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# 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

OMB No 1545-0047

2009

Open to Public Inspection

Address change Name change Initial return Terminated Application pending  F Name and address of principal officer dan lunsford PO BOX 370  MARS HILL, NC 28754  F Name and address of principal officer dan lunsford PO BOX 370  MARS HILL, NC 28754  F Name and address of principal officer dan lunsford PO BOX 370  MARS HILL, NC 28754  F Name and address of principal officer dan lunsford PO BOX 370  MARS HILL, NC 28754  F Name and address of principal officer dan lunsford PO BOX 370  MARS HILL, NC 28754  F Name and address of principal officer dan lunsford PO BOX 370  MARS HILL, NC 28754  F Name and address of principal officer dan lunsford PO BOX 370  MARS HILL, NC 28754  F Name and address of principal officer dan lunsford PO BOX 370  MARS HILL, NC 28754  F Name and address of principal officer dan lunsford PO BOX 370  MARS HILL, NC 28754  F Name and address of principal officer dan lunsford PO BOX 370  MARS HILL, NC 28754  F Name and address of principal officer dan lunsford PO BOX 370  MARS HILL OLLEGE  F Name and street (or P O box if mail is not delivered to street address PO BOX 370  Number of BOX 370  Number of south marks HILL, NC 28754  F Name and address of principal officer dan lunsford PO BOX 370  MARS HILL OLLEGE  Doing Business As  Number and street (or P O box if mail is not delivered to street address PO BOX 370  Number of south marks HILL, NC 28754  F Name and address of principal officer dan lunsford PO BOX 370  NARS HILL COLLEGE  Number of south marks HILL, NC 28754  F Name and street (or P O box if mail is not delivered to street address PO BOX 370  Name to supplie to the country, and ZIP + 4  MARS HILL COLLEGE  F Name and street (or P O box if mail is not delivered to street address PO BOX 370  Name to supplie to the country, and ZIP + 4  MARS HILL COLLEGE  F Name and street (or P O box if mail is not delivered to street address PO BOX 370  Name to supplie to suppl	H(a) Is the affiliant of more than	ormation 1892 M  LEADING TO FIVE  25% of its net as	for Yes No ed? Yes No (see instructions) mber ►  State of legal domicile NC  VE DEGREES  ssets	
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Amended return Application pending  F Name and address of principal officer dan lunsford PO BOX 370 MARS HILL, NC 28754  Tax-exempt status  Solic) (3) (insert no) 4947(a)(1) or 527  Website: www mhc edu  Form of organization  Formof organization  Corporation  Trust  Association  Other  Part I  Summary  1 Briefly describe the organization's mission or most significant activities THE ORGANIZATION IS A PRIVATE LIBERAL ARTS COLLEGE OFFERING P BACHELOR OF ARTS, SCIENCE, MUSIC, SOCIAL WORK AND FINE ARTS  Check this box  if the organization discontinued its operations or disposed of a Number of voting members of the governing body (Part VI, line 1a)  4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of employees (Part V, line 2a)  Total number of volunteers (estimate if necessary)	affilia  H(b) Are al  If "N  H(c) Grou  L Year of for	Is a group return ates?  Il affiliates include o," attach a list up exemption nur ormation 1892 M  LEADING TO FIVE STATES AND STATES	for  Yes No  ed? Yes No  (see instructions)  mber   State of legal domicile NC  VE DEGREES  ssets  36	
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PO BOX 370 MARS HILL, NC 28754  Tax-exempt status  501(c) ( 3 )  (insert no )  4947(a)(1) or  527  Website:  www mhc edu  Form of organization  Corporation  Trust  Association  Other    Part I  Summary  1  Briefly describe the organization's mission or most significant activities  THE ORGANIZATION IS A PRIVATE LIBERAL ARTS COLLEGE OFFERING PLEACHELOR OF ARTS, SCIENCE, MUSIC, SOCIAL WORK AND FINE ARTS  2  Check this box  If the organization discontinued its operations or disposed of  Number of voting members of the governing body (Part VI, line 1a)	H(b) Are al  If "N H(c) Grou  L Year of for	Il affiliates include o," attach a list up exemption nur ormation 1892 M  LEADING TO FIV	ed? Yes No (see instructions) mber - State of legal domicile NC VE DEGREES  ssets 36	
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3 Number of voting members of the governing body (Part VI, line 1a)		3	36	
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3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of employees (Part V, line 2a) 6 Total number of volunteers (estimate if necessary)		3	36	
4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of employees (Part V, line 2a)				
	)	. 4		
		5	912	
7a Total gross unrelated business revenue from Part VIII, column (C), line 12.		6	36	
		7a	-1,397	
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34		7b	-1,397	
	Pric	or Year	Current Year	
8 Contributions and grants (Part VIII, line 1h)		5,802,404	6,048,509	
9 Program service revenue (Part VIII, line 2g)		28,295,653	28,802,448	
9 Program service revenue (Part VIII, line 2g)		33,564	214,795	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		302,014 1,125		
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line		302,011	1,123,000	
12)		34,433,635	36,191,358	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		10,460,188	10,768,594	
14 Benefits paid to or for members (Part IX, column (A), line 4)			0	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-	_			
\$ 10)		13,363,211	12,701,984	
10) 16a Professional fundraising fees (Part IX, column (A), line 11e)  b Total fundraising expenses (Part IX, column (D), line 25) **\(\begin{array}{c} 898,682 \\ \end{array}			0	
		12.251.007		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		13,251,887	12,184,008	
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		37,075,286	35,654,586	
19 Revenue less expenses Subtract line 18 from line 12		-2,641,651	536,772	
	I Beginnin/	g of Current Year	End of Year	
5 9   a da			98,604,602	
3		95,746,032	/ /	
20 Total assets (Part X, line 16)		· · · · ·	37.410.730	
20 Total assets (Part X, line 16)		39,637,389	37,410,730	
The control of the co		· · · · ·	37,410,730 61,193,872	
Part II Signature Block		39,637,389 56,108,643	61,193,872	
The control of the co	schedules and s	39,637,389 56,108,643 statements, and to the	61,193,872 ne best of my knowledge	
Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying so and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based	schedules and s on all informat	39,637,389 56,108,643 statements, and to the	61,193,872 ne best of my knowledge	
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Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying so and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based  ****** Signature of officer  NEIL TILLEY president	schedules and s on all informat	39,637,389 56,108,643 statements, and to the	61,193,872 ne best of my knowledge	
Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying so and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based  ******  Signature of officer  NEIL TILLEY president Type or print name and title	schedules and s on all informat 2011- Date	39,637,389 56,108,643 statements, and to the cition of which prepare -03-07	61,193,872 ne best of my knowledge er has any knowledge	
Total liabilities (Part X, line 26)	schedules and s on all informat 2011- Date	39,637,389 56,108,643 Statements, and to the corn of which prepare -03-07  Preparer's identify	61,193,872 ne best of my knowledge er has any knowledge	
Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying so and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based  ******  Signature of officer  NEIL TILLEY president Type or print name and title  Preparer's signature Jim Van Dyne  Date  Chaseless  Chase	schedules and s on all informat 2011- Date	39,637,389 56,108,643 statements, and to the cition of which prepare -03-07	61,193,872 ne best of my knowledge er has any knowledge	
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Signature Block   Under penalties of perjury, I declare that I have examined this return, including accompanying so and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based	schedules and son all information and son all information dependent of the school of t	39,637,389 56,108,643 Statements, and to the corn of which prepare -03-07  Preparer's identify	61,193,872 ne best of my knowledge er has any knowledge	
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#### Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

