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Return of Organization Exempt From Income Tax

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

	ai Hever	nue Service	► The organ	lization may nave	to use a copy of t	nis return to s	atisty state r	eporting rec	uiren	lenis	1119	ection	
A	For the	2010 cale	ndar year, or tax	year beginning	06/01		10, and endi		05/3		, 20 11		
В	Check (f	applicable	C Name of organiza	ation MARYVILLI	E COLLEGE				D	Employe	er identificat	tion number	
_		change	Doing Business A						1		62-047569	91	
_	Name cl	-	Number and stree	t (or PO box if mail i	s not delivered to stre	et address)	Room/s	uite	E	Telephor	ne number		
-	nıtıal ret	Ť	502 E Lamar Ale	exander Parkway						:	865-981-81	39	
_	Termina			te or country, and ZI									
\exists ,	Amende	d return	Maryville, TN 37	804					G	Gross re	ceipts \$	57,502,04	
_		ion pending	F Name and addr	ess of principal offic	er William T Bo	gart		H(a) is	this a q	oup return f	or affiliates?	Yes V No	
					aryville, TN 3780	-		1 ' '	-	•]Yes □ No	
-	ax-exe	mpt status	501(c)(3)	501(c)) or 527				ıst (see ınstr		
			w.maryvillecolle	ge.edu		<u></u>		H(c) G	oup e	xemption	number 🕨		
			✓ Corporation		tion Other		L Year of form	nation 181	9	M State	of legal domi	icile TN	
	rt l	Summ											
	1			nization's missi	on or most signi	ficant activit	ies: Marv	ville Colleg	e is a	n under	graduate. !	iberal arts.	
	-	_	-		g serving studen								
Activities & Governance					e each one to sea								
			and service to ti	~			<u>, 9.01</u>	54511, 11511					
e	2				ntinued its operations	or disposed of	more than 25%	6 of its net as	ets				
3	3			•	ning body (Part	•		0 01 110 1101 40		3		3	
5	4		_	_	of the governin	•	t VI line 1h	· · · ·	•	4		3	
	5		-	-	calendar year 2					5			
	6			• •	ecessary)	•	-			6		17	
	7a			•	art VIII, column				•	7a	_	374,12	
	b				from Form 990-1	• • •			•	7b		3/4,12	
+	D	Net unrei	ateu business ta	axable income i	101111 01111 990-1	, 11116 54 .	-:		Year	170	Curre	nt Year	
	8	Contribut	tions and grants	· (Part \/III line 1	b)		ŀ			22 204			
			•	•	lh)					92,294		3,142,47 39,432,07	
	9	-	service revenue	•									
	10		·		, lines 3, 4, and	•	P				_	9,749,78	
	11				s 5, 6d, 8c, 9c, 1					21,030	_	602,61	
+	12				ust equal Part VI), III le 12)			56,998		52,926,95	
Ì	13				Column (A), Hin				16,70	00,529	_	17,089,04	
l	14	Benefits	paid to or for me	embers (Part-IX,	-column (A), line	14) · J· ·				0			
l	15	Salaries,	ther compensation, employee benefits (Part IX, column (A), lines 5–10) nal fundraising fees (Part IX, column (A), lines [1 to]								14,867,		
	16a									0			
	_ b				mn (D), line 25)		991,563						
	17	Other exp	benses (Part IX,	column (A), ting	s 11a 1/1d, 11f	241)				31,817		12,387,38	
	10	rotal exp	enses. Add line	S 13-17 (mustre	dasusususi	initial (VV), III le	9 25) .			55,025		44,343,72	
4	19	Revenue	less expenses.	Subtract line 18	3 from line 12 .	<u></u>	· · · ·			91,973		8,583,22	
Tuliu Dalaires								Beginning of			End o	of Year	
8	20		ets (Part X, line	•				1		11,515		132,093,74	
2	21		ilities (Part X, lin	•						93,819		46,092,82	
	22			ces. Subtract lir	ne 21 from line 2				77,4	17,696		86,000,92	
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					eturn, including accor officer) is based on a						knowledge	and belief, it	
<u>ue</u>	, conec	T. and compr	- Manager A				- " Prepare	a nas any kin	wiedę	1-1-			
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] [ature of officer // ()					Date				
er	е		icy Pyande, Asst		_ ~								
		1 1	or print name and to								- In-		
ai	d	Print/Ty	pe preparer's name	İ	Preparer's signature			ate		Check [] if PTIN		
	pare	r								self-emplo	oyed		
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Js		11111134									ř-	Vaa 🗆 Na	
Js		RS discus	s this return with	the preparer s	hown above? (s	<u>ee instructio</u>	ns)	<u> </u>	•	· ·	<u> </u>	_ Yes <u></u> No	
Us May	the IF	RS discus	s this return with ction Act Notice,			ee instructio		No 11282Y		· · ·	<u>• • </u>	orm 990 (201	

Part	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III
٠1	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.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program
Ū	services?
	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 \$ 32,519,930 including grants of \$ 17,089,043) (Revenue \$ 52,587,435)
	Higher Education: Maryville College is a four year liberal arts college affiliated with the Presbyterian Church. The institution
	provides four year degree granting programs. 1033 students with approximately 75% living on campus.
	······
4b	(Code:) (Expenses \$1,664,213 including grants of \$0) (Revenue \$374,122)
	The Clayton Center for the Arts is a two building complex and plaza located on a part of the Maryville College campus. The
	buildings are owned by the Industrial Development Board of Blount County and are leased to the City of Maryville and the City of
	Alcoa. The Cities in turn have an operating agreement with the College to manage and operate the facility. The Center is a place
	to present outstanding artists, produce worthy art, develop both local artists and their audiences, and provide space for the
	presentation of artistic and cultural events by outside entities.
4c	(Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
	N/A
4d	, , , , , , , , , , , , , , , , , , , ,
4-	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
4e_	Total program service expenses ► 34,184,143

Part	V Checklist of Required Schedules			
			Yes	No
4	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2		✓
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
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	1	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	1	_
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		✓
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	1	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		·	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	√	
b	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	11b	•	1
С	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	11c	1	•
d	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	11d	•	1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	1	<u> </u>
	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 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	·	1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	1	•
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	✓	
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
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? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i>	14b		1
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, Parts II and IV	15		1
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, Parts III and IV	16		· ✓
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 (see instructions)	17	-	√
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
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		√
20 a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	_	-

Part	V 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	21		1
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	1	
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	23	✓	
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	045	\	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b	-	1
	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		y
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		7
	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		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I			1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	25b		-
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		✓
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	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		√
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		-
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	√	•
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		
33	complete Schedule N, Part II	32	-	✓
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓_
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		✓
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		✓
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
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	36		✓
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		1
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	38	√	

