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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047

2009**Open to Public Inspection****A** For the 2009 calendar year, or tax year beginning 07/01/09, and ending 06/30/10**B** Check if applicable☐ Address change☐ Name change☐ Initial return☐ Termination☐ Amended return☐ Application pending

Please use IRS label or print or type See Specific Instructions.

C Name of organization

LINCOLN MEMORIAL UNIVERSITY

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

6965 CUMBERLAND GAP PARKWAY

Room/suite

City or town, state or country, and ZIP + 4

HARROGATE TN 37752

F Name and address of principal officer

DR. JAMES DAWSON

6965 CUMBERLAND GAP PARKWAY

HARROGATE TN 37752

D Employer identification number

62-0479542

E Telephone number**G** Gross receipts \$ 76,131,812**H(a)** Is this a group return for

affiliates?

☐ Yes☒ No**H(b)** Are all affiliates included?☐ Yes☐ No

If "No," attach a list (see instructions)

I Tax-exempt status ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ WWW.LMUNET.EDU**K** Type of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation 1897**M** State of legal domicile TN**Part I Summary****1** Briefly describe the organization's mission or most significant activities

LINCOLN MEMORIAL UNIVERSITY IS A VALUES-BASED LEARNING COMMUNITY DEDICATED TO PROVIDING EDUCATIONAL EXPERIENCES IN THE LIBERAL ARTS AND PROFESSIONAL STUDIES.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets**3** Number of voting members of the governing body (Part VI, line 1a)

3 27

4 Number of independent voting members of the governing body (Part VI, line 1b)

4 27

5 Total number of employees (Part V, line 2a)

5 944

6 Total number of volunteers (estimate if necessary)

6 27

7a Total gross unrelated business revenue from Part VII, column (C), line 2

7a 52,927

b Net unrelated business taxable income from Form 990-T, line 34

7b 47,860

Activities & Governance

Revenue

Expenses

Net Assets or Fund Balances

8 Contributions and grants (Part VIII, line 1h)**9** Program service revenue (Part VIII, line 2g)**10** Investment income (Part VIII, column (A), lines 3, 4, and 7d)**11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9e, 10c, and 11e)**12** Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)**13** Grants and similar amounts paid (Part IX, column (A), lines 1-3)**14** Benefits paid to or for members (Part IX, column (A), line 4)**15** Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)**16a** Professional fundraising fees (Part IX, column (A), line 11e)**b** Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,468,889**17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)**18** Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)**19** Revenue less expenses Subtract line 18 from line 12**20** Total assets (Part X, line 16)**21** Total liabilities (Part X, line 26)**22** Net assets or fund balances Subtract line 21 from line 20

Prior Year

Current Year

3,413,582 4,719,482

50,135,164 65,215,407

307,351 511,940

345,297 131,890

54,201,394 70,578,719

8,932,813 10,555,010

24,886,791 29,856,078

19,489,829 26,610,014

53,309,433 67,021,102

891,961 3,557,617

Beginning of Current Year End of Year

134,146,720 144,482,047

77,149,793 82,349,175

56,996,927 62,132,872

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Signature of officer

KIMBERLEE BONTRAGER

Type or print name and title

VP OF FINANCE

Date

16 May '11

Sign Here

Paid Preparer's Use Only

Preparer's signature

Firm's name (or yours if self-employed), address, and ZIP + 4

RODEFER MOSS & CO, PLLC

608 MABRY HOOD RD STE 300

KNOXVILLE, TN 37932

Date

5/13/11

Check if self-employed ☐

Preparer's identifying number (see instructions) P00080572

EIN ▶

62-1690032

Phone

no ▶ 865-583-0091

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

☐ Yes ☐ No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2009)

DAA

SCANNED JUN 20 2011

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Part III Statement of Program Service Accomplishments**1** Briefly describe the organization's mission:

LINCOLN MEMORIAL UNIVERSITY IS A VALUES-BASED LEARNING COMMUNITY DEDICATED TO PROVIDING EDUCATIONAL EXPERIENCES IN THE LIBERAL ARTS AND PROFESSIONAL STUDIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code) (Expenses \$ 39,291,438 including grants of \$ 10,555,010) (Revenue \$ 51,520,172)
 UNDERGRADUATE/GRADUATE PROGRAMS

THE UNIVERSITY STRIVES TO GIVE STUDENTS A FOUNDATION FOR A MORE PRODUCTIVE LIFE BY UPHOLDING THE PRINCIPLES OF ABRAHAM LINCOLN'S LIFE: A DEDICATION TO INDIVIDUAL LIBERTY, RESPONSIBILITY, AND IMPROVEMENT; A RESPECT FOR CITIZENSHIP; RECOGNITION OF THE INTRINSIC VALUE OF HIGH MORAL AND ETHICAL STANDARDS; AND A BELIEF IN A PERSONAL GOD.

