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DLN: 93493097007211

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

A Fo	rthe 2	2009 caleı	ndar yeaı	r, or tax year beginning 06	-01-2009 and ending 05-31-201	LO		
3 Che	eck if ap	oplicable PI	lease	C Name of organization MARYVILLE COLLEGE			D Employer ide	ntification number
- Add	lress cha	ange	se IRS abel or	Doing Business As			62-047569 E Telephone nu	
— Nar	ne chan	nge p i	rint or ype. See	Doing Business As				
_ Init	ıal retur	n Ś	pecific	Number and street (or P O b	ox if mail is not delivered to street addre	ess) Room/suite	(865) 981-8	
– Ter	mınated		nstruc- ions.	502 E Lamar Alexander Parkv	vay		G Gross receipts s	\$ 73,921,633
– Am	ended r	eturn		City or town, state or country	, and ZIP + 4		1	
— Арр	lication	pending		Maryville, TN 37804				
			F Nam	ne and address of principa	officer	H(a) Is th	■ ıs a group return	for
			Dr Willia	am T Bogart			ates?	⊤Yes √ No
				amar Alexander Pkwy le, TN 37804		11/1->		
			,	,			II affiliates include	ed? Yes No (see instructions)
Tax	x-exem	pt status	√ 501(c)	(3) ◄ (insert no)	(a)(1) or		up exemption nui	
w	ebsit e	: ► www.n	narvvilled	college edu		(-)		
			,		L	1		
	n of org r t I	Summa		on Trust Association C	Other F-	L Year of fo	ormation 1819 M	State of legal domicile TN
Гa				organization's mission o	most significant activities			
				=	l arts, residential community of fa	aith and learni	ng serving stude	nts of all ages and
71		-	•	•	of citizenship and leadership as w	_		n for truth, grow in
<u> </u>		wisdom, w	ork for ju	stice and dedicate a life o	f creativity and service to the pe	oples of the wo	orld	
<u> </u>								
<u>,</u>								
aovemance	2	Check this	s box ►	ıf the organization discor	ntinued its operations or disposed	d of more than	25% of its net a	ssets
	3	Number of	fvoting n	nembers of the governing l	oody (Part VI, line 1a)		3	33
Activities o	4	Number of	f ındepen	dent voting members of th	e governing body (Part VI, line 1	b)	. 4	31
Ĕ	1			nployees (Part V, line 2a)		•		841
3	1			lunteers (estimate if nece				170
	1				Part VIII, column (C), line 12		7a	106,702
					Form 990-T, line 34		7b	
					,	Pric	or Year	Current Year
	8	Contribut	tions and	grants (Part VIII, line 1h)		6,865,156	8,892,294
9	9			revenue (Part VIII, line 2ç		36,879,921	37,936,182	
Ravenue	10				lines 3, 4, and 7d)		-11,749,069	5,507,492
ř	11			art VIII, column (A), lines		462,067	421,030	
	12		-		st equal Part VIII, column (A), lir	ne	,	
					<u> </u>		32,458,075	52,756,998
	13	Grants a	nd sımıla	r amounts paid (Part IX, c	olumn (A), lines 1-3)		15,916,680	16,700,529
	14				lumn (A), line 4)		0	0
ø	15		otherco	mpensation, employee be	nefits (Part IX, column (A), lines	5 –	16,262,101	14,832,679
33.e	16a	10)	anal fundi	raising foos (Part IV, colu	mn (A), line 11e)		0	14,032,079
Expenses								
五	ь			enses (Part IX, column (D), line			11 720 055	12.424.047
	17				11a-11d, 11f-24f)	1	11,728,855	13,431,817
	18	-			ual Part IX, column (A), line 25)		43,907,636	44,965,025
. 07	19	Revenue	iess exp	enses Subtract line 18 fr	om line 12	Dii	-11,449,561	7,791,973
net Assets of Fund Balances						_	g of Current Year	End of Year
T TE	20	Total ass	sets (Par	t X, line 16)			116,306,332	125,111,515
Z 2	21						46,678,286	47,693,819
ŽΞ	22				21 from line 20		69,628,046	77,417,696
Par	t II		ture Blo					<u> </u>
		_			nined this return, including accompanying	a schedules and s	tatements, and to t	he best of my knowledge
					on of preparer (other than officer) is base			
Sign	ı					12011	04.07	
lere		Signatui	re of office	r		Date	-04-07	
		[
			r print name	st Vice President and Treasurer e and title				
] r	<u> </u>		Date	Check If	Preparer's identif	ving number
)_! -!		Preparer's signature			Date	self-	(see instructions)	
Paid		, , , , , , , , , , , , , , , , , , ,				empolyed 🕨 🦵		
•	arer's	Firm's name if self-emple					EIN Þ	
Jse (וחל	address, an		r ———				
_							Phone no 🕨	
1ay t	he IRS	S discuss t	this retur	rn with the preparer shown	above? (see instructions)			┌Yes ┌No

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

Maryville College prepares students for lives of citizenship and leadership as we challenge each one to search for truth, grow in wisdom, work for justice and dedicate a life of creativity and service to the peoples of the world

	Total program se	rvice expenses►\$	33,622,144			•
40	(Expenses \$		ledule O)		O) (Revenue \$	0)
	Other program so	ervices (Describe in Sch	padula O)			
4c	(Code) (Expenses \$	ıncluding ç	grants of \$) (Revenue \$)
	Industrial Developme the College to manage	ent Board of Blount County an ge and operate the facility Th	d are leased to the City of Ma	ryville and the Cit outstanding artist	e Maryville College campus The buy of Alcoa The Cities in turn have ts, produce worthy art, develop bo	an operating agreement wi
4b	(Code) (Expenses \$	894,930 including	grants of \$	0) (Revenue \$	106,702)
		aryville College is a four year dents with approximately 75%		ith the Presbyteria	n Church The institution provides	four year degree granting
4a	(Code) (Expenses \$, ,	grants of \$	16,700,529) (Revenue \$	52,650,296)
4	Section 501(c)(3)	and 501(c)(4) organiza	_	a)(1) trusts are	argest program services by a e required to report the amou ervice reported	•
		these changes on Sched				
3	services?			s in how it cond		⊤Yes ▼ No
	If "Yes," describe	these new services on S	chedule O			
2		on undertake any signific) or 990-EZ?	ant program services du	iring the year v		✓ Yes