Mars Hill College, an academic community rooted in the Christian faith, challenges and equips students to pursue intellectual, spiritual, and personal growth that is grounded in a rigorous study of the Liberal Arts, connected with the world of work, and committed to character development, to service, and to responsible citizenship in the community, the region, and the world

2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?											
	If "Yes," describe t	hese new services on So	hedule O									
3	Did the organization services?	n cease conducting, or r	nake sıgnıfıcant			_ Yes ▽ No						
	If "Yes," describe t	hese changes on Sched	ule O									
4	Section 501(c)(3)		ions and sectio	n 4947(a)(1) trusts ar	argest program services by e e required to report the amou ervice reported	•						
4a		) (Expenses \$ TE LIBERAL ARTS COLLEGE OF IATELY 1,374 STUDENTS BEN		including grants of \$ S LEADING TO FIVE DEGREE	10,768,594 ) (Revenue \$ S BACHELOR OF ARTS, SCIENCE, M	21,679,036 ) IUSIC, SOCIAL WORK, AND						
4b	(Code PUBLIC SERVICE-ACTI	) (Expenses \$ IVITIES ESTABLISHED PRIMAR	613,311 ILY TO PROVIDE NO	including grants of \$ DN-INSTRUCTIONAL SERVIC	) (Revenue \$	172,813 ) COLLEGE						
	(Code	) (Expenses \$	808,767	including grants of \$	) (Revenue \$	7,340,807 )						
	•	SERVICES THAT ARE AN INTE	•	,	, ,	.,,,						
4d	Other program se	rvices (Describe in Sch	edule O )									
	(Expenses \$	ıncl	udıng grants of	\$	) (Revenue \$	)						
4e	Total program ser	vice expenses <b>!</b> -\$	30,035,055	5								

Dart TV	Checklist	of Required	Schedules
4 ILT 1/4	CHECKHSL	ui keuulleu	<b>Scheuules</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		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 similar funds or 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		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D,  Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	Į		
13	Is the organization a school 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 United States?	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 United States? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? 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 U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Νο
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States 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 of grants and other assistance to individuals in the United States 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, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? 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 line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
С	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		Νο
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 $I$	25a		Νο
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If</i> "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		N o
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes,"			
	complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> " <i>Yes," complete Schedule M</i>	30		No
31	Part I	31		No
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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	<b>Section 501(c)(3) organizations.</b> 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% 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
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm <b>99</b> (	(2009)

Part V	Statements	Regarding	Other	IRS	Filings	and '	Tax	Compliance	
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			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			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
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			
b	If at least one is reported on line 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 (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country ▶ CJ  See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		N o
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
_	benefit contract?	7e		Νο
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νο
_	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	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 )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
Ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

100 ATHLETIC STREET MARS HILL, NC 28754 (828) 689-1100

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

Se	ection A. Governing Body and Management			
			Yes	No
_				
1a L	Enter the number of voting members of the governing body 1a 36  Enter the number of voting members that are independent 1b 36			
ь 2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any			
2	other officer, director, trustee, or key employee?	2		Νo
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νo
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
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?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	venue Code.)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	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	
Ь	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions )			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
Ь	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?	461		
- C -	ection C. Disclosure	16b		
<u>5e</u> 17	List the States with which a copy of this Form 990 is required to be filed NC			
18	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		_	L
20	State the name, physical address, and telephone number of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who person	ie orga	nızatıor	n <b>P</b> -

## Part VIII 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 Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

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

Check this box if the organization did i	not compen	ffice	r, dırector, trustee	or key employee						
<b>(A)</b> Name and Title	(B) Average hours	<b>(C)</b> Position (check all that apply)						<b>(D)</b> Reportable compensation from the	(E) Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

Form 990 (2009)