THE UNIVERSITY IS COMMITTED TO TEACHING, RESEARCH, AND SERVICE. THE UNIVERSITY'S CURRICULUM AND COMMITMENT TO QUALITY INSTRUCTION AT EVERY LEVEL ARE BASED ON THE BELIEFS THAT GRADUATES MUST BE ABLE TO COMMUNICATE CLEARLY AND EFFECTIVELY IN AN ERA OF RAPIDLY AND CONTINUOUSLY EXPANDING

4b (Code) (Expenses \$ 5,885,775 including grants of \$) (Revenue \$ 13,695,235)
 DEBUSK COLLEGE OF MEDICINE (DCOM) STATEMENT COMMITTED TO THE PREMISE THAT THE CORNERSTONE OF MEANINGFUL EXISTENCE IS SERVICE TO HUMANITY. THE MISSION OF LMU-DCOM IS ACHIEVED BY: TEACHING, RESEARCH, SERVICE, INCLUDING OSTEOPATHIC CLINICAL SERVICE AND STUDENT ACHIEVEMENT; NEEDS OF PEOPLE WITHIN THE APPALACHIAN REGION AND BEYOND; RURAL COMMUNITIES SUPPORTED BY SUPERIOR FACULTY AND TECHNOLOGY; CARE, DIVERSITY AND PUBLIC SERVICE AS AN ENDURING COMMITMENT TO RESPONSIBILITY AND HIGH ETHICAL STANDARDS.

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► 45,177,213

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
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		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
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		
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		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	X	
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	X	
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	X	
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	X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? 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 related 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	X	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	Yes	No
		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	X	
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
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		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
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		X
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	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 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	X	
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 lines 24b through 24d and complete Schedule K. If "No," go to line 25	X	
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
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		X
25b 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		X
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		X
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? If "Yes," complete Schedule L, Part III		X
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)		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	X	
28b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28c 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 direct or indirect owner? If "Yes," complete Schedule L, Part IV	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
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? If "Yes," complete Schedule R, Part I		X
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		X
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		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
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		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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.		
2b	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).	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	X	
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)?		X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	X	
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		X
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?	X	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		X
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	X	
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	X	
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
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?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	27	
1b Enter the number of voting members that are independent	27	
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?		X
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?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
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		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11a Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
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?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, 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?		X
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?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► NONE

18 Section 6104 requires an organization to make its Forms 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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► KIMBERLEE BONTRAGER 6965 CUMBERLAND GAP PARKWAY HARROGATE TN 37752 423-869-6284

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. 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. 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, and 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 not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
O.V. DEBUSK CHAIRMAN	1.00	X		X				0	0	0
SAM A. MARS JR. FIRST VICE-CHAIRMAN	1.00	X		X				0	0	0
GARY J. BURCHETT SECOND VICE-CHAIRMAN	1.00	X		X				0	0	0
JAMES JORDAN THIRD VICE-CHAIRMAN	1.00	X		X				0	0	0
SAM A. MARS, III SECRETARY	1.00	X		X				0	0	0
ART BRILL BOARD OF TRUSTEE MEM	1.00	X		X				0	0	0
GEORGE DAY BOARD OF TRUSTEE MEM	1.00	X						0	0	0
BRIAN DEBUSK BOARD OF TRUSTEE MEM	1.00	X						0	0	0
FREDERICK S. FIELDS BOARD OF TRUSTEE MEM	1.00	X						0	0	0
ROBERT FINLEY BOARD OF TRUSTEE MEM	1.00	X						0	0	0
RICHARD GILLESPIE BOARD OF TRUSTEE MEM	1.00	X						0	0	0
CHARLES HOLLAND BOARD OF TRUSTEE MEM	1.00	X						0	0	0
KENNETH JONES BOARD OF TRUSTEE MEM	1.00	X						0	0	0
TERRY LEE BOARD OF TRUSTEE MEM	1.00	X						0	0	0
PETE MAPLES BOARD OF TRUSTEE MEM	1.00	X						0	0	0
ALAN NEELY BOARD OF TRUSTEE MEM	1.00	X						0	0	0
DOROTHY NEELY BOARD OF TRUSTEE MEM	1.00	X						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
EDWIN ROBERTSON BOARD OF TRUSTEE MEM	1.00	X						0	0	0
SHANNON COLEMAN ALUMNI REP.	1.00	X						0	0	0
JAY SHOFFNER BOARD OF TRUSTEE MEM	1.00	X						0	0	0
JOSEPH C. SMIDDY BOARD OF TRUSTEE MEM	1.00	X						0	0	0
JOSEPH F. SMIDDY BOARD OF TRUSTEE MEM	1.00	X						0	0	0
PAUL GRAYSON SMITH JR. BOARD OF TRUSTEE MEM	1.00	X						0	0	0
ROBERT H. WATSON BOARD OF TRUSTEE MEM	1.00	X						0	0	0
JERRY W. ZILLION BOARD OF TRUSTEE MEM	1.00	X						0	0	0
EDWARD HAYES TRUSTEE EMERITUS	1.00	X						0	0	0
SAMUEL SPENCER TRUSTEE EMERITUS	1.00	X						0	0	0
RAY STOWERS VP AND DEAN DCOM	40.00			X				292,267	0	21,993
JAMES B DAWSON PRESIDENT	40.00			X				50,517	0	3,233
CRAIG LENZ SR. ASSOC DEAN AA	40.00				X			211,144	0	16,874
1b Total								1,496,787		90,078