Part V	04-4	D	her IRS Filings and	T
	Statements	: Regarding ()T	ner IKS Fillnas ana	Lay Campliance
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Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Check if Schedule O contains a response to any question in this Part V			. Ц
b Enter the number of Forms W-26 included in line 1a. Enter -0- if not applicable. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 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 I at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines to and 2a is greater than 250, you may be required to e-rife, (see instructions) Note, if the sum of lines to and 2a is greater than 250, you may be required to e-rife, (see instructions) bid the organization have unrelated business gross income of \$1,000 or more during the year? 3a job the organization have unrelated business gross income of \$1,000 or more during the year? 3a job the organization have unrelated business gross income of \$1,000 or more during the year? 3b if Yes, a fifted a Form 990-17 or this year? if if No. / proude an explanation in Schedule O. 3b if Yes, enter the name of the foreign country. 5b if Yes, enter the name of the foreign country. 5c as instructions for fling requirements for Form 1D F 90-221. Report of Foreign Bank and Financial Accounts. 5c as instructions for fling requirements for Form 1D F 90-221. Report of Foreign Bank and Financial Accounts. 5c as instructions for fling requirements for Form 1D F 90-221. Report of Foreign Bank and Financial Accounts. 5c as instructions for fling requirements for Form 1D F 90-221. Report of Foreign Bank and Financial Accounts. 5c as instructions for fling requirements for Form 1D F 90-221. Report of Foreign Bank and Financial Accounts. 5c as instructions for fling requirements for Form 1D F 90-221. Report of Foreign Bank and Financial Accounts. 5c as instructions of fling requirements for Form 1D F 90-221. Report of Foreign Bank and Financial Accounts. 5c as instructions of fling requir				Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaining (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	_				
2 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 2 a 810 b if at least one is reported on line 22, did the organization file all required federal employment tax returns? Note, If the sum of lines to and 2a is greater than 250, you may be required to e-rife, (see instructions) 3 bid the organization have unrelated business gross income of \$1,000 or more during the year? 3 b if 1'Yes, Thas filled a Form 990-Tro this year? 1' 1'No, "provide an explanation in Schedule O. 4 at 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; bcse instructions for filing requirements for Form TD F90-22.1, Report of Foreign Bank and Financial Accounts. 5 b Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 c lif "Yes," enter the name of the foreign country; bcse instructions for filing requirements for Form TD F90-22.1, Report of Foreign Bank and Financial Accounts. 5 b Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 c lif "Yes," enter the name of the foreign country; bcse instructions for filing requirements for Form TD F90-22.1, Report of Foreign Bank and Financial Accounts. 5 c life the organization approach that it was or is a party to a prohibited tax shelter transaction? 5 c life the organization approach that it was or is a party to a prohibited tax shelter transaction? 5 c life the organization solicit any contributions that twere not tax deductible? 6 life yes, and the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 life yes, and the organization state that party to the proparty for the proparty for which it was required to file form gradient or the party for year year year. 7 life organizat					
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 1 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 1 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2 If who is the sum or lines 1a and 2a is greater than 250, you may be required to e-file, (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule 0 3 A 14 any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. 4 A tany time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. 5 A 2 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 B 2 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 B 2 Was 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? 6 B 2 Was the organization selection of the value of the goods or services provided? 7 Corganizations that may receive deductible contributions under section 170(c). 8 If "Yes," did the organization notify the donor of the value of the goods or services provided? 9 If "Yes," indicate the number of Forms 8282 filed during the year 9 Did the organization selective a payment in excess of \$75 made partly as a contribution and partly for goods and services provided from \$252? 9 If "Yes," indicate the number of Forms 8282 filed during the year year premiums on a personal benefit contract? 9 If the	·		10	/	
Statements, filed for the calendar year ending with or within the year covered by this return 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2a		1 C	✓	
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, (see instructions) 3a If Yes, has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule 0 3b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule 0 3b If Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule 0 3b If Yes," enter the name of the foreign country; See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Was the organization a parry to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization a parry to a prohibited tax shelter transaction? If "Yes" of line 6a of 5b, did the organization file Form 8886-17 6b 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? 7 Organization stat may receive deductible contributions under section 170(c). 8b If "Yes," did the organization in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 Organization receive a payment in excess of \$75 made partly as a contribution of wordanization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Did the organization foreive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 8 Did the organization make any taxable distribution and vising form 10 organization file a form 1098-0? 9 Sponsoring organization make any taxable distributions under section 4966? 10 Did the o		· · · · · · · · · · · · · · · · · · ·			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file, (see instructions) 3	b			1	
3a July the organization have unrelated business gross income of \$1,000 or more during the year? 3b ff *Yes,** has it filled a Form 990-T for this year? if *Yo,** provide an explanation in Schedule O 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?). 5b ff *Yes,** enter the name of the foreign country (such as a bank account, securities account, or other financial account?). 5c See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5d Did any taxable party notify the organization file Form 8886-17? 5d 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? 5d ff *Yes,** did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7d Organization stat may receive deductible contributions under section 170(c). 5d Did the organization receive a payment in excess of \$75 made parity as a contribution and parity for goods and services provided to the payor? 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization may be a contribution of cars, boats, arplanes, or other vehicles, did the organization file form 8289 are required? 1f He organization received a contribution of cars, boats, arplanes, or other vehicles, did the organization file of the programization may be a contribution of cars, boats, arplanes, or other vehicles, did the organization for form				· ·	
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Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, arplanes, or other vehicles, did the organization file a Form 1098-0? 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? Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? Bid the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a Section 501(c)(12) organizations. Enter: a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11c Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand It did the organization is filled a Form 720 to report these payments? If	d		70		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, bosts, airplanes, or other vehicles, did the organization file Form 8899 as required? 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? Sponsoring organizations maintaining donor advised funds. b Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 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? If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? . 13a Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . 13b Enter the amount of reserves on hand . 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? . 14a 14b If "Yes," has it filed a Form 720 to rep			7e		√
If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, arplanes, or other vehicles, did the organization file a Form 1098-C? 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? Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 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? If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand If the organization receive any payments for indoor tanning services during the tax year? If the organization is field a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	f				<u>,</u>
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? Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 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? Ital Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? Ital It	g		7g	1	
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. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9b Did the organization make a distribution to a donor advisor, or related person? 9b Initiation fees and capital contributions included on Part VIII, line 12 10a Initiation fees and capital contributions included on Part VIII, line 12 9c Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 9c Gross income from members or shareholders. 9c Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 9c Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 9c It is if "Yes," enter the amount of tax-exempt interest received or accrued during the year. 9c Italian 9d Italian 10a Italian 10b Italian 10b Italian 11a Italian 11b Italian 11b Italian 11c Italian 11b Italian 11c Italian 11d Italian			7h	✓	
organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	8	•			
9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966?					
a Did the organization make any taxable distributions under section 4966?	۵		8		
b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			02		
Initiation fees and capital contributions included on Part VIII, line 12	_	The state of the s	-		
Initiation fees and capital contributions included on Part VIII, line 12		· ,			- A.
Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders	а				<i>*</i>
a Gross income from members or shareholders		· · · · · · · · · · · · · · · · · · ·	۳ مواج	ا داد ۱۹۹۶ - ۱	
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? If "Yes," enter the amount of tax-exempt interest received or accrued during the year			illandin kan e	p.esaw]	-
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? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	_			- Total	
Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-			STATE OF THE PARTY OF	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a	,	12a		
Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	_	, , ,			-24
Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13			ا	- 241 /
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	а	·	13a		
the organization is licensed to issue qualified health plans			per con	****	
c Enter the amount of reserves on hand	D	the exemplestion is becaused to become sufficient to other states.			
Did the organization receive any payments for indoor tanning services during the tax year?	c	100		-	7
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . 14b		1001	142		1
			\vdash		
· ·				1 990	(2010)