Part TV	Checklist	of Do	auired	Schadu	عما
anu v	CHECKHSL	UI RE	uuneu	Scheuu	110

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 💋	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νo
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	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, 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 12A No	ļ		
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	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the 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? <i>If</i> "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? <i>If</i> "Yes," complete Schedule G, Part II	18		No
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		No
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		Νo
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
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Νο
Ь	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		Νo
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		Νο
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 "Yes," complete Schedule L, Part III </i>	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			
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
	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
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "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		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		Νo
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		Νo
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νο
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		Νο
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?	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compli	ance
--	------

			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 241			
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?	1 c	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			
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	
За	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, VI 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		
5a	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	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
7	Organizations that may receive deductible contributions under section 170(c).			
а	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	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	Yes	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	Yes	
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.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	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			

502 E Lamar Alexander Parkway

Maryville, TN 37804 (865) 981-8139

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			
	con 70 coverning body and management		Yes	No
1a	Enter the number of voting members of the governing body 1a 33			
b	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 business relationship with any other officer, director, trustee, or key employee?	2		No
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		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
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		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal			
ке	evenue Code.)		Yes	No
102	Does the organization have local chapters, branches, or affiliates?	10a	165	No
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	100		NO
	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	
	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		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		
	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed.			
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			
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 are personable to the person who person the person that the	he orga	anızatıor	n -
	Nancy J Pyanoe			

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	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
(A) Name and Title	(B) Average hours	Posi t	(C tion (hat a	ched	ckal)	I		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	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
See add'l data										

1b	Total .																	F	945,872	0	12,317
		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		· ·		1

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

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

Section B. Independent Contractors

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
Messer Construction Co 5158 Fishwick Dr Cincinnatti, OH 45216	Construction	10,103,243
Joseph Construction Co Inc PO Box 10563 Knoxville, TN 37939	Construction	2,677,579
McCarty Holsaple McCarty Architects 550 West Main Street Knoxville, TN 37902	Architects	487,300
Lawler Wood LLC 900 S Gay Street Suite 1600 Knoxville, TN 37902	Project Managers	381,081
Blount Excavating Inc 3700 Garner Circle Maryville, TN 37803	Construction	343,962
2 Total number of independent contractors (including but not limited to those listed above)	who received more than	

\$100,000 in compensation from the organization >5

Page 8

	Form 990 (2009) Part VIII Statement of Revenue							
Part	/	Statement	or Kevenue		(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	· -					
gra	Ь	•	es 1b	0				
r ag	C	Fundraising eve						
<u>2</u> <u>=</u>	d e	Government grants						
Ons.	f	All other contribution	ons, gifts, grants, and 1f	8,162,022				
Contributions, gifts, grants and other similar amounts	g	Similar amounts no Noncash contri lines 1a-1f \$	butions included in					
S E	h	Total. Add lines	s 1a-1f	▶	8,892,294			
<u> </u>				Business Code				
Program Service Revenue	2a	Tuition & instructio	n	611,310	30,158,107	30,158,107	0	0
$\frac{\pi}{2}$	b	Residence halls & s	student meals	611,710	7,678,499	0	0	7,678,499
¥ Se	C	Clayton Center for	the Arts	711,300	99,576	0	99,576	0
j.	d							
Ē	e f	All other progra	am service revenue				0	
Į,	'	All other progra	im service revenue		0	0	0	0
<u> </u>	g		s 2a-2f		37,936,182			
	3		ome (including dividen ar amounts)	. F	5,015,121	0	0	5,015,121
	4		stment of tax-exempt bond		0	0	0	0
	5	Royalties		▶ [0	0	0	0
			(ı) Real	(II) Personal				
	6a	Gross Rents Less rental	140,879	0				
	Ь	expenses	140,879	0				
	C	Rental income or (loss)		0				
	d	Net rental inco	me or (loss)		140,879	0	0	140,879
	7a	Gross amount from sales of assets other than inventory	(i) Securities 21,649,292	(II) O ther 5,361				
	ь	Less cost or other basis and sales expenses	21,067,994	94,288				
	C C	Gain or (loss)	581,298	-88,927	492,371	492,371	0	0
	d 8a	Gross income f	rom fundraising		432,371	472,371	0	0
Other Revenue		events (not inc \$	luding 0 s reported on line 1c) te 18	0				
돩	b с		penses b (loss) from fundraising	events ►	0	0	0	0
_	9a		rom gaming activities le 19					
	b c		a penses b (loss) from gaming acti	0 0 vities •	0	0	0	0
	10a	Gross sales of returns and allo	. ,	9,479				
	ь	Less cost of g	oods sold b	2,353				
	С		loss) from sales of inve	entory 🕨	7,126	0	7,126	0
	<u> </u>	Miscellaneous		Business Code 900,099	234,485	224 405	0	
	11a	Campus vendin	ig & other	900,099	234,485	234,485	0	0
	Ь							
	c d	All other reven	ue		38,540	38,540	0	0
	e	Total. Add lines			·	, 		
	12	Total revenue.	See Instructions .	▶	273,025 52,756,998	30,923,503	106,702	12,834,499
					32,130,330	50,523,503	100,702	12,004,777