2 Total number of independent contractors (including but not limited to those listed above) who received more than

ASHEVILLE, NC 28804

\$100,000 in compensation from the organization >3

Form 990 (2009) Part VIII Statement of Revenue										
Part v	<b>/1111</b>	Statement	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514		
nts nts	1a	Federated cam	paigns 1a							
g g	b	Membership du	es <b>1b</b>							
કું.	C	Fundraising eve								
<u>=</u>	d		zations 1d							
Sim.	e	Government grants		1,841,944						
ž F	"	sımılar amounts no		4,206,565						
Contributions, gifts, grants and other similar amounts	g	Noncash contri	butions included in							
S E	h		s 1a-1f	▶	6,048,509					
				Business Code						
ē	2a	TUITION AND FEES	5	900,099	21,679,036	21,679,036				
₽æ	ь	residence halls		900,099	3,386,745	3,386,745				
9.00 A	C	cafeteria income		900,099	2,818,216	2,818,216				
Seri	d	auxılıary revenue		900,099	918,451	918,451				
Ē	e _	All other program								
Program Serwce Revenue	'		am service revenue							
	g		s 2a-2f		28,802,448					
	3		ome (including dividend ar amounts)							
	4		stment of tax-exempt bond p	· · ·						
	5	Royalties		▶						
			(ı) Real	(II) Personal						
	6a b	Gross Rents Less rental								
	-	expenses Rental income								
	c   .	or (loss)								
	d	Net rental incol	me or (loss)							
	7a	Gross amount from sales of assets other than inventory	(i) Securities	3,960,000						
	b	Less cost or other basis and		3,745,205						
	c	sales expenses Gaın or (loss)		214,795						
	d	Net gain or (los	s)	►	214,795			214,795		
ds.	8a	Gross income f events (not inc								
Other Revenue		\$ of contributions	reported on line 1c)							
her	ь	Less directex	penses b							
ᅙ	С		ا (loss) from fundraising و	events 🗠						
	9a		rom gaming activities ne 19 a							
	b c	Net income or (	penses <b>b</b>	/ities						
	10a	Gross sales of returns and allo		736,795						
	ь	=	oods sold <b>b</b>							
	С		(loss) from sales of inve		736,795			736,795		
	11a	Miscellaneous OTHER INCOM		Business Code 900,099	390,208	390,208				
	ь	MIDLAND US F		523,000	-1,397	·	-1,397			
	c		,							
	d	All other reven	ue							
	e	Total. Add lines	s 11a-11d		388,811					
	12	Total revenue.	See Instructions		36,191,358	29,192,656	-1,397	951,590		

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).										
			(B)	(C)	(D)					
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) 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	10,768,594	10,768,594							
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	696,204	260,026	436,178						
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	8,970,508	6,550,650	1,894,350	525,508					
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	451,292	317,958	108,801	24,533					
9	Other employee benefits	1,868,208	1,316,245	450,402	101,561					
10	Payroll taxes	715,772	504,297	172,564	38,911					
11	Fees for services (non-employees)									
а	Management									
ь	Legal									
c	Accounting									
d	Lobbying									
e	Professional fundraising See Part IV, line 17									
f	Investment management fees									
g g	Other	345,871	148,366	192,059	5,446					
12	Advertising and promotion	35,085	35,085	132,033						
13		1,270,324	524,034	F09 422	147.057					
	Office expenses	1,270,324	324,034	598,433	147,857					
14	Information technology									
15	Royalties	4 0 6 5 5 0 6		101.010						
16	Occupancy	1,265,506	1,164,266	<del>                                     </del>						
17 18	Payments of travel or entertainment expenses for any federal,	610,602	518,896	62,948	28,758					
40	state, or local public officials									
19	Conferences, conventions, and meetings									
20	Interest	959,903	959,903							
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	1,881,249	1,730,749	<del>                                     </del>						
23	Insurance	580,273	500,777	79,496						
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)									
а	auxiliary expenses	4,339,874	4,339,874							
b	equip rental & maintena	210,182	110,354	99,202	626					
С	bad debT EXPENSE	155,808		155,808						
d					_					
e					_					
f	All other expenses	529,331	284,981	218,868	25,482					
25	Total functional expenses. Add lines 1 through 24f	35,654,586	30,035,055	4,720,849	898,682					
26	Joint costs. Check here ► ☐ If following SOP 98-2	22,33.,330	,-35,633	.,5,5,5						
	Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation									

Pa	rt X	Balance Sheet								
					(A) Beginning of year		<b>(B)</b> End of year			
	1	Cash—non-interest-bearing			5,270,035	1	5,885,391			
	2	Savings and temporary cash investments	•		3,664,926	2	3,307,520			
	3	Pledges and grants receivable, net			808,537	3	510,573			
	4	Accounts receivable, net			198,498	4	144,661			
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of	, key	employees, and						
		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		4958(f)(1)) and						
		Schedule L				6				
ets	7	Notes and loans receivable, net	loans receivable, net							
ssets	8	Inventories for sale or use			405,263	8	385,649			
4	9	Prepaid expenses and deferred charges			71,177	9	75,044			
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	69,736,015						
	ь	Less accumulated depreciation	28,283,008	42,683,353	10c	41,453,007				
	11	Investments—publicly traded securities				11				
	12	Investments—other securities See Part IV, line 11	•	40,122,258	12	44,021,162				
	13	Investments—program-related See Part IV, line 11		13						
	14	Intangible assets		14						
	15	Other assets See Part IV, line 11	195,882	15	169,325					
	16	Total assets. Add lines 1 through 15 (must equal line 34)			95,746,032	16	98,604,602			
	17	Accounts payable and accrued expenses .	4,143,693	17	3,482,954					
	18	Grants payable				18				
	19	Deferred revenue			340,410	19	351,937			
	20	Tax-exempt bond liabilities			20,559,731	20	14,786,149			
<u>ē</u>	21	Escrow or custodial account liability Complete Part IV of Schedul	eD.			21				
Liabilities	22	Payables 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			9,767,155	23	14,042,114			
	24	Unsecured notes and loans payable to unrelated third parties				24				
	25	Other liabilities Complete Part X of Schedule D			4,826,400	25	4,747,576			
	26	Total liabilities. Add lines 17 through 25			39,637,389	26	37,410,730			
Ş		Organizations that follow SFAS 117, check here $\blacktriangleright \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	lete li	ines 27						
Fund Balances		through 29, and lines 33 and 34.			0.740.704		4447045			
<u>8</u>	27	Unrestricted net assets			-3,743,781		14,147,645			
ä	28	Temporarily restricted net assets		19,196,955		5,032,515				
Ē	29	Permanently restricted net assets			40,655,469	29	42,013,712			
丑		Organizations that do not follow SFAS 117, check here ► and	d com	ıplet e						
٥	20	lines 30 through 34.				30				
Assets	30	Capital stock or trust principal, or current funds			30					
is si	31	Paid-in or capital surplus, or land, building or equipment fund				31				
	32	Retained earnings, endowment, accumulated income, or other fu	nus		56,108,643	32	61 102 970			
Net	33	Total liabilities and not posses (find belonce				33	61,193,872			
l	34	Total liabilities and net assets/fund balances	95,746,032	34	98,604,602					