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b b "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or chang O. See instructions.	-		
	Check if Schedule O contains a response to any question in this Part VI			. 🗸
Secti	on A. Governing Body and Management			
_			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	-		£
ь 2	Enter the number of voting members included in line 1a, above, who are independent . 1b 32 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		√
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		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6	Does the organization have members or stockholders?	6		✓
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		✓
_	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	<u>'</u>		
а	The governing body?	8a	✓	<u> </u>
þ	Each committee with authority to act on behalf of the governing body?	8b	✓	
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		,
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven		nde)	<u> • </u>
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		1
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	√	
b	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	12a	\	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	✓	<u> </u>
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	✓	
13	Does the organization have a written whistleblower policy?	13	√	<u> </u>
14 15	Does the organization have a written document retention and destruction policy?	14	<u>/</u>	
а	The organization's CEO, Executive Director, or top management official	15a	✓	
b	Other officers or key employees of the organization	15b	✓	
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	16a		
	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		
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3) for public inspection. Indicate how you make these available. Check all that apply.)s only	/) ava	ilable
19	Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict o and financial statements available to the public.		·	oolicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	•	
	organization: Nancy J Pyanoe, (865)981-8139			

	-	7

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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.
- 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, if any. See instructions for definition of "key employees."
- 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 neither the organization no	T -	d org	anız			ompe	nsa	· · · · · · · · · · · · · · · · · · ·		
(A)	(B)	,		•	C)			(D)	(E)	(F)
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	Individual tr	Institutional trustee	Officer	ส Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Ms Elizabeth A Bulette	2	,						0	0	
Board Member		✓		ļ	_				_	
Mr G Donald Hickman Board Member	2	1						0	0	(
Dr Dorsey D Ellis Jr Board Member	2	✓						0	o	C
Mr J William Johnson Board Member Secretary	2	1						0	o	(
Mr Robert E Kallstrom Board Member	2	1						0	0	
Mr Ronald Y Koo Board Member	2	1						0	0	(
Ms Sherri P Lee Board Member	2	1						0	0	(
Dr J Robert Merriman Board Member	2	1						0	0	(
Mr Alvin Nance Board Member	2	✓						0	0	(
Mr John Knox Singleton Board Member	2	1						0	0	
Mr James M Usdan Board Member	2	1						0	0	(
Mr Robert A Jefferies Jr Board Member	2	1						0	0	(
Mr Wayne R Kramer Board Chairman	2	1						0	0	(
Mr Steve West Board Member	2	1						0	0	(
Mr Jeffrey K Willis Board Member	2	1						0	0	(
Dr Bryant L Cureton Board Member	2	1						0	o	(

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

(A)	(B)			-	C)			(D)	(E)	(F)
Name and Title	Average hours per week (descnbe hours for related organizations in Schedule O)	Individual tr or director	Institutional trustee	Officer	Rey employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Mr William E Harmon Board Member	2	1						0	0	0
Ms Diane HumphreysBarlow Board Member	2	▼						0	0	0
Mr James N Proffitt Board Member	2	1						0	0	0
Dr Kenneth D Tuck Board Member	2	√						0	0	0
Ms Nancy B Cain Board Member	2	✓						o	0	0
Joseph M Dawson Board Member	2	~						0	0	0
Rufus B King Board Member	2	✓						0	0	0
Adriel McCord Board Member	2	1						0	О	0
Dr Charles Mercer Board Member	2	✓						О	0	0
Virginia Morrow Board Member	2	✓						0	0	0
J Douglas Overbey Board Member	2	✓						0	0	0
Rev William Judson Shaw Board Member	2	✓						0	o	0
Dr T Bryson Struse III Board Member	2	1						o	0	0
Kristine R Tallent Board Member	2	✓						0	o	0
Dr Taylor Weatherbee Board Member	2	✓						o	o	0
Rev Sharon K Youngs Board Member	2	1						o	0	000 (0010

Part		stees, Key (B)	Emplo	oye€	_		Highe	est		Employees (co	<u>ontını</u>	
	(A) Name and title				•	C)			(D)	(E)		(F)
			Individual trustee or director	·	Officer	Rey employee	Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation fr related organizations (W-2/1099-MIS		Estimated amount of other compensation from the organization and related organizations
Dr Wi	lliam T Bogart	40							133,621		0	5,116
Presid		70		<u> </u>	✓	<u> </u>			133,021		Щ.	
	na Smith	40			١,				113,744		o	0
Treas		ļ			✓			┞				
	lta Kemp President	40			1				92,688		0	0
	D Jackson-Ludlow	<u> </u>		\vdash	•	\vdash		\vdash			+	
	President	40			1				85,790		0	0
	HIS F Hanry				Ė						+	
	President	40			/				86,242		0	0
Barba	ra A Wells	40							57.000			
Vice F	President	40			✓				57,303		0	0
Dr Tei	rry Simpson	40							98,798		0	0
	hair/Professor	10		Ш			✓		30,730		Щ	
	rald W Gibson	0						١,	482,401		o	6,256
	dent Retired		<u> </u>		\vdash			✓			+	
	ffrey A Fager President	0						1	108,405		0	0
	Iliam J Sliwa		-	Н		\vdash		 *			+	
	President	0	i					1	84,452		0	0
				П							\top	
	,	1										
1b	Sub-total			•			-	•		· · · · · · · · · · · · · · · · · · ·		<u> </u>
C	Total from continuation sheets to Part	-							4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
d	Total (add lines 1b and 1c)							<u> </u>	1,343,444		0	11,372
2	Total number of individuals (including but reportable compensation from the organi			iose	list	ed a	above	e) w	no received m	ore than \$100	,000	in
	reportable compensation from the organi	2411011 4							·			Yes No
3	Did the organization list any former of	fficer, direc	tor o	r tr	uste	e.	kev e	ame	lovee. or high	est compens	ated	163 110
	employee on line 1a? If "Yes," complete											3 ✓
4	For any individual listed on line 1a, is the	sum of re	portal	ble i	com	nper	nsatio	n a	nd other comp	ensation from	ı the	
	organization and related organizations	greater the	an \$1	150,	000)? <i>It</i>	f "Ye	s, "	complete Sch	edule J for s	such	
	ındıvidual				•							4 🗸
5	Did any person listed on line 1a receive of											
	for services rendered to the organization	? If "Yes," c	:ompi	ete	Scr	near	ile J f	or s	sucn person		•	5 /
	on B. Independent Contractors		ad in	400			oont-	oot	are that recent	nd mara than 9	<u> </u>	000 of
1	Complete this table for your five highest compensation from the organization.	compensar	ea inc	3ebe	enu	eni	COHU	acı	ors man receive	ed more man	ριυυ,	,000 01
	(A)			—					(B)			(C)
	Name and business add	Iress							Description of s	ervices	С	Compensation
Mess	er Construction Co, 5158 Fishwick Dr, Cincin	natti. OH 45	216		_			Со	nstruction			643,260
		<u> </u>										
2	Total number of independent contractor								ose listed ab	ove) who		
	received more than \$100,000 in compens	sauon irom	rue ol	yar	ıızal	NOU	- 1					