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **7**

- 3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 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

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
RHONDA HONEYCUTT SPEEDWELL TN 37870	245 CANNERY HOLLOW RD CONSTRUCTION	387,757
NANCY MOODY GREENEVILLE TN 37743	PO BOX 5048 POST-EMPLOYMENT	150,000
TIM COLLETT TAZEWELL TN 37879	PO BOX 407 CONSTRUCTION	111,560

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 **3**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	2,137,180			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,582,302			
	g Noncash contributions included in lines 1a-1f	\$	135,907			
	h Total. Add lines 1a-1f		4,719,482			
Program Service Revenue		Busn. Code				
	2a TUITION AND FEES	611600	58,534,236	58,534,236		
	b AUXILIARY ENTERPRISES	611600	6,681,171	6,681,171		
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		65,215,407			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		685,612			685,612
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross Rents	78,963				
	b Less rental exps					
	c Rental inc or (loss)	78,963				
	d Net rental income or (loss)		78,963			78,963
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		5,371,071				
	b Less cost or other basis & sales exps	5,544,743				
	c Gain or (loss)	-173,672				
	d Net gain or (loss)		-173,672	-173,672		
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less direct expenses	b				
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a	23,121			
b Less cost of goods sold	b	8,350				
c Net income or (loss) from sales of inventory		14,771		14,771		
Miscellaneous Revenue		Busn. Code				
11a WATER LEASE	900099	38,156		38,156		
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		38,156				
12 Total Revenue. See instructions		70,578,719	65,041,735	52,927	764,575	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2 Grants and other assistance to individuals in the U S See Part IV, line 22	10,555,010	10,555,010		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	24,519,603	20,994,582	3,021,038	503,983
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	785,800	656,559	111,004	18,237
9 Other employee benefits	2,880,762	2,284,956	533,641	62,165
10 Payroll taxes	1,669,913	1,419,739	214,517	35,657
11 Fees for services (non-employees)				
a Management				
b Legal	119,891		119,891	
c Accounting	98,200		98,200	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	431,938		431,938	
g Other	3,844,951	3,024,169	759,382	61,400
12 Advertising and promotion	808,977	178,305	62,517	568,155
13 Office expenses	684,957	319,066	318,439	47,452
14 Information technology	945,288	484,556	460,732	
15 Royalties				
16 Occupancy	3,169,564		3,169,564	
17 Travel	931,463	732,760	155,570	43,133
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	89,376	66,995	22,381	
20 Interest	3,173,375		3,173,375	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,477,667		4,477,667	
23 Insurance	1,036,416		1,036,416	
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)				
a ACADEMIC SUPPORT	1,680,942	1,680,942		
b TUITION BENEFIT/REMISSION	1,305,432		1,305,432	
c PERIODICALS/LIBRARY RES.	891,191	891,191		
d OTHER EDUCATION EXPENSES	623,786	183,777	440,009	
e SUPPLIES	401,821	224,690	166,577	10,554
f All other expenses	1,894,779	1,479,916	296,710	118,153
25 Total functional expenses. Add lines 1 through 24f	67,021,102	45,177,213	20,375,000	1,468,889
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				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing		1	
	2 Savings and temporary cash investments	10,435,289	2	14,481,900
	3 Pledges and grants receivable, net	158,332	3	122,110
	4 Accounts receivable, net	13,305,176	4	4,426,427
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		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 Schedule L		6	
	7 Notes and loans receivable, net	989,854	7	967,297
	8 Inventories for sale or use	12,927	8	15,162
	9 Prepaid expenses and deferred charges	386,616	9	194,830
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 122,764,466		
	b Less accumulated depreciation	10b 32,433,813	82,931,709	10c 90,330,653
	11 Investments—publicly traded securities	21,490,338	11	27,910,886
	12 Investments—other securities See Part IV, line 11	4,262,579	12	5,068,702
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	173,900	15	964,080
16 Total assets. Add lines 1 through 15 (must equal line 34)	134,146,720	16	144,482,047	
Liabilities	17 Accounts payable and accrued expenses	3,418,662	17	5,623,821
	18 Grants payable		18	
	19 Deferred revenue	16,367,709	19	9,036,757
	20 Tax-exempt bond liabilities	18,000,000	20	62,029,195
	21 Escrow or custodial account liability Complete Part IV of Schedule D	251,951	21	353,559
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	34,439,207	23	3,000,000
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities Complete Part X of Schedule D	4,672,264	25	2,305,843
	26 Total liabilities. Add lines 17 through 25	77,149,793	26	82,349,175
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	37,599,149	27	41,698,945
	28 Temporarily restricted net assets	5,216,954	28	5,001,099
	29 Permanently restricted net assets	14,180,824	29	15,432,828
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	56,996,927	33	62,132,872
34 Total liabilities and net assets/fund balances	134,146,720	34	144,482,047	