To the expense Compensation Co	Form	990 (2009)				Page 10
A Ha other organizations must complete column (A) but are not required to columns (B), (C), and (D)	Part					
Description include amounts reported on lines 6b, 10b, 8b, 9b, and both Part VIII.	Δ				(D)	
Total expenses						(D)
Tests and other assistance to governments and organizations in the U.S. See Part IV, line 2.1		•		1 -		Fundraising expenses
U. S. See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the U. S. See Part IV, lines 15 and 16 4 Seents paid to of for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation of current officers, directors, trustees, and key employees 6 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(r)(3) and persons (as defined under section 4958(r)) and described under section 4958(r) and section 4958(r)) and described under section 4958(r) and s	1		0		general enpeneer	
Grants and other rasustance to governments, organizations, and individuals outside the U.S. See 9	2		16.700.529	16.700.529		
Compensation of current officers, directors, trustees, and key employees	3	organizations, and individuals outside the U.S. See	, ,			
key employees	4	Benefits paid to or for members	0	0		
(as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	5		845,811	291,497	468,674	85,640
### Pension plan contributions (include section 401(k) and section 403(b) employer contributions) ### Other employee benefits ### 1,290,020 ### 68,343 ### 13,705 ### 13,705 ### 13,705 ### 14,290,020 ### 68,343 ### 142,557 ### 330 ### 330,079 ### 142,557 ### 330 ### 330,079 ### 330,00 ### 330,0	6	(as defined under section 4958(f)(1)) and persons	0	0	o	0
40 3 (b) employer contributions)	7	Other salaries and wages	11,732,702	9,592,829	1,666,790	473,083
9 Other employee benefits	8		86,416	68,343	13,705	4,368
10 Payroll taxes	9				· ·	40,961
Test for services (non-employees)	_	·		,	· · ·	39,825
Management			57.7,122	223,213	2.2,22.	
B Legal			0	0	0	0
c Accounting 74,378 0 74,378 d Lobbying 0 0 0 e Professional fundraising See Part IV, line 17 0 0 0 f Investment management fees 0 0 0 0 g Other 834,671 533,032 293,415 8 12 Advertising and promotion 161,425 52,224 109,201 13 Office expenses 397,718 219,254 139,281 35 14 Information technology 239,530 239,530 0 0 16 Occupancy 1,856,345 301,406 1,554,939 1 17 Travel 594,529 549,512 35,052 5 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 0 0 19 Conferences, conventions, and meetings 174,086 83,551 81,477 5 20 Interest 1,239,936 0 1	b	-	-		-	0
Lobbying	c	-	· ·		· •	0
Professional fundraising See Part IV, line 17	_				,	0
The state of the		· -				
Q Other				0	0	0
12 A dvertising and promotion 161,425 52,224 109,201 13 Office expenses 397,718 219,254 139,281 35 14 Information technology 239,530 239,530 0 0 15 Royalties 0 0 0 0 16 Occupancy 1,856,345 301,406 1,554,939 17 Travel 594,529 549,512 35,052 5 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 0	-				-	8,224
13 Office expenses 397,718 219,254 139,281 39 14 Information technology 239,530 239,530 0 0 15 Royalties 0 0 0 0 0 16 Occupancy 1,856,345 301,406 1,554,939 0 1 17 Travel 594,529 549,512 35,052 5 5 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0	_		<u> </u>		· · ·	0,221
14		-	,	,	· ·	39,183
15 Royalties 0 0 0 0 1 1 1 1 1 1		·	· · · · · · · · · · · · · · · · · · ·	-	· · ·	0
16 Occupancy 1,856,345 301,406 1,554,939 17 Travel 594,529 549,512 35,052 59 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 0 0 0 0 19 Conferences, conventions, and meetings 174,086 83,551 81,477 59 20 Interest 0 0 0 1,239,936 0 1,239,936 0 21 Payments to affiliates 0 <td></td> <td></td> <td>·</td> <td></td> <td> </td> <td></td>			·		 	
17 Travel		·		, and the second	<u> </u>	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials					<u> </u>	9,965
19 Conferences, conventions, and meetings		Payments of travel or entertainment expenses for any federal,	,		,	9,903
1,239,936 0 1,239,936 2 2 2 2 2 2 2 2 2	19			_		9,058
21 Payments to affiliates 0 0 0 22 Depreciation, depletion, and amortization 2,462,718 48,248 2,414,470 23 Insurance 68,463 18,341 50,122 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) 1,577,370 1,547,278 21,640 8 b Student meal plans 1,346,323 1,346,323 0 c Swap interest liability 1,127,877 0 1,127,877 d Supplies 752,217 335,771 387,472 28 e Meals & entertainment 459,514 381,048 33,986 44 f All other expenses				,	· · ·	0
22 Depreciation, depletion, and amortization					-,,	0
23 Insurance		•		_	· ·	
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) 1,577,370 1,547,278 21,640 8 a Miscellaneous 1,346,323 1,346,323 0 b Student meal plans 1,346,323 1,346,323 0 c Swap interest liability 1,127,877 0 1,127,877 d Supplies 752,217 335,771 387,472 28 e Meals & entertainment 459,514 381,048 33,986 44 f All other expenses 410,000 42,000 43,000 44,000				· ·		
b Student meal plans 1,346,323 1,346,323 0 c Swap interest liability 1,127,877 0 1,127,877 d Supplies 752,217 335,771 387,472 28 e Meals & entertainment 459,514 381,048 33,986 44 f All other expenses 40 40		Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of	00,403	10,541	30,122	
c Swap interest liability 1,127,877 0 1,127,877 d Supplies 752,217 335,771 387,472 28 e Meals & entertainment 459,514 381,048 33,986 44 f All other expenses 40 40 40	а	Miscellaneous	1,577,370	1,547,278	21,640	8,452
d Supplies 752,217 335,771 387,472 28 e Meals & entertainment 459,514 381,048 33,986 44 f All other expenses 40,000	b	Student meal plans	1,346,323	1,346,323	0	0
e Meals & entertainment 459,514 381,048 33,986 44 f All other expenses	С	Swap interest liability	1,127,877	0	1,127,877	0
f All other expenses	d	Supplies	752,217	335,771	387,472	28,974
	e	Meals & entertainment	459,514	381,048	33,986	44,480
25 Total functional expenses. Add lines 1 through 24f 44,965,025 33,622,144 10,550,668 792	f	All other expenses				
	25	Total functional expenses. Add lines 1 through 24f	44,965,025	33,622,144	10,550,668	792,213
26 Joint costs. Check here ► ☐ 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	26	Complete this line only if the organization reported in column (B) joint costs from a combined educational				

Form 990 (2009) Page 11 Part X Balance Sheet (A) (B) Beginning of year End of vear 1.051.332 1.121.917 1 1 Cash—non-interest-bearing 2 0 2 72.964 9,483,484 3 7,777,053 3 4 477.883 222,107 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 0 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 0 6 0 2,856,937 2,729,162 7 32,333 4.884 8 1,201,030 1,898,682 9 Land, buildings, and equipment cost or other basis Complete 89.660.608 10a 10a Part VI of Schedule D 54,366,239 **10c** 10b 31.474.652 58.185.956 b Less accumulated depreciation 0 11 0 11 0 12 0 12 Investments—other securities See Part IV, line 11 41,897,948 13 50,806,865 13 Investments—program-related See Part IV, line 11 . . 14 14 5.021.406 15 2.209.665 15 16 16 116,306,332 125,111,515 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 2.632.990 17 3.268.415 17 Accounts payable and accrued expenses . 0 18 0 18 59,418 19 48,694 19 36,500,000 20 20 36,650,000 Liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 0 0 22 34.483 4,008,263 23 23 Secured mortgages and notes payable to unrelated third parties . . ol 24 24 Unsecured notes and loans payable to unrelated third parties 0 7.451.395 25 3.718.447 25 Other liabilities Complete Part X of Schedule D 26 **Total liabilities.** Add lines 17 through 25 46,678,286 26 47,693,819 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 8.721.746 18,139,987 27 27 Unrestricted net assets 28 21.754.150 28 14.982.419 Temporarily restricted net assets Fund 39.152.150 29 44.295.290 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 77,417,696 33 Total net assets or fund balances 69,628,046 33 34 Total liabilities and net assets/fund balances 116.306.332 34 125,111,515

Part XI	Financial	Statements	and I	Reporting
	i illaliciai	Statements	unu i	

			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	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	2c	Yes		
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

SCHEDULE A

(Form 990 or 990EZ) Department of the Treasury

Name of the organization

Internal Revenue Service

MARYVILLE COLLEGE

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.