Part	VIII	Statement of Rev	renue				·	
	•			. "	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts	1a	Federated campaigns	s 1a	0				
gifts, grants lar amounts	ь	Membership dues .	1b	0				
s, g amo	С	Fundraising events .	1c	0				
gift Iar	d	Related organizations	1d	0				
ns, imi	е	Government grants (con		987,137				
ntio er s	f	All other contributions, g						
oth ib		and similar amounts not inc		2,155,339				
Contributions, gifts, grants and other similar amounts	g	Noncash contributions includ	· · · · · · · · · · · · · · · · · · ·	0			ŀ	
	h	Total. Add lines 1a-1	· · · · ·	Business Code	3,142,476			
Program Service Revenue	2a	Tuition & Instruction		611310	31,068,070	31,068,070	0	
Rev		Residence Halls & Stude	ent Meals	611710	7,949,967	31,000,070	0	7,949,967
ice		Clayton Center for the A		711300	414,039	57,210	356,829	0
Še ī	d			711000	111,000	07,210	000,020	
Ē	е							
gra	f	All other program ser			0	0	0	0
<u> </u>	g	Total. Add lines 2a-2			39,432,076			
	3	Investment income						
		and other similar amo	•		9,111,586	0	9,395	9,102,191
	4	Income from investmen	•	•	0	0	0	0
	5	Royalties	(i) Real	(ii) Personal	0	0	0	0
	6-	Cross Bonts		 ``				
	6a b	Gross Rents Less rental expenses	141,778	+				
	C	Rental income or (loss)						
	d	Net rental income or (7>		141,778	0	0	141,778
	7a	Gross amount from sales of	(i) Securities	(II) Other	141,776	0	- 0	141,776
		assets other than inventory	5,200,931	1,600				
	Ь	Less: cost or other basis						
		and sales expenses .	4,529,442	34,894				
	С	Gain or (loss)	671,489	-33,294				
	d	Net gain or (loss) .		· · · · •	638,195	638,195	0	0
<u>a</u>	80	Gross income from fu	undraicina		:		-	
eu	8a	events (not including \$	nuraising					
ě		of contributions reporte	ed on line 1c).					
Other Revenu		See Part IV, line 18 .		را ا				
툿	b	Less: direct expenses	s .	0			-	
	С	Net income or (loss) fa		events . >	0		0	0
	9a	Gross income from ga			i			
		See Part IV, line 19 .						
	b	Less: direct expenses						
	C	Net income or (loss) for		ivities	0	0	0	
i	iva	Gross sales of in returns and allowance						
	ь	Less: cost of goods s	-		:			
	C	Net income or (loss) fi			7,898	0	7,898	
		Miscellaneous R		Business Code	1,030	0	7,838	
	11a	campus vending & other		900099	452,943	452,943	0	0
	b						-	
	С							
	d	All other revenue .			0	0	0	0
	е	Total. Add lines 11a-			452,943			
	12	Total revenue. See in	nstructions	🕨	52,926,952	32,216,418	374,122	17,193,936

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete co	lumn (A) but are not	required to comple	te columns (B), (C),	and (D).
	not include amounts reported on lines 6b, 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	0	0		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	17,089,043	17,089,043		e in the second
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
_	U.S. See Part IV, lines 15 and 16	0	0		<u> </u>
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees		İ		
_		569,387	236,232	247,365	85,790
6	Compensation not included above, to disqualified	ľ	1		
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		_		_
-		0	0	0	0
7 8	Other salaries and wages	11,530,287	9,097,547	1,838,763	593,977
0	and section 403(b) employer contributions)	24 4 222	405 400	20.520	40.000
•	l l	214,883	165,460	36,530	12,893
9 10	Other employee benefits	1,627,113	1,252,877	276,609	97,627
	Fees for services (non-employees):	925,625	714,034	159,589	52,002
11	Management	0	ړ	ام	_
a	Legal	144,052	86,168	56,358	1 526
D	Accounting	80,613	00,108	80,613	
d	Lobbying	0	0	0.013	0
e	Professional fundraising services. See Part IV, line 17	0		0	0
f	Investment management fees	0	0	0	0
g g	Other	732,605	539,502	193,103	0
12	Advertising and promotion	177,461	73,628	103,833	0
13	Office expenses	488,399	386,247	59,909	42,243
14	Information technology	202,789	202,789	0	0
15	Royalties	0	0	0	0
16	Occupancy	2,215,000	448,377	1,766,623	0
17	Travel	572,728	546,889	13,125	12,714
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	o	o	o	0
19	Conferences, conventions, and meetings .	156,903	75,531	77,336	4,036
20	Interest	726,722	0	726,722	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization .	2,273,224	88,802	2,184,422	0
23	Insurance	68,033	27,872	40,161	0
24	Other expenses. Itemize expenses not covered	1	1		e i
	above (List miscellaneous expenses in line 24f. If				ا الإنتانية -
	line 24f amount exceeds 10% of line 25, column			** *** ** ** **	
	(A) amount, list line 24f expenses on Schedule O.)				
a	Repairs & maintenance	999,939	407,878	588,984	3,077
b	Student meals	1,455,057	1,455,057	0	0
C	Supplies	860,913	428,906	405,994	26,013
d	Miscellaneous	1,232,948	861,304	311,979	59,665
e	All other expenses				
f os	All other expenses Total functional expenses. Add lines 1 through 24f	0	0	0 150 018	001.553
25 26	Joint costs. Check here ▶ ☐ if following	44,343,724	34,184,143	9,168,018	991,563
20	SOP 98-2 (ASC 958-720). Complete this line				
	only if the organization reported in column				
	(B) joint costs from a combined educational campaign and fundraising solicitation				
	1. It may be read that the second of the sec				Form 990 (2010)