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both

☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and 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?

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

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2009)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar 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 Tax revenues levied for the 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)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐		
b 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► ☐		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► ☐		

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar 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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a **33 1/3 % support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b **33 1/3 % support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

**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.

OMB No 1545-0047

2009Open to Public
Inspection

Name of the organization

Employer identification number

LINCOLN MEMORIAL UNIVERSITY

62-0479542

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No		

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e.g., recreation or pleasure)	☐ Preservation of an historically important land area
☐ Protection of natural habitat	☐ Preservation of certified historic structure
☐ Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _ _ _ _ _

4 Number of states where property subject to conservation easement is located ▶ _ _ _ _ _

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _ _ _ _ _

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _ _ _ _ _

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _ _ _ _ _

(ii) Assets included in Form 990, Part X ▶ \$ _ _ _ _ _

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _ _ _ _ _

b Assets included in Form 990, Part X ▶ \$ _ _ _ _ _

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☒ Public exhibition

d ☐ Loan or exchange programs

b ☒ Scholarly research

e ☐ Other

c ☒ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes ☒ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21?

☒ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	22,589,102	26,645,926			
b Contributions	1,104,544	436,864			
c Net investment earnings, gains, and losses	2,829,838	-3,373,398			
d Grants or scholarships	890,393	355,662			
e Other expenditures for facilities and programs	232,239	764,628			
f Administrative expenses					
g End of year balance	25,400,852	22,589,102			

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ☒ 45.00 %

b Permanent endowment ☒ 46.00 %

c Term endowment ☒ 9.00 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	6,866,936	872,438		7,739,374
b Buildings		86,660,132	14,586,979	72,073,153
c Leasehold improvements				
d Equipment		22,322,987	14,391,452	7,931,535
e Other		6,041,973	3,455,382	2,586,591
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				90,330,653

Part VII Investments—Other Securities. See Form 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		
Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Amount
Federal income taxes	
FEDERAL ADVANCES STUD. LOANS	1,045,166
STUDENT DEPOSITS	947,862
ANNUITIES PAYABLE	312,815
INTEREST RATE SWAP	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	2,305,843

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	70,578,719
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	67,021,102
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	3,557,617
4	Net unrealized gains (losses) on investments	4	1,605,828
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-27,500
9	Total adjustments (net) Add lines 4 through 8	9	1,578,328
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	5,135,945

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	72,184,547
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	1,605,828
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	1,605,828
3	Subtract line 2e from line 1	3	70,578,719
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	70,578,719

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	67,048,602
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	27,500
e	Add lines 2a through 2d	2e	27,500
3	Subtract line 2e from line 1	3	67,021,102
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	67,021,102

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b

and 2b, Part V, line 4, Part X, line 2, 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

PART III, LINE 4 - COLLECTIONS AND RELATION TO EXEMPT PURPOSE

COLLECTION OF ART - FINANCIAL STATEMENT FOOTNOTE

SCHEDULE D, PART III, LINE 1A

COLLECTIONS: LOCATED ON THE CAMPUS OF THE UNIVERSITY IS THE ABRAHAM

LINCOLN MUSEUM. THIS CENTER FOR HISTORY, RESEARCH AND PUBLIC INTEREST

CONTAINS A LARGE COLLECTION OF LINCOLN AND CIVIL WAR ARTIFACTS AND VOLUMES.

