I Identification of Disregarded Entities (D) (B) (C) Name, address, and EIN of disregarded entity Legal domicile (state Total income End-of-year assets Direct controlling Primary activity or foreign country) entity Part II Identification of Related Tax-Exempt Organizations (B) Name, address, and EIN of related organization Legal domicile (state Exempt Code section Public charity status Direct controlling Primary activity or foreign country) (if section 501(c)(3)) entity

Part III Identification of	1	,			_	1	1	T ==		1	-		
(A) Name, address, and EIN of related organization	(B) Primary ad	ctivity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of- year assets	(H) Disproprtionate allocations?		te (I) Code V—UBI amount on Box 20 of K-1		(J) General o managing partner?	
								Yes	No		Yes	No	
Part IV Identification of	Related Ord	anizations	Taxable a	s a Corporatio	n or Trust								
(A) Name, address, and EIN of related organization		Primary activity Legal d (star fore		(C) egal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total incom	e	Sha end-c	G) ire of Pe of-year ow sets	(H) rcentage rnership		
betty jo mowry inc mcmurry station box 308 abilene, TX79697 75-1997720		Oil & gas mining and extraction	TX		N/A	С	136,34		40 84,87		3 100 000 %		

Part V	Transactions with Related Organizations
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Pel	τν	Transactions with Related Organizations						
	Note.	Complete line 1 if any entity is listed in Parts II, III or IV			Yes	No		
1 Du	rıng th	e tax year, did the orgranization engage in any of the following transaction	ns with one or more related organizations listed in Parts II-	·IV?				
а	Recei	pt of (i) ınterest (ii) annuıtıes (iii) royaltıes (iv) rent from a controlled entı	ıty	Ī	1a	No		
b	Gıft, g	rant, or capital contribution to other organization(s)		1	1b	No		
c	Gıft, g	rant, or capital contribution from other organization(s)		1	1c	No		
d	Loans	or loan guarantees to or for other organization(s)		1	1d	No		
e	Loans	or loan guarantees by other organization(s)		[1	1e	No		
f	Sale o	fassets to other organization(s)		1	1f	No		
g	Purch	ase of assets from other organization(s)		ا	1g	No		
h	Excha	inge of assets		1	1h	No		
i 1	Lease	of facilities, equipment, or other assets to other organization(s)		<u>[</u>	1i	No		
j	Lease	of facilities, equipment, or other assets from other organization(s)		<u> </u>	1j	No		
k	Perfor	mance of services or membership or fundraising solicitations for other org	ganization(s)	_1	1k	No		
1 1	Perforr	mance of services or membership or fundraising solicitations by other orga	anızatıon(s)	<u>[</u> :	11	No		
m	n Sharing of facilities, equipment, mailing lists, or other assets							
n	Sharır	ng of paɪd employees		_1	1n	No		
o	Reımb	oursement paid to other organization for expenses		1	10	No		
р	Reımb	oursement paid by other organization for expenses		_1	1p	No		
q	Other	transfer of cash or property to other organization(s)		_1	1q	No		
r	O ther	transfer of cash or property from other organization(s)		Ŀ	1r	No		
2	Ifthe	answer to any of the above is "Yes," see the instructions for information or	n who must complete this line, including covered relations	hips and transaction thresholds				
		(A)	(B) Transaction	(C)				
		Name of other organization(s)	type(a-r)	Amount Involved				
(1)								
(2)								
<u> </u>								
(3)								
(4)								
(+)								
(5)								
(6)								

Part VI Unrelated Organizations Taxable as a Partnership

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

	T	ı	(5)		· -			1	1	
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?	
			Yes	No		Yes	No		Yes	No
	1	1				ı		1		