

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



DLN: 93493101003703

orm 990

Department of the Treasury

Return of Organization Exempt From Income Tax

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

2011

OMB No 1545-0047

Open to Public
Inspection

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

Internal	Revenue	Service	► The organization may have to use a copy of	of this return to s	satisfy st	ate reporting	requiren	nents	Inspection
A Fo	r the 2	2011 ca	lendar year, or tax year beginning 06-01-2011	and ending 05	5-31-2012		<u> </u>		
B Ch	eck if ap	pplicable	C Name of organization Anderson University				D Emplo	yer id	entification number
— Add	dress ch	ange	Doing Business As			_	57-03		
— Na	me char	nge	Doing dualitiess As				E Teleph		
— Ind	tıal retur	m	Number and street (or P O box if mail is not delivered	d to street address)	Room/suit	te			-2066
– _{Tei}	rmınated	d	316 Boulevard			ļ	G Gross	receipts	s \$ 62,859,501
– _{Am}	nended r	return	City or town, state or country, and ZIP + 4		<u> </u>	- [
— _{Арі}	plication	pending	Anderson, SC 29621						
		. ,	F Name and address of principal officer			H(a) To 46.	e a dre	rot	en for
			Evans P Whitaker			H(a) Is thi affilia		recur	TYes ▼ No
			316 Boulevard Anderson, SC 29621			11/13	g		– –
						H(b) Are all			·
r Ta	ıx-exem	pt status	▼ 501(c)(3)	947(a)(1) or	527		o," attacr p exempl		t (see instructions) umber ►
j w	ebsite	: - \\\\\\	vandersonuniversity edu			11(0)			
			<u> </u>		l			I.	•
			Corporation Trust Association Other ►			L Year of for	mation 19	₹11 I	M State of legal domicile SC
Pā	rt I		mary						
			escribe the organization's mission or most sign o University is an academic community affiliate			onvention			
<u>ల</u>	=		The state of the s						
Ē	-								
ē.]	Chack th	us hav be if the arganization discontinued its		anacad a	f mara than 2	FO/ of the		acata
Governance	1		is box fthe organization discontinued its				OTITS 70 OT	net a	1
ø	1		of voting members of the governing body (Part of independent voting members of the governin					4	25
<u>es</u>	1		or independent voting members of the governin mber of individuals employed in calendar year 2					5	922
Activities &			nber of individuals employed in calendar year 2 nber of volunteers (estimate if necessary) .		ic Za) .			6	300
ဍ			related business revenue from Part VIII, colum					7a	32,806
			lated business taxable income from Form 990-					7a 7b	30,216
	† <u>* </u>			,		Prio	r Year	<u> </u>	Current Year
	8	Contri	outions and grants (Part VIII, line 1h)		3,095,609			4,470,254	
ĕ	9		m service revenue (Part VIII, line 2g)			45,105,5			50,656,691
Revenue	10		ment income (Part VIII, column (A), lines 3, 4				1,311,	-	2,032,582
Ž.	11		revenue (Part VIII, column (A), lines 5, 6d, 8c			558,766			210,840
	12	Total r	evenue—add lines 8 through 11 (must equal P	n (A), line				·	
							50,071,	_	57,370,367
	13		and similar amounts paid (Part IX, column (A)			14,241,842			16,464,546
	14		s paid to or for members (Part IX, column (A),					0	0
83	15	5-10)	es, other compensation, employee benefits (Pai	rt IX, column (A), lines		16,759,	545	18,218,161
Expenses	16a	,	sional fundraising fees (Part IX, column (A), lin	ne 11e)		162,650			114,834
¥⊝€	ь		ndraising expenses (Part IX, column (D), line 25) •662,7			,			
Ш	17		expenses (Part IX, column (A), lines 11a-11d		 .	13,154,449 14,187			14,187,893
	18		expenses Add lines 13-17 (must equal Part I)				44,318,	-	48,985,434
	19		ue less expenses Subtract line 18 from line 12		-		5,752,		8,384,933
<u>ያ</u>						Beginning		_	End of Year
9							ear		
Net Assets or Fund Balances	20		ssets (Part X, line 16)		•		90,610,		96,375,832
# E	21		abilities (Part X, line 26)				24,782,	_	24,756,146
	22		sets or fund balances Subtract line 21 from lir	ne 20			65,828,	643	71,619,686
	rt II		ature Block	neludina assa	anvine	hodules ==	3tom==+-		to the best of mi
now	ledge a		erjury, I declare that I have examined this return, i f, it is true, correct, and complete. Declaration of p						
(now	ledge.								
		****	**				12.04.41		
Sigr	,		** ture of officer			20 Da	13-04-11 te		
Her.		,	s Wright VP Finance & Operations						
			or print name and title						
		Preparer	s h .	Date	С	heck If	Preparer	's taxpa	ayer identification number
Paid		signature	D		se	elf- mployed •	(see inst P007470	ruction	
	arer's	Firm's na	nme (or yours L. Capin Crouse LLP			pio,cu r	1.307470		
	Only	ıf self-er	nployed),				EIN ▶ 3	6-3990	892
	-	_l address,	and ZIP + 4 1255 Lakes Parkway Ste 130						