Inspection **Employer identification number**

Da	rt I	Peac	on for Pul	blic Charity Stat	us (All org	ı anızatınıs	must comp	lete this nai	rt) See ins		
				e foundation because						ti uctions	
1				on of churches, or as					,		
2	Ţ.			ın section 170(b)(1)				(-)()			
3	Ė			perative hospital serv				170(b)(1)(A	O(iii).		
4	Γ	A medi	cal research	organization operate ty, and state)(A)(iii). Er	ter the
5	Γ	_	•	erated for the benefit A)(iv). (Complete Pa	_	or universit	y owned or op	perated by a g	jovernmenta	l unit descr	ıbed ın
6	\sqcap	A feder	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
7	Γ	describ	ed in	t normally receives a A)(vi) (Complete Pa		l part of its s	support from a	a government	al unit or fro	m the genei	ral public
8	\vdash	A comn	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)								
9	Γ	Anorga	An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross								
		receipt	s from activi	ties related to its ex	empt functio	ns—subject	to certain ex	ceptions, and	d (2) no more	than 331/3	3% of
		ıts supp	oort from gro	ss investment incom	ne and unrel	ated busines	ss taxable inc	ome (less se	ctıon 511 ta	x) from bus	ınesses
		acquire	d by the org	anızatıon after June 3	30,1975 S	ee section 5	09(a)(2). (Co	mplete Part 1	III)		
10	Γ	A n orga	ınızatıon org	anızed and operated	exclusively	to test for p	ublic safety	See section 5 0	09(a)(4).		
11 e	Г	one or i the box a By chec other th	more publicity that describe Type I tking this bo	anized and operated y supported organiza bes the type of suppo b Type II ox, I certify that the con managers and oth	tions descri orting organi c organization	bed in section zation and control Type III is not control	on 509(a)(1) omplete lines - Functionall olled directly	or section 50 11e through y integrated or indirectly	99(a)(2) See 11h d by one or mo	Type re disqualif	9(a)(3). Check III - Other ied persons
f g		If the o check t	rganization i his box	received a written de 006, has the organiz						I supporting	g organization,
h		(i) a pe and (III) (ii) a fa (iii) a 3	below, the q mily membe 5% controll	rectly or indirectly co governing body of the ir of a person describ led entity of a person ig information about t	e the suppor ed in (i) abo described i	ted organıza ve? n (ı) or (ıı) al	tion? bove?	ersons descr	ribed in (ii)	11g(11g(i 11g(i	i)
			<u> </u>	T	1				T		
	(i) Name suppo rganiz	e of (ii) (described on column or ted EIN lines 1-9 above you do		Is th organizat col (i) lis your gove	(iv) Is the organization in col (i) listed in your governing document?		otify the tion in f your rt?	(vi) Is th organizat col (i) org in the U	e :ion in anized	(vii) A mount of support?	
				(see instructions))	Yes	No	Yes	No	Yes	No	
								1			
Total							İ		I		

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) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(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) Dublic Support Subtract line F from						
6	Public Support. Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(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 stop here						-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
_	and stop here. The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	▶ □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and stop here. The organization				,		▶
17a	10%-facts-and-circumstances test-	-2009. 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				gaao., quu		▶ ┌
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	T			1	T	I
cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) 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						
_	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 Amounts included on lines 1, 2,						
/a	and 3 received from disqualified				1		
	persons						
b	A mounts 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						
c	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	rom line 6) ction B. Total Support						
	ndar year (or fiscal year beginning						
cuic	in)	(a) 2005	(b) 2006	(c) 2007	(d) 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						
	income (less section 511 taxes) from businesses acquired after						
	June 30, 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						
13	IV) Total support (Add lines 9, 10c,						
13	11 and 12)						
14	First Five Years If the Form 990 is for	or the organizat	ion's first, second	l, thırd, fourth, or	fifth tax year as a	a 501(c)(3) orgar	
	check this box and stop here						► □
Se	ction C. Computation of Publ	ic Support P	ercentage				
15	Public Support Percentage for 2009			13 column (f))		15	
16	Public support percentage from 200	-		.,,		16	
	Table support personage nom 200	o o o modulo / i / i	arc 111, mrs 15			10	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ae			
17	Investment income percentage for 2				n (f))	17	
18	Investment income percentage from	•		•		18	
	33 1/3% support tests—2009. If the		•		d line 15 is more		line 17 is not
1.7a	more than 33 1/3%, check this box a					uii 22 1/3/0 dill	. IIIC 17 13 110t
	organization	•厂		•			
ь	33 1/3% support tests—2008. If the	organization di	d not check a box	on line 14 or line	e 19a, and line 16	5 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