			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		Νo		
b	<b>b</b> Were the organization's financial statements audited by an independent accountant?					
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both					
	▼ Separate basis					
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? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes			

Form **990** (2009)

OMB No 1545-0047

Inspection

#### **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

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

**Public Charity Status and Public Support** 

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

**Employer identification number** 

MARS HILL COLLEGE							
	56-0554207						
Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions							
The organization is not a private foundation because it is (For lines 1 through 11, check only one box	)						

he	organi	zation is	not a private	foundation because	ıtıs (Forlır	nes 1 throug	h 11, check c	nly one box	)			
1	Γ	A church, convention of churches, or association of churches section 170(b)(1)(A)(i).										
2	굣	A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E )										
3	$\sqcap$	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4	Γ	A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state										
5	Γ	_	•	rated for the benefit	_	or university	owned or ope	erated by a g	overnmental	unit describe	_ ed in	
_	_		. , . , .	(Complete Pa	•			470/13/43/	• > / >			
6	<u> </u>			ocal government or	=							
7	ı	describ	ed ın	t normally receives a <b>A)(vi)</b> (Complete Pa		part of its si	upport from a	government	al unit or fron	n the general	public	
8	Γ	A comm	nunity trust o	described in <b>section</b>	170(b)(1)(A	<b>)(vi)</b> (Comp	olete Part II )					
9	Γ	Anorga	nızatıon that	t normally receives	(1) more tha	n 331/3% of	ıts support fr	om contribut	tıons, membe	rship fees, a	nd gro	SS
		receipts	from activit	ties related to its ex	empt function	ns—subject 1	to certain exc	eptions, and	l (2) no more	than 331/3%	of	
		ıts supp	ort from gro	ss investment incom	ne and unrela	ted business	s taxable inco	ome (less se	ction 511 tax	() from busın	esses	
		acquire	d by the orga	anızatıon after June 3	30,1975 Se	e <b>section 50</b>	<b>9(a)(2).</b> (Cor	nplete Part I	II)			
10	Γ	A n orga	nızatıon orga	anızed and operated	exclusively t	to test for pu	blic safety S	ee <b>section 5</b> 0	09(a)(4).			
11	Γ	one or r	nore publicly	anized and operated v supported organiza ves the type of suppo b Type II	tions describ rting organiz	ed in sectio ation and co	n 509(a)(1) c	or section 50 11e through	9(a)(2) See		a)(3).	Check
e f g	l	other the section of the or check the Since A	an foundation 509(a)(2) rganization r his box ugust 17, 20	x, I certify that the or on managers and othe eceived a written de 006, has the organiz	er than one o termination f	r more publi	cly supported	l organization	ns described I or Type III	ın section 50	9(a)(:	1) or
			g persons?		ntrolo ostbos				ubad in (ii)			
				ectly or indirectly co	•	_		rsons descr	ibea in (ii)	11~(:)	Yes	No
		• •		overning body of the		-	ionz			11g(i)		<u> </u>
		• •	•	r of a person describ	• •		0,403			11g(ii) 11g(iii)		<u></u>
L				ed entity of a person g information about t						119(111)		<u> </u>
h		riovide	the following	g illioilliation about t	ne supported	ı organizatio	11(5)					
(i) Name of supported organizatio		e of orted	(ii) EIN	(iii)  Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your govel docume	on in ed in rning	(v) Did you not organizati col (i) of suppor	on ın your	(vi) Is the organizati col (i) orga in the U	on in anized	A m	vii) ount of oport?
				ınstructions))	Yes	No	Yes	No	Yes	No		
						1		1		[		

Total

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	֥ <i>)</i>		
	endar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	( <b>b)</b> 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
_	(f) <b>Dublic Support</b> Subtract line F from						
6	<b>Public Support.</b> Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	( <b>b</b> ) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV ) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and <b>stop here</b>						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
<b>_</b>	and <b>stop here.</b> The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	<b>▶</b> □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and <b>stop here.</b> The organization				,		▶
17a	10%-facts-and-circumstances test-	<b>-2009.</b> If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						<b>▶</b> ┌
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

**▶**□

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support			<u> </u>	1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 2009	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	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 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6 )						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	( <b>d)</b> 2008	(e) 2009	(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						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
	business activities not included						
	ın lıne 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,						
14	11 and 12 ) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and <b>stop here</b>	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	<b>▶</b> ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	<b>009</b> (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	<b>2008</b> Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind <b>stop here.</b> T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes been	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(	us more man 33	1/370 and ine

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

Part IV

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

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DLN: 93493073001101

OMB No 1545-0047

(Form 990)