Lawrencelville, GA 30043

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

Phone no 🕨 (678) 518-5301

Par		chedule O contains a response t			.
1	Briefly describe	the organization's mission			
groui serva	nded in the liberal	arts, enhanced by professional a d cultural engagement This is a	ed with the South Carolina Baptis nd graduate programs and a co-c diverse community that is Christ-	urricular focus on the developm	nent of character,
2	the prior Form 99	90 or 990-EZ?	ogram services during the year wh		es √ No
_		e these new services on Schedul			
3	services?	clon cease conducting, or make s	Ignificant changes in how it condu	· · · · · · · · · · · · · · · · · · ·	es 🔽 No
4	Describe the org	anızatıon's program service acco on 501(c)(3) and 501(c)(4) orga	omplishments for each of its three nizations and section 4947(a)(1) es, and revenue, if any, for each p	trusts are required to report th	neasured by e amount of
	(Code) (Expenses \$ 41	,376,504 including grants of \$	16,464,546) (Revenue \$	50,834,725)
	University is ranked The University has Appalachians, the University also offe education, a maste ministry HIGHLIGHT climbed 72 percent opened in the fall to for August The 102 mark with more that for its Criminal Just new School of Nurs Southern Associatio campus gymnasium	In the top tier (top 21) of colleges and also been named one of "America's 100 Iniversity features a rigorous education is a master of education, a master of er of business administration, a master of 5 OF THE YEAR ENDED 5/31/12 The 20 over the past eight years and eclipsed of accommodate the increasing number 2 new beds are already filled with comman \$7,000,000 raised toward construction ince Program and a new Center of Excelling completed construction and received in of Colleges and Schools for the program The School of Nursing will offer a Bactine in the school of Sursing will be school of Sursing will be scho	rsity affiliated with the South Carolina Baj universities in the south and is one of "6 0 Best College Buys" Located on 271 acre in a supportive Christian environment The ducation in administration and supervision of ministry degree, a master of criminal ju 012 fiscal year saw a continuation of a pet the 2,700 mark for the first time in school of resident students, and another larger in inted students for the fall Fundraising for in The University also acquired the former ence for Criminal Justice and Homeland of diapproval from both the South Carolina I am to commence in the fall of 2012. The helor of Science degree and an accelerate ever lab dedicated to undergraduate instruction.	18 Schools to Watch in America," by Uses in the upstate region of South Carol e University offers 36 baccalaureate min, a master of the arts in teaching (Mastice degree, a master of music education of unprecedented growth for the all history in the fall of 2011. Two new desidence hall was constructed in the sign a new student center and dining coming an ew student center and dining coming and the Commission of Society of Nursing and the Commission state-of-the-art facility is housed in well bachelor of Science degree in nursing	S News & World Report in a near the foothills of the ajors with 25 minors. The it in elementary ition, and a doctor of University Enrollment has residence halls were pring with completion set mons reached the halfway Anderson, South Carollina, County The University's on Colleges of the hat was previously a
4b	(Code) (Expenses \$	ıncludıng grants of \$) (Revenue \$)
		, (Exposess 4		, (,
4 c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	_				
4d	Other program s (Expenses \$	services (Describe in Schedule including	O) grants of \$) (Revenue \$)
	Total program s	ervice expenses + 41	376 504		

Part IV	Checklist of	Required	Schedules

1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes,"	1	Yes Yes	No
2	complete Schedule A^{\bullet}	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	1 00	No
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? If "Yes," complete Schedule C, Part II	4		No
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
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, line10? <i>If "Yes," complete Schedule D, Part VI.</i>	11a	Yes	
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		No
c	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		No
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	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV.	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I	17	Yes	
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		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		N o
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	Yes	
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	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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 owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		N o
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	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	35b		No
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		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F.	orm 990	(2011)

Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V		• 1	
			Yes	No
.a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	1a 140			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
la	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			
b	return			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
a	Did the organization have unrelated business gross income of \$1,000 or more during the	3a	Yes	
ь	year?	3b	Yes	
a	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 or securities account)?	4a		No
b	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			
a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \cdot .	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
,	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
.0 a	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
.2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the aggregate amount of reserves on hand			
.4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

Se	ection A. Governing Body and Management			
			Yes	No
_				
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)			1
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16a		No
h	taxable entity during the year?	104		1110
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure	05		<u> </u>
17				
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website Another's website V Upon request

- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization > James Wright VP Finance and Operations

316 Boulevard

Anderson, SC 29621 (864) 231-2066

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

Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

◆ 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

(A) Name and Title	(B) Average hours per week (describe hours	Position more unles an	on (de thai	C) o no n one son er ar	t ch e bo is b	eck x, oth		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related
	for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former		MISC)	organizations
(1) Charlie C Sanders Chair	1 00	х		Х				0	0	0
(2) Kıp Miller Vıce Chair	1 00	х		Х				0	0	0
(3) Martha Axmann Secretary	1 00	Х		Х				0	0	0
(4) Mary Anne Bunton Trustee	1 00	Х						0	0	0
(5) C Nakıa Davıs Trustee	1 00	х						0	0	0
(6) GH Durham Jr Trustee	1 00	х						0	0	0
(7) Rev William C Rigsby Trustee	1 00	х						0	0	0
(8) Melba Banton Trustee	1 00	х						0	0	0
(9) William C Elks Jr Trustee	1 00	х						0	0	0
(10) Dr Troy M Gregg Trustee	1 00	х						0	0	0
(11) W Ray Partaın Trustee	1 00	х						0	0	0
(12) Phyllis Webster Trustee	1 00	Х						0	0	0
(13) Daniel T Cooper Sr Trustee	1 00	х						0	0	0
(14) Mrs Denny Neilson Trustee	1 00	Х						0	0	0
(15) Patricia Dell Panagakos Trustee	1 00	х						0	0	0
(16) Rev Timothy Edmonds Trustee	1 00	х						0	0	0
(17) Donald D Harper Trustee	1 00	Х						0	0	0