THESE COLLECTIONS ARE NOT RECORDED ON THE STATEMENTS OF FINANCIAL POSITION

Part XIV Supplemental Information (continued)

AND THE FAIR VALUE OF THESE COLLECTIONS IS INDETERMINABLE. PURCHASES OF COLLECTION ITEMS ARE RECORDED AS DECREASES IN UNRESTRICTED NET ASSETS IN THE YEAR IN WHICH THE ITEMS ARE ACQUIRED OR AS TEMPORARILY OR PERMANENTLY RESTRICTED NET ASSETS IF THE ASSETS USED TO PURCHASE THE ITEMS ARE RESTRICTED BY DONORS. CONTRIBUTED COLLECTION ITEMS ARE NOT REFLECTED ON THE FINANCIAL STATEMENTS. PROCEEDS FROM DEACCESSIONS OR INSURANCE RECOVERIES ARE REFLECTED AS INCREASES IN THE APPROPRIATE NET ASSET CLASSES.

COLLECTIONS OF ART - DESCRIPTION OF COLLECTIONS

SCHEDULE D, PART III, LINE 4

THE ABRAHAM LINCOLN LIBRARY AND MUSEUM (ALLM) IS DEDICATED TO IDENTIFYING, PRESERVING AND MAKING AVAILABLE THE COLLECTIONS CONCERNING ABRAHAM LINCOLN, HIS CONTEMPORARIES, THE AMERICAN CIVIL WAR, AND THE STUDY OF LINCOLNIANA. THE ALLM PROMOTES PUBLIC AWARENESS AND APPRECIATION OF THE LIFE OF THE 16TH PRESIDENT, THE FIELD OF LINCOLNIANA, AND THE THEMES AND FORCES THAT CONTRIBUTED TO THE ERA OF CONFLICT OF THE CIVIL WAR. THE ALLM SUPPORTS THE RESEARCH NEEDS OF LMU FACULTY, STAFF, STUDENTS AS WELL AS THE COMMUNITY AND GENERAL RESEARCHERS. THE ALLM PROMOTES AWARENESS THROUGH WORKSHOPS, SEMINARS, FORUMS, COURSES, OUTREACH PROGRAMS, AND RESEARCH OPPORTUNITIES FOR INDIVIDUALS AND GROUPS TO EXAMINE THE COLLECTIONS. THE ALLM RECOGNIZES THAT IT HOLDS ITS COLLECTIONS IN TRUST FOR THE NATION. THE ALLM IS COMMITTED TO MAINTAINING THE PROFESSIONAL AND ETHICAL STANDARDS AS SET FORTH BY THE AMERICAN ASSOCIATION OF MUSEUMS AND SOCIETY OF AMERICAN ARCHIVISTS. THE ALLM RECOGNIZES ITS RESPONSIBILITY TO ENSURE THE GROWTH, DEVELOPMENT, USE, AND CARE OF THE COLLECTIONS IN ITS CARE. THE ALLM FURTHER RECOGNIZES ITS RESPONSIBILITY TO PREVENT THE LOSS OF COLLECTIONS BY DETERIORATION, MISMANAGEMENT, OR INDISCRIMINATE DISPERSAL.

Part XIV Supplemental Information (continued)

PART IV, LINE 2B - ESCROW LIABILITY ARRANGEMENT EXPLANATION
LINCOLN MEMORIAL UNIVERSITY HOLDS FUNDS IN AN AGENCY ACCOUNT IN WHICH MONEY
IS DEPOSITED PERIODICALLY AND USED TO PAY EXPENSES FOR CERTAIN
AGENCIES/CLUBS.

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS
THE PURPOSE OF THE ENDOWMENT FUND IS TO FACILITATE DONORS' DESIRES TO MAKE
SUBSTANTIAL LONG-TERM GIFTS TO THE UNIVERSITY. ENDOWMENT FUNDS ARE SET UP
TO PROVIDE A SOURCE OF SCHOLARSHIPS TO OUR STUDENT POPULATION.

PART XI, LINE 8 - RECONCILIATION OF CHANGES - OTHER
BOOK / TAX DEPRECIATION DIFFERENCE \$ -27,500

PART XIII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER
BOOK / TAX DEPRECIATION DIFFERENCE \$ 27,500

SCHEDULE E
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**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.

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2009**Open to Public
Inspection**

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62-0479542

1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?

2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?

3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Schedule O (Form 990)

NONDISCRIMINATORY POLICY IS PUBLISHED IN ALL WRITTEN MATERIALS
AND IN SOME RADIO AND TELEVISION BROADCASTS.