**SCHEDULE D** 

Department of the Treasury

**Supplemental Financial Statements** ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

nal Revenue Service	► Attach to Fe	orm 990. 🟲 See separate i	nst ruct ions.			Inspec	tion
ame of the organ	ization			Emp	loyer identifica	ation numbe	er
AKS HILL COLLEGE				56-0	0554207		
	nizations Maintaining Donor A		er Similar Fı	unds	or Accounts	<b>s.</b> Comple	te ıf th
organi	zation answered "Yes" to Form 99		4 54 5	,	The Friedrich		
Total number a	at and of year	(a) Donor advise	a lunas		<b>b)</b> Funds and o	other accou	nts
	tributions to (during year)						
	nts from (during year)						
	ue at end of year						
55 5	·						
funds are the o	zation inform all donors and donor advi organization's property, subject to the	organization's exclusive l	egal control?			☐ Yes	☐ No
used only for c	zation inform all grantees, donors, and haritable purposes and not for the ben ermissible private benefit	<del>-</del>	-			☐ Yes	┌ No
rt III Conse	rvation Easements. Complete	ıf the organızatıon ans	wered "Yes" to	o Forn	n 990, Part I'	V, line 7.	
Purpose(s) of	conservation easements held by the o	rganization (check all that	apply)				
Preservat	ion of land for public use (e g , recreati		eservation of an			· ·	a
Protection	n of natural habitat	Pr	eservation of a d	ertifie	d historic struc	ture	
☐ Preservat	ion of open space						
•	s 2a-2d if the organization held a qual he last day of the tax year	ıfıed conservatıon contrıb	ution in the form	of a co	onservation		
					Held at the	End of the	Year
Total number of	of conservation easements			2a			
Total acreage	restricted by conservation easements	3		2b			
Number of con	iservation easements on a certified his	storic structure included i	n (a)	2c			
Number of conservation easements included in (c) acquired after 8/17/06				2d			
Number of con	servation easements modified, transfe	erred, released, extinguish	ned, or terminate	d by th	ie organization	during	
the taxable ye	ar <b>►</b>						
Number of stat	tes where property subject to conserva	ation easement is located	<b>.</b>				
Does the orga	nızatıon have a wrıtten policy regardıng	g the periodic monitoring,		— dling of	violations, and	d <b>⊏Yes</b>	□No
	f the conservation easements it holds?		caruation assam	onte di	uring the year	,	) NC
	venses incurred in monitoring, inspecti	,			,		
Does each cor	nservation easement reported on line 2 i) and 170(h)(4)(B)(ii)?				, ,	 ┌ Yes	Ги
In Part XIV, de	escribe how the organization reports c				•	and	, 140
the organization	, and include, if applicable, the text of ton's accounting for conservation easer	ments					
	lizations Maintaining Collection lete if the organization answered '			or Otl	her Similar	Assets.	
art, historical	ition elected, as permitted under SFAS treasures, or other similar assets held 't XIV, the text of the footnote to its fir	for public exhibition, edu	cation or researd	:h ın fu			e,
historical trea:	ition elected, as permitted under SFAS sures, or other similar assets held for lowing amounts relating to these items	public exhibition, education				•	
(i) Revenues i	included in Form 990, Part VIII, line 1				<b>►</b> \$		
(ii) Assats inc	luded in Form 990, Part X						
	ition received or held works of art, hist	orical treasures, or other	sımılar assets fo	r finan			
_	unts required to be reported under SFA	· · · · · · · · · · · · · · · · · · ·			- , p		
Revenues incl	uded in Form 990, Part VIII, line 1				<b>►</b> \$		

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

ar	<b>Till</b> Organizations Maintaining Co	<u>llections of Art</u>	, Hist	<u>toric</u>	<u>al Trea</u>	asures, o	r Oth	<u>er Similai</u>	r Asse	ets (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	ofth	e follo	wing tha	t are a sıgnı	ficant	use of its co	ollection	n	
а	Public exhibition		d	Γ	Loan or	exchange pr	ogram	ıs			
b	Scholarly research		e	$\Gamma$	Other						
c	Preservation for future generations										
Ļ	Provide a description of the organization's co	ollections and explai	ın how	they	further t	he organızat	ion's e	exempt purp	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t							mılar	Г	Yes	┌ No
a.	t IV Escrow and Custodial Arrang						red "	Yes" to For	rm 990	),	
	Part IV, line 9, or reported an ar		•								
a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	ian or other interme	diary	for co	ntrıbutıo	ns or other	assets	s not	Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	/ and complete the t	followi	ıng tal	ble						
									A mou	ınt	
c	Beginning balance						1c				
d	Additions during the year						1d				
e	Distributions during the year						1e				
f	Ending balance						1f				
a	Did the organization include an amount on Fe	orm 990, Part X, line	21?						Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI\	<i>l</i>									
a	rt V Endowment Funds. Complete										
		(a)Current Year	(b	Prior Y		(c)Two Years	Back (	<b>(d)</b> Three Years	Back (e	Four Ye	ears Back
а	Beginning of year balance	29,439,796		-	842,134						
b	Contributions	1,552,416			299,617						
C	Investment earnings or losses	4,313,049		-7,	527,486						
d	Grants or scholarships										
е	Other expenditures for facilities and programs										
f	Administrative expenses	1,704,352		1,	174,469						
g	End of year balance	33,600,909			439,796						
9	Provide the estimated percentage of the year	r end halance held a			<u>' l</u>						
		0 % %									
а	Board designated or quasi-endowment ►  Permanent endowment ► 100 000 % %	70									
b	Permanent endowment ► 100 000 % %										
C	Term endowment • %						6.				
а	Are there endowment funds not in the posse organization by	ssion of the organiza	ition t	nat ar	е пета а	na aaministe	erea ro	ortne		Yes	No
	(i) unrelated organizations								3a(i)		Νο
	(ii) related organizations								3a(ii)		Νο
Ь	If "Yes" to 3a(II), are the related organization	ns listed as required	d on S	c he d u	le R? .				3b		
1	Describe in Part XIV the intended uses of th										
aī	t VI Investments—Land, Building	s, and Equipme	nt. Se	<u>ee Fo</u>	rm 990	, Part X, lı	ne 10				
	Description of investment				Cost or oth (Investme			(c) Accumu depreciat		( <b>d</b> ) Boo	ok value
a	Land					1,	110,96	8		1	1,110,968
b	Buildings					53,	669,21	0 22,2	98,203	31	1,371,007
С	Leasehold improvements										
d	Equipment					14,	404,73	6 5,98	84,805	- 8	3,419,931
e	Other						551,10	1			551,101