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

(A) Name and Title	(B) A verage hours per week (describe hours for related organizations in Schedule O)	unles an	on (d e thai	n one son er ai /trus	e bo is bo nd a stee)	x, oth	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		18	rustee		99	nsated				
(18) Dr Benjamın Littlejohn Trustee	1 00	Х						0	0	0
(19) Dr Mark Quarterman Trustee	1 00	х						0	0	0
(20) Edward Stewart Trustee	1 00	х						0	0	0
(21) Hughlyn H Burgess Trustee	1 00	х						0	0	0
(22) Gerald J Caskey Trustee	1 00	х						0	0	0
(23) Rev Alex D Henderson Trustee	1 00	х						0	0	0
(24) Dr James M Lusk Trustee	1 00	х						0	0	0
(25) Dr Robert W Windburn Trustee	1 00	х						0	0	0
(26) Evans P Whitaker President	60 00			х				294,664	0	31,681
(27) James A Wright Jr Part Year Treasurer, VP - Finance & Op	40 00			х				21,118	0	3,252
(28) John M Kunst Part Year VP - Finance & Admin	40 00			х				114,010	0	9,178
(29) Dr Danny M Parker Provost	40 00					х		130,051	0	10,700
(30) David Rashed VP - Enrollment Services	40 00					х		109,236	0	16,754
1b Sub-Total							•			
c Total from continuation sheets t	•				•		>			_,
d Total (add lines 1b and 1c)				•	• •			669,079	0	71,565

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

			Yes	No		
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee					
	on line 1a? If "Yes," complete Schedule J for such individual	3		No		
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such						
	ındıvıdual	4	Yes			
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for					
	services rendered to the organization? If "Yes," complete Schedule I for such person	5		No		

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
Marsh Bell Construction Co Inc PO Box 51190 Piedmont, SC 29673	Construction	4,629,535
Jerold Panas Linzy & Partner 500 N Michigan Ave Chicago, IL 60611	Fundraising consultant	227,484
Isom Electric LLC 3300 N Main Street Anderson, SC 29621	Electrical contractor	225,856
Glenn Plumbing 481 East Whitner Street Anderson, SC 29624	Plumbing	167,092
Total number of independent contractors (including but not limited to those listed above)	who received more than	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization -4

Form 9								Page 9
Part	/1111	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
##	1a	Federated cam	paigns 1a					
ğa od	Ь	Membership du	es 1b					
£. ∰.	C	Fundraising eve	ents 1c					
<u>≅</u>	d		zations 1d	1,294,021				
ans, Sim	e	Government grants			ļ			
Contributions, gifts, grants and other similar amounts	f g	sımılar amounts no	butions included in	2,954,980				
a Co	h	Total. Add lines	s 1a-1f	▶	4,470,254			
				Business Code				
Program Serwce Revenue	2a	Student instruction		611710	40,977,262	40,977,262		
æ Æ	ь	Auxiliary enterprise	es	611710	8,704,381	8,704,381		
93	c	Other program rev	enue	611710	900,731	900,731		
ē. E	d	Ticket sales		611710	74,317	74,317		
8	e							
Ž. Za	f	All other progra	am service revenue					
ξ	g	Total. Add lines	s 2a – 2f		50,656,691			
	3		ome (including dividen					
		and other simila	aramounts)	▶ [840,833			840,833
	4	Income from inves	stment of tax-exempt bond	proceeds 🕨				
	5	Royalties						
	 	C	(ı) Real 33,717	(11) Personal 68,173				
	6a b	Gross rents Less rental	16,225	35,367				
	-	expenses Rental income	17,492	32,806				
	C	or (loss)						
	d	Net rental inco	me or (loss)		50,298	17,492	32,806	
	7a	Gross amount from sales of assets other than inventory	(1) Securities 5,835,950	(II) Other 1,625				
	b	Less cost or other basis and sales expenses	4,639,110	6,716				
	c	Gain or (loss)	1,196,840	-5,091				
	d	Net gain or (los		▶	1,191,749			1,191,749
Other Revenue	8a	Gross income f events (not inc f contributions See Part IV, lin	luding s reported on line 1c)					
je.	b	Less direct ex	penses b					
₹	c		(loss) from fundraising	events 🟲				
	9a	Gross income f See Part IV, lin	rom gaming activities ne 19					
	b c		penses b (loss) from gaming acti	vities				
	10a	Gross sales of returns and allo		952,258				
	b	Less cost of a	oods sold b	791,716				
	С		(loss) from sales of inv	<u> </u>	160,542	160,542		
		Miscellaneous	s Revenue	Business Code				
	11a							
	b							
	С							
	d		ue	Ţ	Ţ			
	е	Total. Add lines	s 11a-11d					
	12	Total revenue.	See Instructions .	▶┆	57,370,367	50,834,725	32,806	2,032,582

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) Check if Schedule O contains a response to any question in this Part IX

	heck if Schedule O contains a response to any question in this Part IX		(B))	(D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22	16,464,546	16,464,546		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	721,956	270,675	451,281	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	14,326,994	12,066,543	1,914,520	345,931
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	944,462	781,597	138,283	24,582
9	Other employee benefits	1,237,088	869,412	339,819	27,857
10	Payroll taxes	987,661	817,389	154,139	16,133
11	Fees for services (non-employees)				
а	Management				
b	Legal	40,723		40,723	
c	Accounting	57,135		57,135	_
d	Lobbying	,		,	
e	Professional fundraising See Part IV, line 17	114,834			114,834
f	Investment management fees	134,066		134,066	
g	Other	168,281	113,635	53,975	671
12	Advertising and promotion	298,694	98,643	200,051	
13	Office expenses	3,698,940	3,036,643	601,008	61,289
14	Information technology	808,376	3,000,010	808,376	01,205
15	Royalties	000,570		333,373	
16	Occupancy	2,734,448	1,494,032	1,236,789	3,627
17	Travel	890,712	811,975	53,915	24,822
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	030,712	011,373	33,713	24,022
19	Conferences, conventions, and meetings	50,030	45,645	2,839	1,546
20	Interest	706,652	652,142	52,507	2,003
21	Payments to affiliates	,	,-/-	_,	
22	Depreciation, depletion, and amortization	2,094,904	1,933,073	155,894	5,937
23	Insurance	246,665	, , -	246,665	,
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)	,		,	
a	Miscellaneous	2,020,496	1,920,554	66,380	33,562
b	Bad debt expense	231,649		231,649	
c	Fed/State UBI taxes	6,122		6,122	
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	48,985,434	41,376,504	6,946,136	662,794
26	Joint costs. Check here ► ☐ If following 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	,,	, ,	, -,	