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

DLN: 93493097007211

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

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

			62-	0475691			
Pa	rt I Organizations Maintaining Donor A		unds	or Account	s. Comple	te if the	
	organization answered "Yes" to Form 9	90, Part IV, line 6. (a) Donor advised funds	Τ	(b) Funds and	other sees	ınto	
	Total number at end of year	384	+	(b) Fullus allu	other accor	5	
	Aggregate contributions to (during year)		+				
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	4,917,611	1				
	Aggregate grants from (during year)	1,350,000	+			150,00	
	Aggregate value at end of year	47,253,905	•		3,	309,74	
	Did the organization inform all donors and donor adv funds are the organization's property, subject to the		nor advi	sed	√ Yes	┌ No	
	Did the organization inform all grantees, donors, an used only for charitable purposes and not for the be conferring impermissible private benefit				√ Yes	┌ No	
εī	t II Conservation Easements. Complete	e if the organization answered "Yes"	to Forn	n 990. Part I	V. line 7.	·	
	Purpose(s) of conservation easements held by the				• /		
	Preservation of land for public use (e.g., recrea		n hıstor	ıcally ımportar	ntly land are	a	
	Protection of natural habitat	Preservation of a			•		
	Preservation of open space						
	Complete lines 2a-2d if the organization held a qua	lified conservation contribution in the forr	n of a co	onservation			
	casement on the last day of the tax year			Held at the	e End of the	Year	
а	Total number of conservation easements		2a	11010 00			
b	Total acreage restricted by conservation easement	s	2b				
c	Number of conservation easements on a certified h						
d	Number of conservation easements included in (c)	, ,	2c 2d				
	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during						
	the taxable year	erreu, reieaseu, extiliguistieu, or terifiliat	eu by ti	ie organizacioi	i during		
	Number of states where property subject to conserv	ation easement is located 🟲					
	Does the organization have a written policy regarding enforcement of the conservation easements it holds		ıdlıng of	violations, an	d Yes	┌ No	
	Staff and volunteer hours devoted to monitoring, ins	pecting and enforcing conservation easer	ments d	uring the year	-		
	A mount of expenses incurred in monitoring, inspect	ing, and enforcing conservation easement	s durin	g the year ► \$			
	Does each conservation easement reported on line $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	2(d) above satisfy the requirements of se	ction		☐ Yes	┌ No	
	In Part XIV, describe how the organization reports balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	the footnote to the organization's financia					
ar	Complete if the organization answered		or Ot	her Similar	Assets.		
.a	If the organization elected, as permitted under SFA art, historical treasures, or other similar assets hel provide, in Part XIV, the text of the footnote to its f	S 116, not to report in its revenue statem d for public exhibition, education or reseal	ch in fu			е,	
b	If the organization elected, as permitted under SFA historical treasures, or other similar assets held for provide the following amounts relating to these item	public exhibition, education, or research			•		
	(i) Revenues included in Form 990, Part VIII, line	1		► \$		0	
	(ii) Assets included in Form 990, Part X			► \$		12,693	
	If the organization received or held works of art, his following amounts required to be reported under SF	· · · · · · · · · · · · · · · · · · ·	or finan				
а	Revenues included in Form 990. Part VIII. line 1			▶ \$		0	

b Assets included in Form 990, Part X

0

Par	Organizations Maintaining Co	ollections of Art	, His	torical Tre	eası	ıres, or Ot	he	r Similar A	SSE	ets (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	y of th	e following th	at aı	re a sıgnıfıcaı	nt us	se of its colle	ctioi	n	
а	Public exhibition		d	☐ Loan or	exc	hange progra	ms				
b	Scholarly research		e	┌ Other							
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ın hov	they further	the	organızatıon':	s ex	empt purpose	e in		
5	During the year, did the organization solicit assets to be sold to raise funds rather than			•				ılar	Γ	Yes	√ No
Pai	t IV Escrow and Custodial Arrang					n answered	l "Ye	es" to Form	990),	
	Part IV, line 9, or reported an ar			•							
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?				ons	or other asse	ets r	ot	Γ	Yes	Г No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ıng table		_					
_						H	_	A	moı	ınt	
C	Beginning balance						1c				
d	Additions during the year					<u> </u>	1d				
e	Distributions during the year					_	le				
f	Ending balance					_ 1	1f				
2a	Did the organization include an amount on Form 990, Part X, line 21?										
	If "Yes," explain the arrangement in Part XI\			1 1157							
Pa	rt V Endowment Funds. Complete	if the organization (a)Current Year		wered "Yes')Prior Year				t IV, line 10 Three Years Bad		•\Four Ye	ears Back
la	Beginning of year balance	41,805,375	(,,	51,410,793		TWO TEATS BUCK	1(4)	Timee reary bac		<i>.</i> ,	ars back
ь	Contributions	4,917,611		1,871,878					+		
c	Investment earnings or losses	5,491,377		-9,506,359					+		
d	Grants or scholarships	1,043,000		1,161,022							
e	Other expenditures for facilities and programs	457,000		664,833							
f	Administrative expenses	150,713		145,082					+		
g	End of year balance	50,563,650		41,805,375					+		
2	Provide the estimated percentage of the year	r end balance held a									
а	Board designated or quasi-endowment	14% %									
ь	Permanent endowment > 986% %										
	0.04	,									
c 3a	Term endowment ► 0 % % Are there endowment funds not in the posse	ssion of the organiza	ation t	hat are held a	and a	administered	for	the			
	organization by									Yes	No
	(i) unrelated organizations							3	a(i)		Νο
	(ii) related organizations								a(ii)		No
	If "Yes" to 3a(II), are the related organizatio				•		٠		3Ь		
4 Dog	Describe in Part XIV the intended uses of the triangle of triangle of the triangle of triangle of the triangle of tria				Λ D	art V line 1	10				
<u> </u>	Description of investment	s, and Equipme	<u> </u>	(a) Cost or ot basis (investment	her	(b)Cost or oth	ner	(c) Accumulate	ed	(d) Boo	ok value
1a	Land				0	457,:	104		\dashv		457,104
	Buildings				0	70,589,2		22,155,2	79	45	3,433,970
	Leasehold improvements		•		0	6,883,7		64,8	-		5,818,896
	Equipment				0	10,259,2		8,429,0	-		1,830,288
	Other				0	1,471,2		825,5	_	-	645,698
_			•	1	۷	-, ., -,		020,0	1		5.5,050