41,453,007

Part VII Investments—Other Securities. See F	orm 990, Part X, line 12	
<ul><li>(a) Description of security or category (including name of security)</li></ul>	( <b>b)</b> Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests Other		
INVESTMENTS IN PARTNERSHIP	27,773,241	F
REAL ESTATE INVESTMENT TRUSTS	2,119,746	F
BONDS	378,760	F
REAL ESTATE HELD FOR INVESTMENT	560,777	F
ASSETS HELD IN CHARITABLE REMAINDER TRUSTS	5,603,512	F
BENEFICIAL INTERESTS IN TRUSTS	5,238,698	F_
MONEY MARKET	13,168	<u></u>
mutual funds	2,333,260	F_
Total. (Column (b) should equal Form 990, Part X, col (B) line 12	44,021,162	
Part VIII Investments—Program Related. See  (a) Description of investment type	(b) Book value	(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )	- 15	
Part IX Other Assets. See Form 990, Part X, lin  (a) Description		(b) Book value
Tabal (Caluman (b) about a good Farm 000 Bort V and (B) line 1	= 1	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X		
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes		
ANNUITIES PAYABLE	1,040,144	
POSTRETIREMENT BENEFITS LIABILITIES  REFUNDABLE ADVANCES FROM DEPARTMENT OF	2,619,428	
EDUCATION DEPARTMENT OF	1,088,004	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	4,747,576	
	, , 3	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	36,191,358
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	35,654,586
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	536,772
4	Net unrealized gains (losses) on investments	4	3,886,295
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	662,162
9	Total adjustments (net) Add lines 4 - 8	9	4,548,457
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	5,085,229
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	27,594,656
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	-7,993,096
3	Subtract line <b>2e</b> from line <b>1</b>	3	35,587,752
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) 4b 603,606		
c	Add lines 4a and 4b	4c	603,606
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	36,191,358
	<b>EXITE</b> Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	26,562,458
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
ь	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIV) 2d		
e	Add lines <b>2a</b> through <b>2d</b>	2e	0
3	Subtract line <b>2e</b> from line <b>1</b>	3	26,562,458
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)		
c	Add lines 4a and 4b	4c	9,092,128
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	35,654,586

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

#### Part XIV Supplemental Information

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

Ident if ier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	To support the institution in perpetuity for scholarships, lectureships, and various other operations and buildings on campus
Part X	Description of Uncertain Tax Positions Under FIN 48	FASB HAS ISSUED GUIDANCE PROVIDED BY GAAP ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES THIS GUIDANCE CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS BY PRESCRIBING A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN THE COLLEGE'S POLICY IS TO RECORD A LIABILITY FOR ANY TAX POSITION TAKEN THAT IS BENEFICIAL TO THE COLLEGE, INCLUDING ANY RELATED INTEREST AND PENALTIES, WHEN IT IS MORE LIKELY THAN NOT THE POSITION TAKEN BY MANAGEMENT WITH RESPECT TO A TRANSACTION OR CLASS OF TRANSACTIONS WILL BE OVERTURNED BY A TAXING AUTHORITY UPON EXAMINATION THERE ARE NO SUCH POSITIONS AS OF MAY 31, 2010 AND 2009 AND, ACCORDINGLY, NO LIABILITY HAS BEEN ACCRUED
Part XI, Line 8 - Other Adjustments		change in value of split interest agreements 152564 CHANGE IN VALUE OF ASSETS HELD BY OTHERS 262213 INVESTMENT INCOME SHOWN AS NON-OPERATING REVENUE ON FINANCIALS 247385
Part XII, Line 2d - Other Adjustments		TUITION DISCOUNTS REDUCING TUITION INCOME ON FINANCIALS -7993096
Part XII, Line 4b - Other Adjustments		gains shown as non-operating on financials 214795 non-operating revenue 388811
Part XIII, Line 4b - Other Adjustments		TUITION DISCOUNTS REDUCING TUITION INCOME ON FINANCIALS 7993096 non-operating expenses 1219267 change in value of interest rate swap -120235

#### **Additional Data**

Software ID: Software Version:

**EIN:** 56-0554207

Name: MARS HILL COLLEGE

Form 990, Schedule D, Part VII - Investments— Other Securities

(a) Description of security or cateory (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
INVESTMENTS IN PARTNERSHIP	27,773,241	F
REAL ESTATE INVESTMENT TRUSTS	2,119,746	F
BONDS	378,760	F
REAL ESTATE HELD FOR INVESTMENT	560,777	F
ASSETS HELD IN CHARITABLE REMAINDER TRUSTS	5,603,512	F
BENEFICIAL INTERESTS IN TRUSTS	5,238,698	F
MONEY MARKET	13,168	F
mutual funds	2,333,260	F

**Employer identification number** 

#### **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Schools**

►Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2009

Open to Public Inspection

MARS	SHILL COLLEGE	. ,			
		56-0554207			
				YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in in other governing instrument, or in a resolution of its governing body?	ts charter, bylaws,	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward student brochures, catalogues, and other written communications with the public dealing with student adprograms, and scholarships?		2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broads the period of solicitation for students, or during the registration period if it has no solicitation pro that makes the policy known to all parts of the general community it serves? If "Yes," please despite the policy known to all parts of the general community it serves?	gram, ın a way			
	please explain  RACIALLY NONDISCRIMINATORY POLICY STATEMENT IS INCLUDED IN all college genera  Including the college catalog	ted documents	3	Yes	
4	Does the organization maintain the following?				
ā	Records indicating the racial composition of the student body, faculty, and administrative staff?		4a	Yes	
ı	• Records documenting that scholarships and other financial assistance are awarded on a racially basis?	nondiscriminatory	4b	Yes	
•	Copies of all catalogues, brochures, announcements, and other written communications to the pu	ublic dealing	4-	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	with student admissions, programs, and scholarships?		4c	Yes	
,	Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above, please explain If you need more space, use Schedule	O (Form 990)	4d	Yes	
5	Does the organization discriminate by race in any way with respect to  a Students' rights or privileges?				No
	• Admissions policies?		5b		No
•	Employment of faculty or administrative staff?		5c		Νo
•	Scholarships or other financial assistance?		5d		Νo
•	e Educational policies?		5e		Νo
1	Use of facilities?		5f		Νo
ģ	g Athletic programs?		5g		Νo
ı	n Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Schedule	2 O (Form 990)	<u>5h</u>		Νo
6	Does the organization receive any financial aid or assistance from a governmental agency?		6a	Yes	
	Has the organization's right to such aid ever been revoked or suspended?		6b		Νo
7	If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990)  Does the organization certify that it has complied with the applicable requirements of sections 4 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Science 1982.		7	Yes	

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DLN: 93493073001101 OMB No 1545-0047