4 Does the organization maintain the following?

- 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 dealing with student admissions, programs, and scholarships?
- d Copies of all material used by the organization or on its behalf to solicit contributions?
If you answered "No" to any of the above, please explain. If you need more space, use Schedule O (Form 990)

5 Does the organization discriminate by race in any way with respect to

- a Students' rights or privileges?
- b Admissions policies?
- c Employment of faculty or administrative staff?
- d Scholarships or other financial assistance?
- e Educational policies?
- f Use of facilities?
- g Athletic programs?
- 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)

6a Does the organization receive any financial aid or assistance from a governmental agency?

- b Has the organization's right to such aid ever been revoked or suspended?
If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990)

7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form 990)

YES NO

1	X	
2	X	
3	X	
4a	X	
4b	X	
4c	X	
4d	X	
5a		X
5b		X
5c		X
5d		X
5e		X
5f		X
5g		X
5h		X
6a	X	
6b		X
7	X	

(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of non-cash assistance
---------------------------------	---------------	---------------	---------------	--------------------------------	--

[illegible]

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

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

GRANTS AND SCHOLARSHIPS ARE NETTED AGAINST STUDENT TUITION ACCOUNTS.

SCHEDULE J
(Form 990)Department of the Treasury
Internal Revenue Service**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

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Inspection**

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Part I Questions Regarding Compensation**1a** Check the appropriate 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 | ☐ Payments for business use of personal residence |
| ☐ Tax indemnification 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 on line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.**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?**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:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations 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:

- a** The organization?
- b** Any related organization?

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:

- a** The organization?
- b** Any related organization?

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.**8** Were any amounts reported in Form 990, Part VII, paid or accrued 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.**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b	X	
2		X
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2009

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

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

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

[illegible]

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.

PART I, LINE 1A - FRINGE OR EXPENSE EXPLANATION
PURSUANT TO IRC 119 THE HOUSING PROVIDED TO THE VICE PRESIDENT AND DEAN OF
THE COLLEGE IS EXCLUDED FROM TAXATION. THERE IS NO CASH REIMBURSEMENT
ISSUED TO THE VICE PRESIDENT AND DEAN FOR THE HOUSING ALLOWANCE.

SCHEDULE K
(Form 990)Department of the Treasury
Internal Revenue Service**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 on Schedule O (Form 990).

► Attach to Form 990. See separate instructions.

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Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer	
						Yes	No	Yes	No
A IND. DEVEL. BOARD - CLAIBORNE CTY	52-1305415	179475AT5	10/01/09	29,024,347	DEBT RESTRUCTURING		X		X
B IND. DEVEL. BOARD - CLAIBORNE CTY	52-1305415	179475BD9	10/01/10	33,004,848	DEBT RESTRUCTURE		X		X
C									
D									
E									

Part II Proceeds

	A		B		C		D		E
	Yes	No	Yes	No	Yes	No	Yes	No	
1 Total proceeds of issue		29,024,347		33,004,848					
2 Gross proceeds in reserve funds									
3 Proceeds in refunding or defeasance escrows									
4 Other unspent proceeds									
5 Issuance costs from proceeds									
6 Working capital expenditures from proceeds									
7 Capital expenditures from proceeds									
8 Year of substantial completion									
9 Were the bonds issued as part of a current refunding issue?									
10 Were the bonds issued as part of an advance refunding issue?		X		X					
11 Has the final allocation of proceeds been made?		X		X					
12 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X			X					

Part III Private Business Use

	A		B		C		D		E
	Yes	No	Yes	No	Yes	No	Yes	No	
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X					
2 Are there any lease arrangements with respect to the financed property which may result in private business use?		X		X					

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

Schedule K (Form 990) 2009

Part III Private Business Use (Continued)

	A		B		C		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?		X		X						
b Are there any research agreements with respect to the financed property which may result in private business use?		X		X						
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		%		%		%		%		%
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 ▶		%		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%		%
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?		X		X						

Part IV Arbitrage

	A		B		C		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		X						
2 Is the bond issue a variable rate issue?		X		X						
3a Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X		X						
b Name of provider										
c Term of hedge										
4a Were gross proceeds invested in a GIC?		X		X						
b Name of provider										
c 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?		X		X						
6 Did the bond issue qualify for an exception to rebate?		X		X						

**SCHEDULE M
(Form 990)**Department of the Treasury
Internal Revenue Service**Noncash Contributions**

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

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Name of the organization

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62-0479542**Part I Types of Property**

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		5,815	
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()	X	6	130,092	
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