58,185,956

Part VIII Investments—Other Securities. See F	orm 990, Part X, line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives	0	
Closely-held equity interests	0	
Other		
	<u> </u>	
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	0	
Part VIII Investments—Program Related. See		
		(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
Private equity	11 501 351	
	11,581,351	
US equities	11,402,833	
International equities	11,315,769	F
Absolute return	7,635,716	F
Fixed income	5,707,752	F
Natural resources	2,100,266	
REITS	222,301	F
Other investments	840,877	С
Total. (Column (b) should equal Form 990. Part X. col (B) line 13)	50 206 265	
Totali (colaini (c) cheale equal com see, raitin, col (c) mic 10)	50,806,865	
Part IX Other Assets. See Form 990, Part X, line		(IA) De alemates
(a) Descript	lon	(b) Book value
Funds restricted to investment in buildings & equipment		2,045,603
Bond origination costs		164,062
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15	ī.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X,		
Part X Other Liabilities. See Form 990, Part X	, lıne 25.	▶ 2,209,665
Part X Other Liabilities. See Form 990, Part X, 1 (a) Description of Liability	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X, 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount 0	
Part X Other Liabilities. See Form 990, Part X, 1 (a) Description of Liability	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X, 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount 0	
Part X Other Liabilities. See Form 990, Part X, (a) Description of Liability Federal Income Taxes Due to US Government	(b) A mount 0 2,007,488 1,060,939	2,209,665
Part X Other Liabilities. See Form 990, Part X, 1 (a) Description of Liability Federal Income Taxes Due to US Government Annuities payable	, line 25. (b) A mount 0 2,007,488	
Part X Other Liabilities. See Form 990, Part X, 1 (a) Description of Liability Federal Income Taxes Due to US Government Annuities payable	(b) A mount 0 2,007,488 1,060,939	
Part X Other Liabilities. See Form 990, Part X, 1 (a) Description of Liability Federal Income Taxes Due to US Government Annuities payable	(b) A mount 0 2,007,488 1,060,939	
Part X Other Liabilities. See Form 990, Part X, 1 (a) Description of Liability Federal Income Taxes Due to US Government Annuities payable	(b) A mount 0 2,007,488 1,060,939	2,209,665
Part X Other Liabilities. See Form 990, Part X, 1 (a) Description of Liability Federal Income Taxes Due to US Government Annuities payable	(b) A mount 0 2,007,488 1,060,939	2,209,665
Part X Other Liabilities. See Form 990, Part X, 1 (a) Description of Liability Federal Income Taxes Due to US Government Annuities payable	(b) A mount 0 2,007,488 1,060,939	
Part X Other Liabilities. See Form 990, Part X, 1 (a) Description of Liability Federal Income Taxes Due to US Government Annuities payable	(b) A mount 0 2,007,488 1,060,939	
Part X Other Liabilities. See Form 990, Part X, 1 (a) Description of Liability Federal Income Taxes Due to US Government Annuities payable	(b) A mount 0 2,007,488 1,060,939	
Part X Other Liabilities. See Form 990, Part X, 1 (a) Description of Liability Federal Income Taxes Due to US Government Annuities payable	(b) A mount 0 2,007,488 1,060,939	2,209,665
Part X Other Liabilities. See Form 990, Part X, 1 (a) Description of Liability Federal Income Taxes Due to US Government Annuities payable	(b) A mount 0 2,007,488 1,060,939	2,209,665
Part X Other Liabilities. See Form 990, Part X, 1 (a) Description of Liability Federal Income Taxes Due to US Government Annuities payable	(b) A mount 0 2,007,488 1,060,939	
Part X Other Liabilities. See Form 990, Part X, 1 (a) Description of Liability Federal Income Taxes Due to US Government Annuities payable	(b) A mount 0 2,007,488 1,060,939	2,209,665
Part X Other Liabilities. See Form 990, Part X, 1 (a) Description of Liability Federal Income Taxes Due to US Government Annuities payable	(b) A mount 0 2,007,488 1,060,939	
Part X Other Liabilities. See Form 990, Part X, 1 (a) Description of Liability Federal Income Taxes Due to US Government Annuities payable	(b) A mount 0 2,007,488 1,060,939	

Part	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	52,756,998
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	44,965,02
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	7,791,97
4	Net unrealized gains (losses) on investments	4	(
5	Donated services and use of facilities	5	(
6	Investment expenses	6	(
7	Prior period adjustments	7	(
8	Other (Describe in Part XIV)	8	(
	Total adjustments (net) Add lines 4 - 8	9	(
	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	7,791,97
Part)		er Re	
1	Total revenue, gains, and other support per audited financial statements	1	52,650,296
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		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d 0		
e	Add lines 2a through 2d	2e	(
3	Subtract line 2e from line 1	3	52,650,296
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 0		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	106,70
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	52,756,998
Part >		per	
1	Total expenses and losses per audited financial statements	1	44,967,348
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		
С	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	2,32
3	Subtract line 2e from line 1	3	44,965,02
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 0		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	(
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	44,965,02

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 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
SchD_P03_S00_L04	Schedule D, Part III, Line 4	The fine art collection is held for public exhibition and/or education. The opening of the Clayton Center for the Arts on the Maryville College campus has increased the desire and ability to share with the region art work with educational value. Our collection consists of two sculptures at this time
SchD_P05_S00_L04	Schedule D, Part V, Line 4	The endowed funds of the College are used for student scholarships, buildings maintenance and various programs support
SchD_P10_S00_L00	Schedule D, Part X	FIN 48 - Uncertain Tax Positions - Maryville College did not owe or need to accrue any federal income taxes at May 31, 2010
SchD_P12_S00_L04b	Schedule D, Part XII, Line 4b	Clayton Center for the Arts gross revenue \$106,702 included in Part VIII under column (C) Unrelated Business Revenue Form 990-T has been filed for year end May 31, 2010
SchD_P13_S00_L02d	Schedule D, Part XIII, Line 2d	Clayton Center for the Arts book depreciation is \$2323 more than tax depreciation for year end May 31, 2010 Form 990-T has been filed

Additional Data

Software ID: Software Version:

EIN: 62-0475691

Name: MARYVILLE COLLEGE

Form 990, Schedule D, Part VIII - Investments— Program Related

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value			
Private equity	11,581,351	F			
US equities	11,402,833	F			
International equities	11,315,769	F			
A bsolute return	7,635,716	F			
Fixed income	5,707,752	F			
Natural resources	2,100,266	F			
REITS	222,301	F			
Other investments	840,877	C			

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

MARY	VILLE COLLEGE						
	62-	-0475691		YES	NO		
		(TES	NU		
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its cother governing instrument, or in a resolution of its governing body?	charter, bylaws,	1	Yes			
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in brochures, catalogues, and other written communications with the public dealing with student admiss programs, and scholarships?		2	Yes			
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast the period of solicitation for students, or during the registration period if it has no solicitation program that makes the policy known to all parts of the general community it serves? If "Yes," please described to the policy known to all parts of the general community it serves?	m, in a way					
	please explain Maryville College does not discriminate on the basis of race, color, gender, ethnic or national orgin, orientation, age, disability or political beliefs in provision of educational opportunities and benefits a located in our By-laws, on our web site and in all publications that are distributed to the public		3	Yes			
4	Does the organization maintain the following?						
a	a Records indicating the racial composition of the student body, faculty, and administrative staff?						
t	 a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 						
c	Copies of all catalogues, brochures, announcements, and other written communications to the public with student admissions, programs, and scholarships?	dealing	4c	Yes			
c	Copies of all material used by the organization or on its behalf to solicit contributions?		4d	Yes			
	If you answered "No" to any of the above, please explain If you need more space, use Schedule O (Form 990)						
5 a	Does the organization discriminate by race in any way with respect to Students' rights or privileges?		5a		No		
Ŀ	Admissions policies?		5b		Νo		
c	Employment of faculty or administrative staff?	,	5с		No		
c	I Scholarships or other financial assistance?		5d		No		
e	Educational policies?		5e		Νo		
f	Use of facilities?		5f		No		
ç	Athletic programs?		5g		No		
ŀ	h Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990)						
	Does the organization receive any financial aid or assistance from a governmental agency?		6a	Yes			
Ŀ	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 01 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Scheduch 1990.		7	Yes			

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DLN: 93493097007211

OMB No 1545-0047

Open to Public **Inspection**

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

Statement of Activities Outside the United States

► Attach to Form 990. ► See separate instructions.