Part X **Balance Sheet** (A) (B) Beginning of year End of year 8,483,154 8.892.329 1 1 6.450.077 8.557.488 2 2 Savings and temporary cash investments 3 398,051 1,189,174 3 4.034.811 4 3.525.605 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 7 624.012 8 174.392 9 146,544 Prepaid expenses and deferred charges 10a 69,292,905 Land, buildings, and equipment cost or other basis *Complete* Part VI of Schedule D 10a 10b 22,605,870 b Less accumulated depreciation 40,510,770 10c 46,687,035 19,812,225 17,520,394 11 11 1,681,170 12 1,841,583 12 Investments—other securities See Part IV, line 11 13 2,392,513 13 2,737,513 Investments—program-related See Part IV, line 11 . . 14 Intangible assets 14 5,889,097 15 5,438,580 15 90,610,685 96,375,832 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 2,288,159 3,119,865 17 17 Accounts payable and accrued expenses . 18 18 19 1,013,726 19 967,806 20 12.615.000 20 11.625.000 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L \ldots . \ldots . \ldots 22 23 Secured mortgages and notes payable to unrelated third parties . . . 2,644,354 23 2,539,390 24 Unsecured notes and loans payable to unrelated third parties 5,500 24 4,000 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 6,215,303 6,500,085 25 D 26 24,782,042 26 24,756,146 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 36,981,022 41,340,671 Unrestricted net assets 11,863,792 28 13,471,498 28 Temporarily restricted net assets Fund 29 16,983,829 29 16,807,517 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ž 33 65.828.643 33 71.619.686 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 90.610.685 34 96.375.832

Par	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)	1		57 3	370,367	
2	Total expenses (must equal Part IX, column (A), line 25)	2			985,434	
3	Revenue less expenses Subtract line 2 from line 1	3			 884,933	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		65,8	328,643	
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-2,5	593,890	
6	6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) 6					
Par	t XII Financial Statements and Reporting			_		
	Check if Schedule O contains a response to any question in this Part XII		•			
				Yes	No	
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No	
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes		
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain Schedule O		2c	Yes		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	issiied		103		
•	on a separate basis, consolidated basis, or both	155464				
	▼ Separate basis					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	ne	За	Yes		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b	Yes		

OMB No 1545-0047

Inspection

SCHEDULE A

Name of the organization

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Anderson University

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

Public Charity Status and Public Support

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

Employer identification number

									57-0324			
	rt I			blic Charity Sta	•	_		•	· · · · · · · · · · · · · · · · · · ·	nstructions	S	
he o	organız		•	e foundation becaus	•			•	•			
1	<u> </u>	· ·		on of churches, or as			_	b)(1)(A)(i)).			
2	<u> </u>			I in section 170(b)(1								
3	<u>_</u>	•		perative hospital se	_							
4	l			n organization operal ty, and state	ted in conju	nction with	a hospital des	scribed in s	ection 170(b)	(1)(A)(iii).	Enter the	
5	Γ	=	-	erated for the benefi A)(iv). (Complete P	nefit of a college or university owned or operated by a governmental unit described in							
6	Г					ntal unit des	scribed in sect	ion 170(b)	(1)(A)(v).			
7		An organiza described i	ition tha	r local government or governmental unit described in section 170(b)(1)(A)(v). The section of the general public and the section of the general public and the section of the general public and the general								
8	Γ	A communi	ty trust	described in section	170(b)(1)	(A)(vi) (C	omplete Part I	I)				
9 10 11 e		receipts from its support acquired by An organizatione or more the box that a Ty By checking other than its section 50% If the organizatione Augustollowing per (i) a person	m active from gration organization organization organization organization organization occurrence of the control occurrence occurren	at normally receives ities related to its exposs investment inco panization after June ganized and operated y supported organiz bes the type of supp b Type I ox, I certify that the on managers and other received a written defectly or indirectly or	xempt funct me and unre 30, 1975 d d exclusivel d exclusivel ations desc forting organ I c organization her than one etermination zation acce	elated busing See section y to test for the been ribed in section and Type I must not correct from the I epted any given alone or more or mere alone or mere	ect to certain oness taxable in 509(a)(2). (constant) for the period of	exceptions, ncome (less complete Possible Possib	and (2) no mes section 511 art III) on 509(a)(4). nctions of, or n 509(a)(2) Sough 11hed ations describe II or Type y of the	ore than 33 tax) from b to carry out See section d Typ more disqua ped in section III support	1/3% of usinesses the purpo 509(a)(3) pe III - Otalified person 509(a)(a)(a)(a)(a)(b)	ses of .Check her ons 1)or
				governing body of th			zation?				g(i)	
				er of a person descri						<u> </u>	g(ii)	
h				led entity of a perso ng information about						119	y(iii)	
	(i) Name suppor rganıza	organization organ e of (ii) (described on col (irted EIN lines 1- 9 above your eation or IRC section doc		(iv) Is th organizat col (i) lis your gove docume	ne tion in sted in erning	(v) Did you no organiza col (i) o suppo	otify the tion in f your	(vi Is th organiza col (i) org	ne tion in ganized	A mo	vii) unt of port?	
				(see instructions))	Yes	No	Yes	No	Yes	No		
				• •								
`~+ ~						1	1	1				