	Yes	No
30a		X
31	X	
32a		X
33		

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

SCHEDULE O
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

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FORM 990, PART III, LINE 4A - FIRST ACHIEVEMENT

COMMUNICATION TECHNOLOGY, MUST HAVE AN APPRECIABLE DEPTH OF LEARNING IN A FIELD OF KNOWLEDGE, MUST APPRECIATE AND UNDERSTAND THE VARIOUS WAYS BY WHICH WE COME TO KNOW OURSELVES AND THE WORLD AROUND US, AND MUST BE ABLE TO EXERCISE INFORMED JUDGEMENTS. THE UNIVERSITY BELIEVES THAT ONE OF THE MAJOR CORNERSTONES OF MEANINGFUL EXISTENCE IS SERVICE TO HUMANITY. BY MAKING EDUCATIONAL AND RESEARCH OPPORTUNITIES AVAILABLE TO STUDENTS WHERE THEY LIVE AND THROUGH VARIOUS RECREATIONAL AND CULTURAL EVENTS OPEN TO THE COMMUNITY, LINCOLN MEMORIAL UNIVERSITY SEEKS TO ADVANCE LIFE IN THE CUMBERLAND GAP AREA AND THROUGHOUT THE REGION THROUGH ITS TEACHING, RESEARCH, AND SERVICE MISSION.

INSTITUTION OF HIGHER EDUCATION ENROLLMENT: 3,939

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990
A FINAL COPY OF THE 990 IS PREPARED BY THE CONTROLLER AND INDEPENDENT ACCOUNTING FIRM. PRIOR TO FILING, AN ELECTRONIC COPY OF THE 990 AND SUPPLEMENTAL SCHEDULES IS PROVIDED TO ALL TRUSTEES.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

A TRUSTEE SHALL BE CONSIDERED TO HAVE A CONFLICT OF INTEREST IF HE OR SHE
(1) HAS EXISTING OR POTENTIAL FINANCIAL OR OTHER INTERESTS THAT IMPAIR OR APPEAR TO IMPAIR HIS OR HER INDEPENDENT, UNBIASED JUDGEMENT IN THE DISCHARGE OF HIS OR HER RESPONSIBILITIES TO THE UNIVERSITY; OR (2) IS AWARE THAT A

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MEMBER OF HIS OR HER FAMILY HAS FINANCIAL OR OTHER INTERESTS THAT WOULD IMPAIR OR APPEAR TO IMPAIR THE TRUSTEE'S INDEPENDENT JUDGMENT IN THE DISCHARGE OF HIS OR HER RESPONSIBILITIES TO THE UNIVERSITY. FOR THE PURPOSE OF THIS PROVISION, A FAMILY MEMBER IS DEFINED AS A SPOUSE, PARENT, SIBLING, CHILD OR ANY OTHER RELATIVE RESIDING IN THE SAME HOUSEHOLD AS THE TRUSTEE. ALL TRUSTEES SHALL DISCLOSE TO THE BOARD ANY POSSIBLE CONFLICT OF INTEREST AT THE EARLIEST PRACTICAL TIME. FURTHER, THE TRUSTEE SHALL ABSENT HIMSELF OR HERSELF FROM DISCUSSIONS OF, AND ABSTAIN FROM VOTING ON, SUCH MATTERS UNDER CONSIDERATION BY THE BOARD OF TRUSTEES OR ITS COMMITTEES. THE MINUTES OF SUCH MEETING SHALL REFLECT THAT A DISCLOSURE WAS MADE AND THAT THE TRUSTEE WITH A CONFLICT OR POSSIBLE CONFLICT ABSTAINED FROM VOTING. ANY TRUSTEE WHO IS UNCERTAIN AS TO WHETHER A CONFLICT OF INTEREST MAY EXIST IN ANY MATTER MAY REQUEST THAT THE BOARD OR COMMITTEE RESOLVE THE QUESTION IN HIS OR HER ABSENCE BY MAJORITY VOTE. EACH TRUSTEE SHALL COMPLETE AND SIGN A DISCLOSURE FORM PROVIDED ANNUALLY BY THE SECRETARY OF THE BOARD OF TRUSTEES.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
THE PROCESS FOR DETERMINING THE COMPENSATION OF THE ORGANIZATION'S PRESIDENT/CEO INCLUDED A REVIEW AND APPROVAL BY THE BOARD OF DIRECTORS, WHICH CONSISTS OF INDEPENDENT PERSONS. BASED UPON COMPARATIVE DATA AND EXPERIENCE OF THE PRESIDENT, THE BOARD OF TRUSTEES SHALL DETERMINE APPROPRIATE COMPENSATION. THE BOARD OF DIRECTORS USED THE CUPA-HR ADMINISTRATIVE COMPENSATION SURVEY TO DETERMINE THE AMOUNT OF COMPENSATION. THIS PROCESS WAS DOCUMENTED IN THE BOARD MEETING MINUTES.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