P	art X	Balance Sheet			· · · · · · · · · · · · · · · · · · ·
	•		(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	1,121,917	1	2,114,877
	2	Savings and temporary cash investments	0	2	120,197
	3	Pledges and grants receivable, net	7,777,053	3	5,826,595
	4	Accounts receivable, net	222,107	4	338,341
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of			
	6	Schedule L		5	0
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)			
Assets	-		0	6	0
188	7	Notes and loans receivable, net	2,856,937	7	2,916,072
•	8	Inventories for sale or use	32,333		15,468
	9 10a	Prepaid expenses and deferred charges	1,898,682	9	2,330,193
	b	other basis. Complete Part VI of Schedule D 10a 90,377,501 Less: accumulated depreciation	58,185,956	100	50.045.007
	11	Investments—publicly traded securities		11	56,845,297
	12	Investments—publicly traded securities	<u>0</u>	12	0
	13	Investments—program-related. See Part IV, line 11	50,806,865	13	59.534.877
	14	Intangible assets	30,000,003	14	35,534,677
	15	Other assets. See Part IV, line 11	2,209,665	15	2.051.020
	16	Total assets. Add lines 1 through 15 (must equal line 34)	125,111,515	16	2,051,829
-	17	Accounts payable and accrued expenses	3,268,415	17	132,093,746
	18	Grants payable	3,208,413	18	2,745,530
	19	Deferred revenue	48,694	19	
	20	Tax-exempt bond liabilities	36,650,000	20	33,359
6	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	30,030,000	21	36,481,666
ţį	22	Payables to current and former officers, directors, trustees, key		21	0
Liabilities		employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	4,008,263	23	3,150,894
	24	Unsecured notes and loans payable to unrelated third parties	4,008,263	24	3,130,634
	25	Other liabilities. Complete Part X of Schedule D	3,718,447	25	3,681,373
	26	Total liabilities. Add lines 17 through 25	47,693,819		46,092,822
ses		Organizations that follow SFAS 117, check here ▶ ✓ and complete lines 27 through 29, and lines 33 and 34.	47,033,013	20	40,092,022
au	27	Unrestricted net assets	18,139,987	27	19,179,007
3ag	28	Temporarily restricted net assets	14,982,419		22,432,836
힐	29	Permanently restricted net assets	44,295,290		44,389,081
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34.			
3	30	Capital stock or trust principal, or current funds		30	, , ,
se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds .		32	
ē	33	Total net assets or fund balances	77,417,696	33	86,000,924
-	34	Total liabilities and net assets/fund balances	125,111,515	-	132,093,746

Form **990** (2010)

Page	1	2

3a

Form **990** (2010)

Form 9	90 (2010)		P	age 1
Par	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI			· [
1	Total revenue (must equal Part VIII, column (A), line 12)		52,92	26,952
2	Total expenses (must equal Part IX, column (A), line 25)		44,34	13,724
3	Revenue less expenses. Subtract line 2 from line 1		8,58	33,228
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4		77,41	17,696
5	Other changes in net assets or fund balances (explain in Schedule O)			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))		86,00	0,924
Part	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			
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.	:	Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	_	1
b	Were the organization's financial statements audited by an independent accountant?	2b	1	
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?	2c	√	
	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 separate basis, consolidated 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

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

SCHEDULĘ A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

uctions. Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection

OMB No 1545-0047

2010

Name	ame of the organization Employer identification number					n number				
	MARYVILLE COLLEGE 62-0475691									
			rity Status (All orga				<u>-</u> -		<u>instructio</u>	ons.
The 6 1 2 3 4	☐ A church, con ☐ A school desc ☐ A hospital or a ☐ A medical rese	vention of churc cribed in section a cooperative ho	ation because it is: (Fo thes, or association of 170(b)(1)(A)(ii). (Attac spital service organiza on operated in conjun e:	i churche ch Sched ation des	s describ lule E.) cribed in	ed in sec section	tion 170	(b)(1)(A)(i (A)(iii).	•	(iii). Enter the
5	5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)									
6 7										
8 9										
10 11	An organization purposes of open 509(a)(3). Che	on organized ar one or more pub ock the box that	l operated exclusively nd operated exclusive licly supported organ describes the type of	ely for th nizations supportin	ne benefi describe ng organi	t of, to d in sect zation an	perform ion 509(a d comple	the funct a)(1) or se ete lines 1	tions of, ection 50	9(a)(2). See section gh 11h.
е		his box, I certify Indation manage	Type II c that the organization ers and other than one	is not co		directly o	indirectl	y by one	or more	
f			a written determination			that it is	a Type 	I, Type	II, or Typ	e III supporting
g	Since August following pers		he organization accep	pted any	gift or co	ontributio	n from a	ny of the	•	_
			ndirectly controls, eitlody of the supported							
	(ii) A family m	ember of a pers	on described in (i) abo	ove?						11g(ii)
			a person described in							11g(iii)
<u>h</u>	-		on about the support					1		
(1)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	ın col (i) lı		the organ	rou notify nization in of your port?	organizat (i) organi	Is the tion in col ized in the S?	(vii) Amount of support
				Yes	No	Yes	No	Yes	No	
(A) ——										
(B)										
(C)									_	
(D)										
(E)										

Par	Support Schedule for Organiza	ations Descr	ribed in Sect	ions 170(b)(1	I)(A)(iv) and	170(b)(1)(A)(v	/i)
	(Complete only if you checked the						alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	ion A. Public Support	() 0000					
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.")						
2							
2	Tax revenues levied for the organization's benefit and either paid		1				
	to or expended on its behalf						
3	The value of services or facilities					 -	
	furnished by a governmental unit to the					1	ļ
	organization without charge						ľ
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.						
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4			· · · · · · · · · · · · · · · · · · ·			1
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	= -						
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 instruction	ons)			12	
13	First five years. If the Form 990 is for the	e organization	n's first, secon	d, third, fourth	, or fifth tax y		on 501(c)(3)
	organization, check this box and stop her				· · · · ·		🕨 🗀
	on C. Computation of Public Suppor						
14	Public support percentage for 2010 (line 6					14	%
15	Public support percentage from 2009 Sch 331/3% support test—2010. If the organization					15	<u>%</u>
16a	box and stop here. The organization qual						_
b	331/3% support test—2009. If the organ			-			
_	check this box and stop here. The organi						▶ □
17a	10%-facts-and-circumstances test — 20	•				a or 16b and	
	10% or more, and if the organization med						
	Part IV how the organization meets the "fa						
	organization						.`. ▶ □
b	10%-facts-and-circumstances test -20	109. If the orga	anization did n	ot check a box	on line 13, 16	Sa, 16b, or 17a	, and line
	15 is 10% or more, and if the organizat						
	Explain in Part IV how the organization m	eets the "facts	s-and-circumst	tances" test. T	he organizatio	n qualifies as a	a publicly
	· · ·				•	•	
18	supported organization					· · · · ·	. ▶ □