instructions

Sch	edule A (Form 990 or 99	90-EZ)2011						Page 2
	(Complet	e only if you	checked the	box on line 5,	7, or 8 of Part	(b)(1)(A)(iv) I or if the orgar	nızatıon faıle	d to qualify
			<u>organızatıon f</u>	fails to qualify ι	<u>under the tests</u>	listed below, pl	<u>lease comple</u>	ete Part III.)
	ection A. Public Su					Т	1	
Cal	endar year (or fiscal ye in)	ar beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contribut	ions, and						
	membership fees recei							
	ınclude any "unusual							
_	grants ") Tax revenues levied fo	rtho						
2	organization's benefit a							
	paid to or expended on							
	behalf							
3	The value of services of							
	furnished by a governme the organization withou							
4	Total. Add lines 1 thro	_						
5	The portion of total cor	-						
-	by each person (other	than a						
	governmental unit or p	•						
	supported organization line 1 that exceeds 2%							
	amount shown on line 1							
	(f)	21,0014						
6	Public Support. Subtractine 4	ct line 5 from						
S	ection B. Total Sup	port						
Cal	endar year (or fiscal yea	r beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
_	ın)	_	(4) 2007	(2) 2000	(4) 2005	(4) 2020	(0) 2022	(1) 1 3 4 4
7 8	A mounts from line 4 Gross income from inte	rost –						
0	dividends, payments re							
	securities loans, rents							
	and income from simila	ır						
_	sources							
9	Net income from unrela business activities, wh							
	not the business is reg							
	carried on							
10	Other income (Explain							
	IV) Do not include gai from the sale of capital							
11	Total support (Add line							
	through 10)							
12	Gross receipts from re	lated activities	s, etc (See inst	ructions)			12	
13	First Five Years If the		r the organizati	on's first, second	l, thırd, fourth, or	fıfth tax year as a	501(c)(3) or	
	check this box and sto	p here						▶ □
S	ection C. Computat	ion of Publ	ic Support F	Percentage				
14	Public Support Percen	tage for 2011	(line 6 column	(f) dıvıded by lıne	11 column (f))		14	
15	Public Support Percen	tage for 2010	Schedule A , Pa	rt II, line 14			15	
16a	33 1/3% support test-					line 14 is 33 1/3%	% or more, che	
h	and stop here. The org 33 1/3% support test					6a and line 15 is	33 1/20% or m	ore check this
D	box and stop here. The					oa, and inte 15 IS	1/3%0 UI M	ore, check this
17a	10%-facts-and-circum	-	•		-	ne 13, 16a, or 16	b and line 14	٠,
	ıs 10% or more, and ıf							
	in Part IV how the orga	anızatıon meet	s the "facts and	d circumstances"	test The organiz	zatıon qualıfıes as	a publicly su	
b	organization 10%-facts-and-circum	stances test—	2010. If the ora	anization did not	check a hov on li	ne 13, 16a 16b	or 17a and lin	▶ □
,	15 is 10% or more, an							-
	Explain in Part IV how	the organizati						
10	supported organization Private Foundation If t		n did not chools	a hov on line 12	16a 16h 17a a	or 17h chack this	hov and coc	► □

▶□

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

33 1/3% support tests-2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

Part IV	Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).							
	Facts And Circumstances Test							
	Explanation							

Schedule A (Form 990 or 990-EZ) 2011

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

DLN: 93493101003703

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

Open to Public

ntema	al Revenue Service ► Attach to F	Form 990. ► See separate instructions.	Inspection				
	me of the organization	Employer identification number					
And	derson University		57-0324906				
Pa	rt I Organizations Maintaining Donor A	Advised Funds or Other Similar Fu	inds or Accounts. Complete if the				
	organization answered "Yes" to Form 9		42.5				
	Total number of and of user	(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year						
2 3	Aggregate contributions to (during year) Aggregate grants from (during year)						
<i>3</i> 4	Aggregate value at end of year						
	Did the organization inform all donors and donor adv						
5	funds are the organization's property, subject to the	e organization's exclusive legal control?	☐ Yes ☐ No				
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the be conferring impermissible private benefit						
Pa	rt II Conservation Easements. Complete	e if the organization answered "Yes" to	Form 990, Part IV, line 7.				
2	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreated Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qual easement on the last day of the tax year	tion or pleasure) Preservation of an Preservation of a c	ertified historic structure				
	casement on the last aay of the tax year	Γ	Held at the End of the Year				
а	Total number of conservation easements		2a				
b	Total acreage restricted by conservation easement	s	2b				
c	Number of conservation easements on a certified hi	storic structure included in (a)	2c				
d	Number of conservation easements included in (c) a	acquired after 8/17/06	2d				
3	Number of conservation easements modified, transf	- ferred, released, extinguished, or terminate	d by the organization during				
	the taxable year 🛌						
4	Number of states where property subject to conserv	vation easement is located 🕨					
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds	ng the periodic monitoring, inspection, hand	— lling of violations, and ☐ Yes ☐ No				
6	Staff and volunteer hours devoted to monitoring, ins	specting and enforcing conservation easem	ents during the year 🛌				
7	Amount of expenses incurred in monitoring, inspect	ing, and enforcing conservation easements	during the year				
•	▶ \$	-	-				
8	Does each conservation easement reported on line $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	2(d) above satisfy the requirements of sec	tion Yes No				
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements						
Par	rt III Organizations Maintaining Collection Complete if the organization answered	ons of Art, Historical Treasures, o	or Other Similar Assets.				
1a	If the organization elected, as permitted under SFA! art, historical treasures, or other similar assets help provide, in Part XIV, the text of the footnote to its fi	S 116, not to report in its revenue stateme d for public exhibition, education or researc	h ın furtherance of public service,				
b	If the organization elected, as permitted under SFA: historical treasures, or other similar assets held for provide the following amounts relating to these item	public exhibition, education, or research ir					
	(i) Revenues included in Form 990, Part VIII, line	1	► \$				
	(ii) Assets included in Form 990, Part X		► \$				
2	If the organization received or held works of art, his following amounts required to be reported under SFA		·				
а	Revenues included in Form 990, Part VIII, line 1	-	▶ - \$				