Department of the Treasury

Schedule I

(Form 990)

Internal Revenue Service

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

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

Open to Public **Inspection** 

Name of the organization						Employer identifica	tion number
MARS HILL COLLEGE						56-0554207	
Part I General Infor	mation on Gra	nts and Assistance				•	
	d to award the gra	substantiate the amount of t nts or assistance? edures for monitoring the us					✓ Yes
Form 990, Part	IV, line 21 for ar	e to Governments and ny recipient that receive 990) if additional space	d more than \$5,000	. Check this box if n	o one recipient receiv	ed more than \$5,00	0. Use
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Enter total number of sec	tion 501(c)(3) and	d government organizations					
3 Enter total number of oth	er organizations .					<u> ▶</u>	

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

(a)Type of grant or assistance	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
tuition discounts/scholarships	1333	10,768,594			
See Additional Data Table					

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

Procedure for Monitoring Grants in the U.S  Schedule I, Part I, Line 2 The process for monitoring the use of tuition discount or grants/scholarship funds at Mars Hill College includes the use of a matrix that limits and determines the amount of academic scholarship awarded with a maximum being \$70.00 The Vice President for Administration, Dean of Admissions and Financial Aid, and the Director of Financial Aid meet monthly to review the current amount of futition discount or grants/scholarships being awarded to ensure that the college stays within budget. Tuition discount, grant and scholarship reports are submitted to the President on a regular basis the budget for these grants is approved by the Board of Trustees on an annual basis. The Dean of Admissions and Financial Aid and the Director of Financial Aid monitor all tuition discount financial and awards prior to the award letter being mailed Athletic grants are monitored by coaches and the Athletic Director with strict guidelines established by NCAA. The Athletic Director reports regularly to the President of the college the amount of fuition discount athletic grants awarded by each team per year.	Ident if ier	Return Reference	Explanation
	_	Part I, Line 2	College includes the use of a matrix that limits and determines the amount of academic scholarship awarded with a maximum being \$7000. The Vice President for Administration, Dean of Admissions and Financial Aid, and the Director of Financial Aid meet monthly to review the current amount of tuition discount or grants/scholarships being awarded to ensure that the college stays within budget. Tuition discount, grant and scholarship reports are submitted to the President on a regular basis the budget for these grants is approved by the Board of Trustees on an annual basis. The Dean of Admissions and Financial Aid and the Director of Financial Aid monitor all tuition discount financial aid awards prior to the award letter being mailed. Athletic grants are monitored by coaches and the Athletic Director with strict guidelines established by NCAA. The Athletic Director reports regularly to the President of the college the amount of tuition discount athletic grants awarded by each team.

DLN: 93493073001101

OMB No 1545-0047

**Compensation Information** 

**Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Part IV, question 23. ► Attach to Form 990. ► See separate instructions.

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

Open to Public Inspection

Name of the organization MARS HILL COLLEGE

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

**Employer identification number** 

56-0554207

Pai	rt I Questions Regarding Compensation	n				
					Yes	Νο
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part II		· ·			
	First-class or charter travel	$\Gamma$	Housing allowance or residence for personal use			
	▼ Travel for companions	굣	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	$\vdash$	Health or social club dues or initiation fees			
	Discretionary spending account	⊽	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the oreimbursement orprovision of all the expenses described.			1b	Yes	
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executiv			2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all t	hat apply	y			
	Compensation committee		Written employment contract			
	Independent compensation consultant	<u> </u>	Compensation survey or study			
	Form 990 of other organizations	<b>✓</b>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-contro	l paymen	nt?	4a		Νο
b	Participate in, or receive payment from, a suppleme	ental non	qualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-b	pased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and p	rovide th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only m	ust comp	plete lines 5-9.			
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,"			7		Νο
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described i					
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow th section 53 4958-6(c)?	ne rebutta	able presumption procedure described in Regulations	9		

#### 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)(1)-(111) 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		(C) Retirement and		(E) Total of columns	(F) Compensation
		(i) Base compensation (ii) Bonus & incentive compensation		(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
DR DAN LUNSFORD	(I) (II)	144,938 0		10,300	5,193 0	4,959	165,390 0	0
			0	0		0		0

#### 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
		mars hill college provides the president with housekeeping services for the convenience of the employer so that the president can perform essential college business and activities at the home. In addtion, certain key employees are provided with college vehicles, the personal use is taxable to the employee The President's spouse will occasionally travel with him on certain college functions. There is a substantial business purpose for such travel, and the expenses are documented and retained on file

Schedule J (Form 990) 2009

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493073001101 OMB No 1545-0047

Open to Public

**Inspection** 

### **Supplemental Information on Tax Exempt Bonds**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service Name of the organization

MARS HILL COLLEGE

Schedule K

(Form 990)

Employer identification number

56-0554207

										56-05	54207			
Pa	art I Bond Issues													
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date	: Issued	(e) Issue	Price	(f) Des	cription of	Purpose	<b>(g)</b> De	feased		On alf of uer
											Yes	No	Yes	No
A	NC FACILITIES FINANCING AGENCY	56-1592154	658189peq	12-14	-2006	31,0	000,000	facility cons renovations		nd		х		х
Pa	rt III Proceeds							_				_		
					4	В	3	<u> </u>	3				E	
1	Total proceeds of issue			3	1,000,000									
2	Gross proceeds in reserve funds													
3	Proceeds in refunding or defeasar	nce escrows												
4	Other unspent proceeds													
5	Issuance costs from proceeds				250,369									
6	Working capital expenditures fron	m proceeds		3	0,749,631									
7	Capital expenditures from procee	eds		3	1,000,000									
8	Year of substantial completion			20	09					1				
-				Yes	No	Yes	No	Yes	No	Yes	No	Yes	ا ء	No
9	Were the bonds issued as part of	facurrent refunding is:	sue?	Х										
10	Were the bonds issued as part of	fan advance refunding	ıssue?		Х									
11	Has the final allocation of proceed	ds been made?		Х										
12	Does the organization maintain at the final allocation of proceeds?	•	cords to support	X										
Pa	rt IIII Private Business Use	<u> </u>										_		
					<u> </u>	Е			3		)		E	
				Yes	No	Yes	No	Yes	No	Yes	No	Yes	i	No
1	Was the organization a partner in which owned property financed by		ember of an LLC,		Х									
2	Are there any lease arrangements which may result in private busing		inanced property		Х									
For	Privacy Act and Paperwork Reduction A	Act Notice, see the Instr	uctions for Form 990.			Cat No 50	D193E				Schedule	K (Form	990) 20	09