Part	le A (Form 990 or 990-EZ) 2010 Support Schedule for Organiza	tione Descr	ihad in Sact	ion FOO(a)(O)			Page 3
art	(Complete only if you checked th					to analificati	dor Bort II
	If the organization fails to qualify			_			der Part II.
e ct	on A. Public Support	under the te	SIS IISTEU DEI	ow, please co	Jilipiete Part	11.)	
_		(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
,alei 1	dar year (or fiscal year beginning in) ► Gifts, grants, contributions, and membership fees	(2) 2000	(5) 2007	(6) 2000	(u) 2003	(6) 2010	(i) iolai
•	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise		<u>. </u>	-	·		
	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 7a	Total. Add lines 1 through 5 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						
с 8	Add lines 7a and 7b Public support (Subtract line 7c from						
	line 6.)						
ecti	on B. Total Support	•					
alen	dar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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, check this box and stop her	е		d, third, fourth	•		
ecti	on C. Computation of Public Support						
15	Public support percentage for 2010 (line 8						%
16	Public support percentage from 2009 Sch					16	%
	on D. Computation of Investment Inc						
17	Investment income percentage for 2010 (li		• •	•			<u>%</u>
18	Investment income percentage from 2009					18	<u>%</u>
19a	33 ¹ / ₃ % support tests – 2010. If the organia						

b 33½% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33½%, and line 18 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

□

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No 1545-0047 2010

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization ▶ Attach to Form 990. ▶ See separate instructions.

Inspection

Employer identification number **MARYVILLE COLLEGE** 62-0475691 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts, Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 388 Aggregate contributions to (during year) . 2 471,382 Aggregate grants from (during year) . . 3 1,418,252 81.748 Aggregate value at end of year 56,173,657 2,984,355 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 ✓ Yes □ No Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space 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 2a 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 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 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) ☐ Yes ☐ No 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), 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. If the organization elected, as permitted under SFAS 116 (ASC 958), 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: 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 (ASC 958) relating to these items:

Cat No 52283D

Schedule D (Form 990) 2010

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

Par							
3	Using the organization's acquisition, a collection items (check all that apply):	ccession, and ot	her reco	rds, ched	ck any of the fo	ollowing that are a	significant use of its
а	✓ Public exhibition		d	☐ Loa	an or exchange	programs	
b	☐ Scholarly research		е		_	·	
С	Preservation for future generation	s					•••••••••••••
4	Provide a description of the organizati		and expla	ain how t	hev further the	organization's exe	empt purpose in Part
-	XIV.		Ол.			organization o one	pr parpood iii i air
5	During the year, did the organization s	solicit or receive	donation	s of art	historical treas	ures or other sim	ilar
•	assets to be sold to raise funds rather						
Part	IV Escrow and Custodial Arra						<u> </u>
·	line 9, or reported an amount				jarnzation ans	wered res to r	onn 550, i ait iv,
					or contributions	or other assets i	not .
	included on Form 990, Part X?						Yes No
b	If "Yes," explain the arrangement in Pa						. Lies Lino
b	ii res, explain the arrangement in Fa	it Aiv and comple	ete trie it	niowing t	able.	<u> </u>	Amount
_	Paginning balance				-		
C	Beginning balance					1c	
d	Additions during the year					1d	
e	Distributions during the year					_1e	
f	Ending balance					_1f	
2a	Did the organization include an amount		art X, line	21? .			. Yes No
	If "Yes," explain the arrangement in Pa				6 27 11 1 E	000 0 107 0	40
Par	V Endowment Funds. Comple						
_		(a) Current year		or year	(c) Two years bad		ck (e) Four years back
1a	Beginning of year balance	50,563,650	4	1,805,375			_ <u> </u>
b	Contributions	471,382		<u>4,917,611</u>	1,871,8	78	
С	Net investment earnings, gains, and						
	losses	9,724,977		<u>5,491,377</u>	-9,506,3	159	
d	Grants or scholarships	1,418,252		1,043,000	1,161,0	22	
е	Other expenditures for facilities and						
	programs	81,748		457,000	664,8	33	4
f	Administrative expenses	101,997		150,713	145,0	82	
g	End of year balance	59,158,012	5	0,563,650	41,805,3	175	
2	Provide the estimated percentage of th	e year end baland	ce held a	as:	•		
а	Board designated or quasi-endowment	2.3	3 %				
b		.7 %					
С	Term endowment ▶ 0 %						
3a	Are there endowment funds not in the	possession of th	e organi	zation the	at are held and	administered for t	he
	organization by:						Yes No
	(i) unrelated organizations						3a(i) ✓
							3a(ii) ✓
b	If "Yes" to 3a(II), are the related organiz	ations listed as re	equired o	n Sched	ule R?		3b
4	Describe in Part XIV the intended uses	of the organization	n's endo	owment f	unds.		
Part	VI Land, Buildings, and Equipr	nent. See Form	990, P	art X, lin	e 10.		
	Description of investment	(a) Cost or oti (investme			or other basis other)	(c) Accumulated depreciation	(d) Book value
1a	Land		0		457,104		457,104
ь	Buildings		0		70,841,703	23,668,028	47,173,675
c	Leasehold improvements		0		7,174,387	175,792	6,998,595
d	Equipment		0		10,575,890	8,924,104	1,651,786
e	Other	-	0		1,328,417	764,280	564,137
Total.	Add lines 1a through 1e. (Column (d) me	ust equal Form 99		X, columr			56,845,297

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 va Cost or end-of-year r	
(1) Financial				
	neld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D) (E)				<u> </u>
(E)				
(G)				
(H)				
(l)				
Total. (Column (I	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 va	luation
			Cost or end-of-year n	
(1) Private I			End-of-Year Market Value	
(2) US Equi			End-of-Year Market Value	<u> </u>
	onal Equities		End-of-Year Market Value	
(4) Absolute			End-of-Year Market Value	<u></u>
(5) Fixed Inc			End-of-Year Market Value	
(6) Natural I	Resources		End-of-Year Market Value	
	vestments	1,546,497	End-of-Year Market Value	
(9)	vesurierius	1,340,437	COSC	
(10)				
	o) must equal Form 990, Part X, col. (B) line 13.)	59,534,877		
Part IX	Other Assets. See Form 990, Pa			
) Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
_(7)				
(8)				
(9)				
(10)				
	mn (b) must equal Form 990, Part X, co			
Part X	Other Liabilities. See Form 990,		,	
1. (1) Fodorol	(a) Description of liability	(b) Amount		
	income taxes			
	JS Government	1,994,316		
(3) Annuitie		1,030,520		
(4) Student (5)	and other deposits	656,537		
(6)		<u> </u>		
(7)				
(8)				
(9)				
(10)				
(11)				
	b) must equal Form 990, Part X, col. (B) line 25.)	3,681,373		
	SC 740) Footnote. In Part XIV, provide			ments that reports the
	's liability for uncertain tax positions u		9	