b Assets included in Form 990, Part X

Part	•••• Organizations Maintaining Co	llections of Art	<u>, His</u>	<u>tori</u>	<u>cal Tre</u>	asures, or C)the	<u>r Similar Asse</u>	ets (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	y of th	e foll	owing tha	at are a signific	ant u	ise of its collectio	n	
а	Public exhibition		d	Γ	Loan or	exchange prog	rams	3		
b	Scholarly research		e	Γ	Other					
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	ın how	v they	further	the organizatioi	ı's ex	xempt purpose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than to								Yes	√ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an ar						d "Y	es" to Form 99	0,	
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?	ian or other interme	diary	for c	ontributio	ons or other ass	sets		Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	/ and complete the	follow	ıng ta	ıble	Г				
_	B					-	1-	Amo	unt	
ч С	Beginning balance					}	1c			
d	Additions during the year					}	1d			
e •	Distributions during the year					-	1e			
f	Ending balance					L	1f			
2a	Did the organization include an amount on Fo		e 21?					J	Yes	∏ No
	If "Yes," explain the arrangement in Part XI\				1 1157 11					
Pai	rt V Endowment Funds. Complete	(a)Current Year		were Prior Y		to Form 990 (c)Two Years Back		rt IV, line 10. I)Three Years Back (ω\ Eour V	ears Back
1a	Beginning of year balance	16,703,304	(6)		933,161	15,004,10		18,482,340	C) Out 1	Cars back
b	Contributions	58,103			59,972	57,2	_	223,724		
c	Investment earnings or losses	-34,764			799,611	960,0	02	-3,070,501		
d	Grants or scholarships				89,440	88,2	34	492,533		
e	Other expenditures for facilities and programs							138,867		
f	Administrative expenses									
g	End of year balance	16,726,643		16,	703,304	15,933,1	51	15,004,163		
2	Provide the estimated percentage of the yea	r end balance held a	as							
а	Board designated or quasi-endowment	2 040 %								
b	Permanent endowment - 82 030 %									
c	Term endowment ► 15 930 %									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation t	hat a	re held a	and administere	d for	the		
	organization by								Yes	No
	(i) unrelated organizations			•			•	3a(i)		
_	(ii) related organizations						•	3a(ii)	+	
	If "Yes" to 3a(II), are the related organizatio	•					•	3b	Yes	
4	Describe in Part XIV the intended uses of th					<u> </u>				
Par	t VI Land, Buildings, and Equipme	ent. See Form 99	<u>0, Ра</u>					I		
	Description of property				Cost or otl			(c) Accumulated depreciation	(d) Bo	ok value
	l a mal			1		1 4.460	0,883			
1a l	Land					4,400		+		4,460,883
	Buildings					47,279	,371	16,570,000		4,460,883 0,709,371
b l							9,371	16,570,000		
b l	Buildings								3	
b i c i d i e (Buildings	· · · · · · · · · · · · · · · · · · ·	· · ·			10,709 6,841		6,035,870	3	0,709,371

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2.	
(a) Description of security or category	(b)Book value		d of valuation
(including name of security)	.,	Cost or end-of	-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		12	
Part VIII Investments—Program Related. See			d of valuation
(a) Description of investment type	(b) Book value		year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, III			
(a) Descrip			(b) Book value
(1) Trust assets			1,785,569
(2) Capitalized collection items			181,308
(3) Bond costs			59,687
(4) Cash surrender value of life insurance			325,501
(5) Perpetual trusts held by others			3,086,515
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)		5,438,580
Part X Other Liabilities. See Form 990, Part X	(, line 25.		
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes			
Deposits held for others	131,428		
Trust Beneficial interests	756,421		
Student deposits	291,887		
Funds held ın federal loan programs	2,594,565		
Interest rate swap	2,068,448		
Annuities payable	6,431		
Health insurance liability	262,743		
Trust Due other remaindermen	360,202		
Capital lease obligation	27,960		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	6,500,085		

Total expenses (Form 990, Part IX, column (A), line 25) Excess or (deficit) for the year Subtract line 2 from line 1 Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other (Describe in Part XIV)
4 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Investment expenses 7 Prior period adjustments 7
5 Donated services and use of facilities 6 Investment expenses 7 Prior period adjustments 7
6 Investment expenses 7 Prior period adjustments 7
7 Prior period adjustments 7
8 Other (Describe in Part XIV) 8 -669
9 Total adjustments (net) Add lines 4 - 8 9 -2,593
10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 10 5,79:
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return
1 Total revenue, gains, and other support per audited financial statements
2 A mounts included on line 1 but not on Form 990, Part VIII, line 12
a Net unrealized gains on investments
b Donated services and use of facilities
c Recoveries of prior year grants
d Other (Describe in Part XIV)
e Add lines 2a through 2d
3 Subtract line 2e from line 1
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1
a Investment expenses not included on Form 990, Part VIII, line 7b . 4a 134,066
b Other (Describe in Part XIV)
c Add lines 4a and 4b
5 Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)
1 Total expenses and losses per audited financial 33,273
statements
2 Amounts included on line 1 but not on Form 990, Part IX, line 25
a Donated services and use of facilities
b Prior year adjustments
c Other losses
d Other (Describe in Part XIV)
e Add lines 2a through 2d
3 Subtract line 2e from line 1
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:
a Investment expenses not included on Form 990, Part VIII, line 7b 4a 134,066
b Other (Describe in Part XIV)
c Add lines 4a and 4b
5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)