Name of the organization MARYVILLE COLLEGE

Employer identification number

62-0475691

Pa	General Infor			de the United State	s. Complete if the organ	
1	For grantmakers. Doe	the amount of the grants lection criteria used to a				
2	For grant makers. Descri United States	be in Part IV the	organization's pr	ocedures for monitoring t	he use of grant funds outsıd	e the
3	Activites per Region (U:	se Schedule F-1	(Form 990) If add	ditional space is needed)		
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services,	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Sout	th Asia	0	0	Program Services	Student study abroad program to India during January 2010 as a group with faculty Expenditures included round trip airfare, hotels, tours and food	42,934
	t Asia and the Pacific	0		Program Services	Student study abroad program to China during the summer of 2009 as a group with faculty Expenditures included round trip airfare, hotels, tours and meals	33,340
Europe (including Iceland and Greenland)		0	0	Program Services	Student study abroad program to Germany during January 2010 as a group with faculty Expenditures included round trip airfare, hotels, tours and meals	26,483
						102,757
Tota	ale b	0	0	Ί	i	102,/5/

Totals ▶

Part IV	Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000									
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)		
2 Enter total n tax-exempt	number of recipions by the IRS, or f	ent organizations lis or which the grante	ted above that are e or counsel has pr	recognized as chari ovided a section 50	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . ►			
3 Enter total n	umber of other	organizations or en	tities					: (Earm 990) 2009		

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. (c) Number of (b) Region (d) A mount of (e) Manner of cash (a) Type of grant or (f) A mount of (g) Description (h) Method of assistance cash grant disbursement of non-cash valuation recipients non-cash (book, FMV, assistance assistance appraisal, other)

Schedule F (Form 990) 2009

Identifier	ReturnReference	in Part I, line 2, and any additional information. Explanation
	+	

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Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

DLN: 93493097007211 OMB No 1545-0047

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

lame of the organization						Employer identifica	ition number
1ARYVILLE COLLEGE						62-0475691	
Part I General Info						•	
the selection criteria us	sed to award the grar	ubstantiate the amount of to the or assistance? edures for monitoring the us			ity for the grants or assis	stance, and	✓ Yes 🗀
Form 990, Par	t 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) EIN	(c) IRC Code 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 se	ection 501(c)(3) and	d government organizations					
			· · ·	· · ·			

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
Maryville College Grants and Awards	718	15,127,946	0	Cost	N/A
Maryville College Endowed Scholarships	242	1,043,000	0	Cost	N/A
Bonner Scholarships	53	253,499	0	Cost	N/A
Federal Supplemental Educational Opportunity Grant	64	152,783	0	Cost	N/A
Federal Work Studt Program	222	123,301	0	Cost	N/A

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

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

DLN: 93493097007211

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Compensation Information

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

MAI	RYVILLE COLLEGE			
	62-0475691			
Pa	rt I Questions Regarding Compensation		T	Ι
			Yes	Νo
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	▼ Travel for companions			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line $1a$, did the organization pay or accrue any compensation contingent on the revenues of			
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, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
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, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		No
۵	If "Vac" to line 9, did the organization also follow the rebuttable procumption procedure described in Populations			

section 53 4958-6(c)?

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)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(i) Base compensation (ii) Base compensation (iii) Bonus & (iii) Other reportable compensation (iii) Bonus & (iiii) Other reportable compensation		(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ	
Dr Gerald W Gıbson	(ı) (ıı)	240,675 0	0	,	0	0	265,987 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	Return Reference	Explanation
	Part I, Line 1a	The spouse of the President accompanies him to conferences and meetings several times during the year. The College pays her travel expenses. The President receives a housing allowance of \$1400 each month. He receives a vehicle for business and personal use. The annual lease value of the vehicle and the housing allowance are added to his taxable compensation.
	Part I, Line 3	The annual collegewide wage increase percentage is approved by the Budget & Audit Committee and the Board of Directors after discussion of local, regional and national pay increases and other economic issues. These discussions are noted in the minutes of the Budget & Audit Committee meetings. The Executive Committee of the Board of Directors then obtains relevant information from the Human Resources department of the College to determine the President's annual increase. The President's increase is discussed and approved by the Executive Committee of the Board of Directors. The College did not award pay increases to any employees for year end May 31, 2010.

Schedule J (Form 990) 2009

DLN: 93493097007211

OMB No 1545-0047

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.

Open to Public Inspect ion

(h) O n

Internal Revenue Service Name of the organization MARYVILLE COLLEGE

Bond Issues

Department of the Treasury

Schedule K

(Form 990)

Employer identification number

62-0475691

(a) Issuer Name (b) Issuer EIN (c) CUSIP #		(d) Date :	Issued	(e) Issue	e) Issue Price (f) Description		ription of P	tion of Purpose (g) Defe		feased	Issuer			
											Yes	No	Yes	No
A	Health & Educational Facilities Board of Blount County Tennessee Series 2009	62-1192419		12-01-2	2010	30,0	000,000	Revenue refu	enue refunding bonds			x		×
В	Health and Educational Facilities Board of Blount County Tennessee Series 2010 62-1192419			03-12-2	2010	6,6	550,000	Revenue refu	ındıng bond	s		x		х
Pa	rt III Proceeds					_								
				Α			В		С	D	<u> </u>		E	
1					0,000,00	0	6,650,0	00						
	Gross proceeds in reserve funds					0		0						
3					0 0									
4	· · · · · · · · · · · · · · · · · · ·				0 0									
5						0		0						
6	Working capital expenditures from					0		0						
7	Capital expenditures from proceed	ds			0 0									
8	Year of substantial completion													
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No
9	Were the bonds issued as part of a	a current refunding is	sue?	Х		Х								
10	Were the bonds issued as part of a	an advance refunding	ıssue?		X		X							
11	Has the final allocation of proceed	is been made?		Х		Х								
12	Does the organization maintain ad the final allocation of proceeds?		cords to support	Х		х								
Par	t IIII Private Business Use			1		_								
					E				D			E		
	Was the organization a partner in	a nartnarahın ora	ambar of an II C	Yes	No	Yes	No	Yes	No	Yes	No	Ye	5	No
1	Was the organization a partner in which owned property financed by	tax-exempt bonds?	·		Х		Х							
2	Are there any lease arrangements which may result in private busine		financed property		Х		х							
For F	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50193E Schedule K (Form 990) 2009													