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

2010

Open to Public Inspection

MARYVILLE COLLEGE

Employer identification number 62-0475691

Part				
		,	YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1_	1	
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?	2	√	
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 Part II	3	✓	L T
4	Maryville College posts an institutional disclaimer on its web site among other places. It reads: Maryville does not discriminate on the basis of race, color, gender, ethnic or national orgin, religion, sexual orientation, age, disability, or political beliefs in provisions of educational opportunities and benefits. Pursuant to the requirements of Title IX of the Education Admendments of 1972, P.L. 92-318; and Section 504 of the (Continued on Schedule E, Part II, Statement 1) Does the organization maintain the following?			
a b	Records indicating the racial composition of the student body, faculty, and administrative staff? Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4a 4b	1	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	1	
đ	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	✓	
E	Does the organization discriminate by race in any way with respect to:			
5 a	Students' rights or privileges?	5a		1
b	Admissions policies?	5b		1
С	Employment of faculty or administrative staff?	5c		1
d	Scholarships or other financial assistance?	5d		1
е	Educational policies?	5e	_	1
f	Use of facilities?	5f		1
g	Athletic programs?	5g		1
h	Other extracurricular activities?	5h		✓
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	✓	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		√
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through			

Part II	Supplemental Information. Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions).
Schedule E	, Part I, Line 6 - US Department of Education funds are received each year. Title IV funding, PELL; FSEOG; Stafford and unsubsidized) Student loans and Parent PLUS loans. We participate in Federal Perkins Loan and Federal Work Study
programs.	

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

artment of the Treasury

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.

OMB No 1545-0047

2010

Inspection *

Schedule I (Form 990) (2010) °N □ (h) Purpose of grant or assistance Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to ✓ Yes 62-0475691 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance (f) Method of valuation cash assistance (book, FMV, appraisal, other) Cat No 50055P Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations (c) IRC section if applicable the selection criteria used to award the grants or assistance? For Paperwork Reduction Act Notice, see the Instructions for Form 990. General Information on Grants and Assistance can be duplicated if additional space is needed. Enter total number of other organizations (p) EIN 1 (a) Name and address of organization or government MARYVILLE COLLEGE Part I Part II Ξ 2 € <u>@</u> 6 8 ව 9 9 5 9

Schedule I (F	Schedule I (Form 990) (2010)	31				Page 2
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. Part III can be duplicated if additional space is needed.	viduals in the U space is needed	nited States. Com	plete if the organiz	ation answered "Yes" to	Form 990, Part IV, line 22.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 See Sc	1 See Schedule I, Part IV, Statement 1					
8						
က						
4					,	
ß						
9						
7						
Part IV Schedule I	Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. Schedule I, Part I, Line 2 - The financial aid office maintains a data base of all students, their eligibility for grant funds determined through FASFA and other analytical procedures, the amount awarded and accepted by each student and documentation of verifying data. We have an A-133 audit performed each year in addition to our financial audit	this part to provis a data base of all nentation of verifyin	vide the information students, their eligibil ng data. We have an A	required in Part I, ity for grant funds det -133 audit performed	provide the information required in Part I, line 2, and any other additional information of all students, their eligibility for grant funds determined through FASFA and other analytical proce eritying data. We have an A-133 audit performed each year in addition to our financial audit	itional information. other analytical procedures, the
				· ·		Schedule I (Form 990) (2010)

SCHEDULE J (Form 990)

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.

OMB No 1545-0047 2010

Open to Public Inspection

Name of the organization **MARYVILLE COLLEGE**

Questions Regarding Compensation

Department of the Treasury Internal Revenue Service

Employer identification number

62-0475691

			Yes	No
1a	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 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 are checked, did the organization follow a written policy regarding payment			
b	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain.	1b	✓	
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	1	
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			
	☐ Independent compensation consultant ☐ Written employment contract ☐ 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 from the organization or a related organization?	4a		✓
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		1
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		✓
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		1	
	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:			! !!
а	The organization?	5a		✓
b	Any related organization?	5b		1
	If "Yes" to line 5a or 5b, describe in Part III.		:	li Li
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		√
b	Any related organization?	6b		✓
	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		✓
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 Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		_
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Part II

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

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

(A) Name Dr William T Bogart Dr Gerald W Gibson 3 (ii) 4 (iii) 5 (ii) 6 (ii) 7 (iii) 6 (iii) 7 (iii) 6 (iii) 6 (iii) 7 (iii) 6 (iii) 6 (iii) 7 (iii) 6 (iii) 7 (iii) 6 (iii) 7 (iii) 6 (iii) 7 (iii) 9 (iii) 9 (iii) 10 10 10 10 10 10 10 10 10 1			(iii) Other	other deferred	(u) Norlaxable benefits	(E) lotal of columns	roportod is provi
Dr William T Bogart Dr Gerald W Gibson	(i) Base compensation	(ii) Bonus & incentive compensation	reportable compensation	compensation		(B)(i)-(D)	Form 990-EZ
Dr Gerald W Gibson	120,389	0	13,233	0	0	133,622	
Dr Gerald W Gibson	0		0	0	0	0	0
	123,893		13,803	16,880	0	154,576	0
	0	0	0	0	0	0	0
			• • • • • • • • • • • • • • • • • • •				
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0							
(ii) 6							
(9)							
10 (ii)							
0							
11 (ii)							
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12 (ii)							
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14 (ii)							
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15 (ii)							
8							
16 (ii)							

Schedule J (Form 990) 2010

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Schedule J (Form 990) 2010
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
any additional information.
Schedule J, 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 an annual housing allowance of \$25000. 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.

Schedule J. 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 any pay increases to any employees for year end May 31, 2011.
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SCHEDULE K (Form 990)

1 600)

Department of the Treasury Internal Revenue Service

Internal Hevenue Service
Name of the organization

MARYVILLE COLLEGE

▶ See separate instructions.

▶ Attach to Form 990.

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions,

explanations, and any additional information in Part V.