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

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

Identifier	Return Reference	Explanation
	Part III, Line 4	Capitalized collection items consist of artwork and books donated to the University, which is on display in various locations on the campus, and is carried at the fair market value at the date of the gift
Description of Intended Use of Endowment Funds	Part V, Line 4	Scholarships, maintenance, and teaching chairs
Description of Uncertain Tax Positions Under FIN 48	Part X	The financial statement effects of a tax position taken or expected to be taken are recognized in the financial statements when it is more likely than not, based on the technical merits, that the position will be sustained upon examination. Interest and penalties, if any, are included in expenses in the statements of activities. As of May 31, 2012 and 2011, the University has analyzed its tax positions and believes that all more likely than not to be sustained upon examination.
Part XI, Line 8 - Other Adjustments		Change in value of interest rate swap -365,777 Change in value of annuities payable -303,899 Total to Schedule D, Part XI, Line 8 -669,676
Part XII, Line 2d - Other Adjustments		Change in value of split interest agreements -303,899 Cost of goods sold reported on Part VIII, line 10b 791,716 Rental expenses reported on Part VIII, line 6b 51,592 Change in value of interest rate swap -365,777
Part XII, Line 4b - Other Adjustments		Student financial aid netted with tuition revenue 16,464,546
Part XIII, Line 2d - Other Adjustments		Rental expenses reported on Part VIII, line 6b 51,592 Cost of goods sold reported on Part VIII, line 10b 791,716
Part XIII, Line 4b - Other Adjustments		Student financial aid netted with tuition revenue 16,464,546

Additional Data

Software ID: Software Version:

EIN: 57-0324906

Name: Anderson University

Form 990, Schedule D, Part X, - Other Liabilities

1 (a) Description of Liability	(b) A mount
Deposits held for others	131,428
Trust Beneficial interests	756,421
Student deposits	291,887
Funds held in federal loan programs	2,594,565
Interest rate swap	2,068,448
Annuities payable	6,431
Health insurance liability	262,743
Trust Due other remaindermen	360,202
Capital lease obligation	27,960

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493101003703

Employer identification number

OMB No 1545-0047

2011

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.

Open to Public
Inspection

nder	son University 57-032	24906		
Pa	rt I		YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its chart other governing instrument, or in a resolution of its governing body?	ter, bylaws,	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all brochures, catalogues, and other written communications with the public dealing with student admission programs, and scholarships?	I	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast me the period of solicitation for students, or during the registration period if it has no solicitation program, in that makes the policy known to all parts of the general community it serves? If "Yes," please describe I please explain If you need more space use Part II	n a way	Yes	
	Door the company to the fellowing?			
4 a	Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
	• Records documenting that scholarships and other financial assistance are awarded on a racially nondisc basis?		Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dea with student admissions, programs, and scholarships?	alıng 4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
5	If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to			
а	Students' rights or privileges?	<u>5a</u>		No
b	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?			No
d	Scholarships or other financial assistance?	<u>5d</u>		Νo
	Educational policies?	<u>5e</u>		Νo
_	Use of facilities?	5f		No
	Athletic programs?	5g		No
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II	5h		No_
	Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	6a 6b	Yes	No
	If you answered "Yes" to either line 6a or line 6b, explain on Part II Does the organization certify that it has complied with the applicable requirements of sections 4 01 throof Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial pondiscrimination? If "No." explain on Part II		Vas	.,,

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)

ldentifier	Return Reference	Explanation
Explanation of Nondiscriminatory Policy Publication		The University's nondiscriminatory policy is clearly communicated with prospective students through the application for admissions
Explanation of Government Financial Assistance	Schedule E, Part I, Line 6	Anderson University received federal awards restricted for financial aid. The monies are awarded through three federal programs. Pell Grant, Federal Supplemental Educational Opportunity Grant, and Federal Work Study

Schedule E (Form 990 or 990-EZ) 2011

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

Indicate whether the organization raised funds through any of the following activities Check all that apply

DLN: 93493101003703

OMB No 1545-0047

Open to Public Inspection

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions.

licensing

Mail solicitations

Phone solicitations

Internet and e-mail solicitations

lame of the organization	Employer identification number			
anderson University	57-0324906			
Part I Fundraising Activities. Complete if the organization answered "Yes" to Form	n 990, Part IV, line 17.			

d In-person solicitatio	ns					
2a Did the organization have or key employees listed						Γ _{Yes} Γ _N
b If "Yes," list the ten high to be compensated at lea						
(i) Name and address of ındıvıdual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
	<u> </u>	Yes	No			
Jerold Panas Linzy & Partner 500 N Michigan Ave	Fundraising consultant		No	0	113,360	0
Chicago, IL 60611						
Total					113,360	
3 List all states in which th	ne organization is reg	ıstered or l	icensed t	o solicit funds or has be	en notified it is exempt	from registration or

e ☐ Solicitation of non-government grants Solicitation of government grants

Special fundraising events

Part I	Fundraising Events. Commore than \$15,000 on Form				
		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
		(event type)	(event type)	(total number)	(4)
1 2	Gross receipts				
2	Less Charitable				
3	contributions Gross income (line 1				
	minus line 2)				
4	Cash prizes				
5	Non-cash prizes				
6	Rent/facility costs				
. 7	Food and beverages				
8	Entertainment				
9	Other direct expenses .				
10	Direct expense summary Add lir	nes 4 through 9 in colum	an (d)	.	(
111	•	_	• •		,
art I	Gaming. Complete if the o \$15,000 on Form 990-EZ, li		i tes lo foilii 990, Pa	rt IV, iiile 19, or repo	orted more than
		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	Gross revenue				
2	Cash prizes				
3	Non-cash prizes				
1 4					
4	Rent/racinty costs				
5	Other direct expenses				
6	Volunteer labor	┌ Yes		┌ Yes	
		Г №	ΓNο	Γ No	_
7	Direct expense summary Add line	s 2 through 5 in columr	n (d)		(
8	Net gaming income summary Com	ndine lines 1 and 7 in co	olumn (a)	<u> </u>	
	nter the state(s) in which the organiz				
Is	the organization licensed to operate	e gamıng actıvıtıes ın ea	ch of these states?		· Fyes Fno
b If	"No," Explain				
 a W	ere any of the organization's gaming				
	"Yes," Explain				- , res , NO