Schedule K (Form 990) 2009

Part III Private Business Use (Continued)

	·	-	A	E	3	(	С	Г	)		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?		х								
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X								
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 section 501(c)(3) organization or a state or local government		0 %								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		0 %								
6	Total of lines 4 and 5		0 %								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	Х									
Dar	+ TV Arbitrage										

	111211119										
			A		В		С		D		E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		x								
2	Is the bond issue a variable rate issue?	Х									
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?	х									
ь	Name of provider	WACHOVIA	BANK								
С	Term of hedge	18 600	00000000								
4a	Were gross proceeds invested in a GIC?		Х								
ь	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?		Х								
6	Did the bond issue qualify for an exception to rebate?		х								
									Cahadul	o V /Earm 00/	33 2000

#### **SCHEDULE 0**

(Form 990)

Department of the Treasury
Internal Revenue Service

#### **Supplemental Information to Form 990**

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

Attach to Form 990.

2009

Open to Public Inspection

Name of the organization
MARS HILL COLLEGE

56-0554207

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		the executive committee of the board and the full board of trustees are presented with a copy of the 990 for review prior to filing
Form 990, Part VI, Section B, line 12c		Each new or returning trustee receives orientation which includes a discussion regarding the conflict of interest requirement. Board members with potential conflicts will recuse themselves from any vote or discussion.
Form 990, Part VI, Section B, line 15		the compensation committee of the board reviews and approves the compensation for the president and the top management officials recommended changes require action and approval by the full board of trustees and discussions are documented in the meeting minutes salaries are compared to other similar institutions and to salary surveys issued by the NC Independent College/Universities Annual Compensation Survey
Form 990, Part VI, Section C, line 19		THE ORGANIZATION'S GOVERNING documents, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS are available to the public upon request through the president's office
FORM 990, PART XI, LINE 2C	AUDIT COMMITTEE	THERE IS AN AUDIT COMMITTEE COMPRISED OF TRUSTEES THAT HAS RESPONSIBILITY FOR THE RECOMMENDATION OF THE AUDITORS, OVERSIGHT OF THE AUDIT, AS WELL AS THE COMMUNICATION RESPONSIBILITY WITH THE AUDITORS
passive foreign investments		mars hill college is an investor in one or more "passive foreign investment companies" ("pfics") the school is an investor in gt offshore fund, ltd, w hich is a blocker corporation located in the cayman islands this fund substantially invests in gt partners - offshore a and gt global hedge - offshore b, both located in the cayman islands form 8621 is not being filed pursuant to irs guidance set forth in reg. sec. 1 1291-1(e)

Software ID: Software Version:

**EIN:** 56-0554207

Name: MARS HILL COLLEGE

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and	Inaepend	ent C	onti	act	tors	<u> </u>				
<b>(A)</b> Name and Title	(B) (C) A verage Position (check all hours that apply)							( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation
	per week	individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
Bruce Boyles CHAIR	1 00	×		х				0	0	0
Michael V Groce VICE CHAIR	1 00	Х		х				0	0	0
Joyce Schlapkohl SECRETARY	1 00	×		х				0	0	0
John S Ayers Jr TREASURER	1 00	х		х				0	0	0
Justus M Ammons MEMBER	1 00	×						0	0	0
Ronald O Brown MEMBER	1 00	х						0	0	0
Jerry H Cates MEMBER	1 00	Х						0	0	0
Corbin L Cooper MEMBER	1 00	х						0	0	0
Troy L Day MEMBER	1 00	Х						0	0	0
J Dixon Free MEMBER	1 00	Х						0	0	0
Paul P Green MEMBER	1 00	Х						0	0	0
Eugene Holdway MEMBER	1 00	Х						0	0	0
R Leo James MEMBER	1 00	Х						0	0	0
JoAnne W Alexander MEMBER	1 00	х						0	0	0
Pauline R Bethea MEMBER	1 00	Х						0	0	0
Max E Burgin MEMBER	1 00	Х						0	0	0
M Kyle Carver MEMBER	1 00	Х						0	0	0
Daniel G Christian MEMBER	1 00	Х						0	0	0
Brent B Kıncaıd MEMBER	1 00	Х						0	0	0
W Harold Newman MEMBER	1 00	Х						0	0	0
Bonnie W Adams MEMBER	1 00	Х						0	0	0
Fred N Day IV MEMBER	1 00	Х						0	0	0
Arlo Jennings MEMBER	1 00	Х						0	0	0
Ronald F Martin MEMBER	1 00	Х						0	0	0
Robert L Merrill MEMBER	1 00	Х						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	<b>(C)</b> Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
		Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Joel L Newsome Jr MEMBER	1 00	Х						0	0	0
Cheryl B Pappas MEMBER	1 00	Х						0	0	0
Mark Cabaniss MEMBER	1 00	Х						0	0	0
Will Davis MEMBER	1 00	Х						0	0	0
Sally P Duyck MEMBER	1 00	Х						0	0	0
Carolyn H Ferguson MEMBER	1 00	Х						0	0	0
Wayne Higgins MEMBER	1 00	Х						0	0	0
Roger H Jackson MEMBER	1 00	Х						0	0	0
F Timothy Moore MEMBER	1 00	Х						0	0	0
Brenda G Nash MEMBER	1 00	Х						0	0	0
Karen M Smith MEMBER	1 00	Х						0	0	0
DR DAN LUNSFORD PRESIDENT	40 00			Х				155,238	0	10,152
neıl tılley cfo	40 00			Х				88,332	0	8,102
ROBERT MCLENDON VP ADMINISTRATION	40 00					х		110,791	0	8,852