Schedule K (Form 990) 2009

Part III Private Business Use (Continued)

		A		E	В		С		D		E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		Х		х						
3b	Are there any research agreements with respect to the financed property which may result in private business use?		Х		х						
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?		x		х						
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 %		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 %		0 %						
6	Total of lines 4 and 5	0 %			0 %						
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	Х		х							
B-	TIV Arbitrage	1	•	•	•	•	•	•		•	

Part IV Arbitrage

			A		В		С	ı	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		х						
2	Is the bond issue a variable rate issue?	Х		х							
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		х		х						
b	Name of provider						•				
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?		Х		Х						
b	Name of provider						-				
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?		х		х						
6	Did the bond issue qualify for an exception to rebate?		х		х						
									Cahadul	o V /Form 00/	3) 2000

Software ID: **Software Version:**

EIN: 62-0475691

Name: MARYVILLE COLLEGE

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493097007211

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

(Form 990)

SCHEDULE 0

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

Supplemental Information to Form 990

MARYVILLE COLLEGE

Name of the organization

Employer identification number

62-0475691

ldentifier	Return Reference	Explanation
F990_P03_S00_L02	Form 990, Part III, Line 2	During fiscal year ended May 31 2010 the Clayton Center for the Arts opened on the Maryville College campus. The mission of the Center is to become a gathering place for the community and its visitors and as the home of the Maryville College fine and performing arts program. Clayton Center for the Arts provides opportunities for the lifelong expression and appreciation of the arts. Clayton Center for the Arts is a facility for the presentation and production of the fine arts as will as for the nurturance and development of area artists whether individuals or students in formalized programs of instruction. The Center is also a repository for the artistic and cultural heritage of the Southern Appalachian Mountains. The Center is a provider of public spaces for art, cultural, and civic activities. In all these functions, the Center is a magnet to bring together the creative, productive, and appreciative capacities of the people in the area.

ldentifier	Return Reference	Explanation
F990_P06_S0B_L11	Section B, Line 11	Maryville College's Budget & Audit Committee reviews the annual Form 990 before it is filed Committee members are encouraged to ask questions of the entries on the form. The form is not signed or submitted to the IRS until the members have had a chance to review

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

ldentifier	Return Reference	Explanation
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	Annual wage increases are approved by the Budget & Audit Committee and the Board of Directors after discussion and review of analysis of local, regional and national wages increases and other economic issues. These meetings are documented by minutes. Salary increases for the President follow the same process with an additional step of having the Executive Committee of the Board finalizing any increase. No wage increases were awarded to employees or the President during fiscal year ended May 31, 2010. The last pay increases were during fiscal year ended May 31, 2008.

ldentifier	Return Reference	Explanation
F990_P06_S0C_L19	, ,	Maryville College makes its governing documents, conflict of interest policy and financial statements availbale to the public either on our website and/or upon request

Software ID: Software Version:

EIN: 62-0475691

Name: MARYVILLE COLLEGE

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

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) (C) A verage Position (check all that apply) per							(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	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	
Ms Elizabeth A Bulette Board Member	2	Х						0	0	0	
Mr Sheridan H Greaser Board Member	2	×						0	0	0	
Mr G Donald Hickman Board Member	2	х						0	0	0	
Mr Richard E Ragsdale Board Member	2	х						0	0	0	
Dr Dorsey D Ellis Jr Board Member Chairman	2	×						0	0	0	
Ms Christine G Hayworth	2	х						0	0	0	
Board Member Mr Mark E Ingram	2	Х						0	0	0	
Board Member Mr J William Johnson	2	X						0	0	0	
Board Member Secretary	2	^						0	-		
Mr Robert E Kallstrom Board Member	2	Х						0	0	0	
Rev Mark L Knisley Board Member	2	Х						0	0	0	
Mr Ronald Y Koo Board Member	2	×						0	0	0	
Ms Sherrı P Lee Board Member	2	х						0	0	0	
Mr James E McCall Board Member	2	х						0	0	0	
Dr J Robert Merriman Board Member	2	Х						0	0	0	
Mr Alvin Nance Board Member	2	х						0	0	0	
Mr George W Poland Board Member	2	×						0	0	0	
Mr John Knox Singleton	2	×						0	0	0	
Board Member Mr James M Usdan	2	×						0	0	0	
Board Member Mr Robert A Jefferies Jr	2	Х						0	0	0	
Board Member Mr Wayne R Kramer	2	X						0	0	0	
Board Member Ms Judy M Penry											
Board Member Mr Steve West	2	X						0	0	0	
Board Member	2	X						0	0	0	
Mr Jeffrey K Willis Board Member	2	Х						0	0	0	
Ms Mary L Witherspoon Board Member	2	Х						0	0	0	
Dr Bryant L Cureton Board Member	2	Х						0	0	0	

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

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours		(C tion (hat a	che)			(D) Reportable compensation from the	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other	
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)		compensation from the organization and related organizations	
Mr William E Harmon Board Member	2	Х						0	0	0	
Ms Diane HumphreysBarlow Board Member	2	Х						0	0	0	
Dr Naomı B Lynn Board Member	2	Х						0	0	0	
Mr James N Proffitt Board Member	2	Х						0	0	0	
Dr Kenneth D Tuck Board Member	2	Х						0	0	0	
Rev Dr Emily J Anderson Board Member	2	Х						0	0	0	
Ms Nancy B Cain Board Member	2	Х						0	0	0	
Mr Dana Smith Treasurer	40			х				113,306	0	0	
Dr William Seymour Vice President	40			х				89,382	0	0	
Mrs Alta Kemp Vice President	40			х				92,574	0	0	
Dr Gerald W Gıbson Presıdent	40			x				265,987	0	12,317	
Dr Jeffrey A Fager Vıce President	40			х				108,326	0	0	
Holly D Jackson-Ludlow Vice President	40			х				85,640	0	0	
Mr William J Sliwa Vice President	40			х				90,598	0	0	
Dr Terry Sımpson Dıv Chaır/Professor	40					х		100,059	0	0	

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Miscellaneous	1,577,370	1,547,278	21,640	8,452
Student meal plans	1,346,323	1,346,323	0	0
Swap interest liability	1,127,877	0	1,127,877	0
Supplies	752,217	335,771	387,472	28,974
Meals & entertainment	459,514	381,048	33,986	44,480