Name of the organization

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THE ORGANIZATION'S PRESIDENT AND VP OF FINANCE REVIEW AND APPROVE THE COMPENSATION AMOUNTS FOR ALL OTHER OFFICERS AND KEY EMPLOYEES. THE PRESIDENT USED CUPA-HR ADMINISTRATIVE COMPENSATION FURVEY TO DETERMINE THE AMOUNT OF COMPENSATION FOR THESE INDIVIDUALS. SALARY INCREASES ARE APPROVED ANNUALLY BY THE PRESIDENT AND VP OF FINANCE WHEN THE ANNUAL BUDGET IS REVIEWED AND APPROVED. THE PRESIDENT REPORTS HIS/HER FINDINGS TO THE BOARD AT A SCHEDULED BOARD MEETING. THIS IS DOCUMENTED IN THE BOARD MEETING MINUTES.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, AND CONFLICT OF INTEREST POLICIES ARE NOT REQUIRED DISCLOSURES PURSUANT TO INTERNAL REVENUE CODE 6104. THESE DOCUMENTS ARE NOT AVAILABLE TO THE PUBLIC.

SCH E - FINANCIAL AID OR GOVERNMENT ASSISTANCE EXPLANATION

LINCOLN MEMORIAL UNIVERSITY RECEIVES ASSISTANCE FROM THE U.S. DEPARTMENT OF EDUCATION FEDERAL STUDENT AID PROGRAMS TO FUND THE COST OF ATTENDANCE FOR ELIGIBLE STUDENTS. THESE PROGRAMS INCLUDE PELL, WORK STUDY, PERKINS, FEDERAL SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANTS, STAFFORD LOANS, ACADEMIC COMPETITIVENESS GRANTS AND SMART GRANTS.

THE COLLEGE ALSO RECEIVES GRANT MONEY FROM THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES.

Form **8868**
(Rev. April 2009)**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)**

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file) Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Type or print	Name of Exempt Organization LINCOLN MEMORIAL UNIVERSITY	Employer identification number 62-0479542
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions 6965 CUMBERLAND GAP PARKWAY	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions HARROGATE TN 37752	

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|---|------------------------------------|
| ☒ Form 990 | ☐ Form 990-T (corporation) | ☐ Form 4720 |
| ☐ Form 990-BL | ☐ Form 990-T (sec. 401(a) or 408(a) trust) | ☐ Form 5227 |
| ☐ Form 990-EZ | ☐ Form 990-T (trust other than above) | ☐ Form 6069 |
| ☐ Form 990-PF | ☐ Form 1041-A | ☐ Form 8870 |

- The books are in the care of ►

Telephone No. ►

FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is

for the whole group, check this box ☐► ☐ If it is for part of the group, check this box► ☐ and attach

a list with the names and EINs of all members the extension will cover

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **02/15/11**, to file the exempt organization return for the organization named above. The extension is for the organization's return for

► ☐ calendar year or► ☒ tax year beginning **07/01/09**, and ending **06/30/10**

- 2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$
c Balance Due Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$

Caution If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions

Form **8868** (Rev. 4-2009)

Form 8868 (Rev. 1-2011)

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒

Note Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)

Type or print File by the extended due date for filing your return. See instructions.	Name of exempt organization	Employer identification number
	LINCOLN MEMORIAL UNIVERSITY	62-0479542
	Number, street, and room or suite no. If a P.O. box, see instructions 6965 CUMBERLAND GAP PARKWAY	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions HARROGATE TN 37752	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868

• The books are in the care of ☐
Telephone No. ☐

FAX No. ☐

• If the organization does not have an office or place of business in the United States, check this box ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a

list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until 05/15/11

5 For calendar year, or other tax year beginning 07/01/09, and ending 06/30/10

6 If the tax year entered in line 5 is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

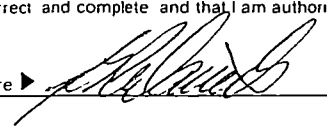
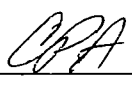
7 State in detail why you need the extension

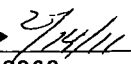
ADDITIONAL TIME IS REQUESTED TO GATHER INFORMATION TO PREPARE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
8c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title 

Date 
Form 8868 (Rev. 1-2011)