Supplemental Information on Tax-Exempt Bonds

2010

OMB No 1545-0047

Open to Public Inspection

Employer identification number 62-0475691

(i) Pooled financing Yes ŝ ĝ (h) On behalf of issuer Yes 0 ۵ Yes Yes (g) Defeased Yes No ŝ £ O O (f) Description of purpose Yes Yes Revenue refunding bonds Revenue refunding bonds ō 0 0 0 0 0 0 0 0 6,650,000 ş ŝ 8 ø Yes Yes 30,000,000 6,650,000 (e) Issue price 30,000,000 ŝ ŝ ⋖ Yes (d) Date issued Yes 03/12/2010 12/01/2010 Does the organization maintain adequate books and records to support the (c) CUSIP # Was the organization a partner in a partnership, or a member of an LLC, Were the bonds issued as part of an advance refunding issue? Were the bonds issued as part of a current refunding issue? (b) Issuer EIN 62-1192419 62-1192419 which owned property financed by tax-exempt bonds? Has the final allocation of proceeds been made? Working capital expenditures from proceeds Health & Education Facilities Board of Blount, Heealth and Educational Facilities Board of Blount, County Tennessee Series 2010 Capital expenditures from proceeds Credit enhancement from proceeds Capitalized interest from proceeds Amount of bonds legally defeased Gross proceeds in reserve funds Proceeds in refunding escrows. Year of substantial completion . Issuance costs from proceeds **Private Business Use** final allocation of proceeds? **County Tennessee Series 2009** Amount of bonds retired Other unspent proceeds Total proceeds of issue (a) Issuer name Other spent proceeds. Bond Issues Proceeds Part I Part III Part II 5 œ O က 4 2 9 ω O 9 42 2 14 19 Ξ 11

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

bond-financed property?.

8

Are there any lease arrangements that may result in private business use of

Cat No 50193E

Schedule K (Form 990) 2010

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Part III	Private Business Use (Continued)								
		¥		₾			၁		, o
3a	Are there any management or service contracts that may result in private	Yes	N _o	Yes	No	Yes	No	Yes	S.
	business use of bond-financed property?		`		1				
q	Are there any research agreements that may result in private business use of hond-financed property?		•		,				
			•		>				
ပ	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research								
		/			>				
4	e percentage of financed property used in a private busines								
	entities other than a section 501(c)(3) organization or a state or local		7						
	government		%0		%0		%		%
2	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		%		%
9	Total of lines 4 and 5		% 0		% 0		%		8
-	Has the organization adopted management practices and procedures to							:	
	ensure the post-issuance compliance of its tax-exempt bond liabilities?	`		>					
Part IV	IV Arbitrage					j			
		V		8			ပ		۵
-	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of	Yes	ş	Yes	ş	Yes	٩	Yes	°N
	Arbitrage Rebate, been filed with respect to the bond issue?		,		`				
8	Is the bond issue a variable rate issue?	,		,					
3a	Has the organization or the governmental issuer entered into a qualified								
	hedge with respect to the bond issue?		,		`	i			
٩	Name of provider								
ပ	Term of hedge								
Р	Was the hedge superintegrated?								
Ð	Was the hedge terminated?	-							
4 a	Were gross proceeds invested in a GIC?		<i>></i>		`~				
Ω	Name of provider								
ပ	Term of GIC								
ס	Was the regulatory safe harbor for establishing the fair market value of the		-						
	GIC satisfied?								
2	Were any gross proceeds invested beyond an available temporary period?		<i>></i>		,				
9	Did the bond issue qualify for an exception to rebate?		<i>></i>		,	:			
Part V	V Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions)	al informatic	on for resp	onses to	questions	on Sched	ile K (see i	nstructions	(i)

Schedule K (Form 990) 2010

SCHEDULE M (Form 990)

Noncash Contributions

2010

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open To Public Inspection

Name of the organization **MARYVILLE COLLEGE** 62-0475691 **Types of Property** (c) (d) (a) (b) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1q 1 Art-Works of art 7,500 apprisal Art-Historical treasures . . . 2 3 Art—Fractional interests . . . Books and publications . . 4 5 Clothing and household goods 6 Cars and other vehicles . . . 7 Boats and planes . . . Intellectual property 8 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 Qualified conservation 14 contribution-Other . . . Real estate-Residential . . 15 16 Real estate - Commercial . . 17 Real estate-Other 18 Collectibles Food inventory 19 20 Drugs and medical supplies . . 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts . . . 25 Other ► (Other ► (_____) 26 27 Other ► (28 Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that 30a it must hold for at least three years from the date of the initial contribution, and which is not required to be 30a **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a b If "Yes," describe in Part II. If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, 33 describe in Part II.

	(Form 990) (2010)	Page 2
Part II	Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, and 33. Also complete this part for any additional information.	
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SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Inspection

Employer identification number

MARYVILLE COLLEGE	62-0475691
Form 990, Part VI, Section B, Line 11a - Maryville College's Budget & Audit Committee reviews the ann Committee members are encouraged to ask questions of the entries on the form. the form is not signe	
members have had a chance to review it.	
Form 990, Part VI, Section B, Line 12c - Board members are required to complete a conflict of interest conflict is noted the Administrative Assistant to the President informs the Treasurer and the Business	
Schedule is created. The schedule is referred to by the Business Office throughout the year. The Colle transactions that may create a conflict of interest. All faculty and staff are reminded of the purchasing	ge's purchasing policy prohibits
are required to complete a conflict of interest form with the Human Resources department.	
Form 990, Part VI, Section B, Line 15 - Annual wage increases are approved by the Budget & Audit Cor	nmittee and the Board of Directors
after discussion and review of analysis of local, regional and national wages increases and other econ	
documented by minutes. Salary increases for the President follow the same process with an additional Committee of the Board finalizing any increase. No wage increases were awarded to employees or the	
May 31, 2011. the last pay increases were during fiscal year ended May 31, 2008.	
Form 990, Part VI, Section C, Line 19 - Maryville College makes its governing documents, conflict of int statements available to the public either on our website and/or upon request.	erest policy and financial
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Schedule I, Part IV, Statement 1

Form: Schedule I

Page 2

Line Number: Part III

MARYVILLE COLLEGE 62-0475691

Description of Grants and Other Assistance to Individuals in the United States

		Number of recipients	Amount of cash grant	Amount of non-cash assistance
Type of grant	Maryville College maintains a	10	0	0
	data base of all students			
	The data base contains			
	student eligibility for grant			
	funds determined through			
	FASFA and other analytical			
	procedures. The amounts			
	awarded and accepted by			
	each student are too			
	numerous to list individually.			
	The College has an A-133			
	audit each year. The number			
	of students receiving grants			
	in excess of \$4,999 is too			
	numerous to list individually.			
Method of valuation	0			
Description of non-cash assistance				

Schedule E, Part II, Statement 1

Form Schedule E

Page. 1

Line Number: Part I Line 3

MARYVILLE COLLEGE 62-0475691

Racially Nondiscriminatory Media Policy Explanation

Explanation

Rehabilitation Act of 1973, P.L 93-112, Maryville College does not discriminate on the basis of sex or handicap in the education programs and activities which it operates. This policy extends to both employment by and admission to the College.