Sche	dule G (Form 990 or 990-EZ) 20	11			Page 3
11	Does the organization operate ga	aming activities with nonmembers? .		Г _{Yes} Г	- No
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mem	per of a partnership or other entity		
	formed to administer charitable (gamıng?		· · · · F Yes F	- No
13	Indicate the percentage of gamii	ag activity operated in		1 1	
a				13a	
b					
14		f the person who prepares the organiza		<u> </u>	
	Name ►				
	Address ►				
	revenue?	ntract with a third party from whom the			_ No
		ed by the third party 🟲 \$			
С	If "Yes," enter name and address	S			
	Name 🟲				
	Address ►				
16	Gaming manager information				
	Name 🟲				
	Gaming manager compensation I	\$ \$			
	Description of services provided	>			
17 a		Employee er state law to make charitable distribu		· · ·	- No
b	Enter the amount of distributions	required under state law distributed to	o other exempt organizations or sp		-
_		activities during the tax year > \$		hadala C /	
Par	t IV Complete this part to proceed instructions.)	provide additional information for	responses to quuestion on Sc	nedule G (see	
	Identifier	ReturnReference	Explana	tion	
		•	•		

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

Schedule I

(Form 990)

Department 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

2011

DLN: 93493101003703

Open to Public Inspection

Iternal Revenue Service Name of the organization						Employer identification	on number
Anderson University						57-0324906	
Part I General Information							
 Does the organization maintain the selection criteria used to a Describe in Part IV the organization 	ward the grants or as zation's procedures fo	sistance? or monitoring the use o	f grant funds in the Unite	d States			▽ Yes □
Form 990, Part IV, lii Part IV and Schedule	ne 21 for any recip	ient that received n	nore than \$5,000. Ch	eck this box if no one	recipient receive	d more than \$5,000.	Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
						<u> </u>	
Enter total number of section 5Enter total number of other org						· · · · · • • –	

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

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Scholarships	1690	16,464,546			

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

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 The financial aid planning office at Anderson University requires students to complete the Free Application for Federal Student Aid (FAFSA) form to determine eligibility for federal, state and institutional grants, scholarships and loans. This is an equitable formula that measures all assets consistently. In addition to this form, the University does require some other guidelines in the event that funds are offered based upon certain academic credentials or performance in a University sponsored activity or athletic event. These credentials are clearly stated in the University catalog and the University website. Enrollment and eligibility are monitored by the University.

DLN: 93493101003703

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

	me of the organization lerson University			Employer identificati	on nur	nber	
Anu	lerson oniversity			57-0324906			
Pa	rt I Questions Regarding Compensation	n					
						Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III						
	First-class or charter travel	굣	Housing allowance or residence for	personal use			
	Travel for companions	Γ	Payments for business use of perso	onal residence			
	Tax idemnification and gross-up payments	굣	Health or social club dues or initiat	ion fees			
	Discretionary spending account	⋉	Personal services (e g , maid, chau	ffeur, chef)			
b	If any of the boxes in line 1a are checked, did the or reimbursement orprovision of all the expenses desc				1b	Yes	
2	Did the organization require substantiation prior to r officers, directors, trustees, and the CEO/Executive				2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all the Compensation committee			9			
	Independent compensation consultant	<u>'</u> -	Compensation survey or study				
	Form 990 of other organizations	<u>ا</u>		tion committee			
4	During the year, did any person listed in Form 990, I or a related organization	Part VI	I, Section A, line 1a with respect to t	he filing organization			
а	Receive a severance payment or change-of-control	paymei	nt?		4a	Yes	
b	Participate in, or receive payment from, a supplemen	ntal nor	nqualified retirement plan?		4b	Yes	
C	Participate in, or receive payment from, an equity-ba	ased co	ompensation arrangement?		4 c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide tl	he applicable amounts for each item i	n Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mu	ıst com	plete lines 5-9.				
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	lıne 1a	, did the organization pay or accrue a	ny			
а	The organization?				5a		Νo
b	Any related organization?				5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III						
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a	, did the organization pay or accrue a	ny			
а	The organization?				6a		No
b	Any related organization?				6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III						
7	For persons listed in Form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," o			n-fixed	7		No
8	Were any amounts reported in Form 990, Part VII, p subject to the initial contract exception described in in Part III				0		No

section 53 4958-6(c)?

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

Νo

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

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

Note. The sum of columns (B)(1)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of (i) Base compensation	W-2 and/or 1099-MI (ii) Bonus & incentive	(iii) Other reportable	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior Form 990 or
			compensation	compensation				Form 990-EZ
(1) Evans P Whitaker	(1) (11)	294,664 0	0	0	28,527 0	4,151 0	327,342 0	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
		Housing Allowance & Personal Services As a condition of employment, and as a convenience to the University, the President is provided a home on University grounds. The University also provides grounds care and housekeeping for the home. The home is provided as a nontaxable benefit to the President. Social Club Dues. Dues paid for the President for networking opportunities beneficial to the institution. Recorded as a nontaxable benefit.
	1 '	John Kunst, VP Finance & Admin, left the organization September 2, 2011, and was paid four months severance of \$37,705 Dr Evans Whitaker, President, participated in a 457 plan The organization paid \$5,705

Schedule J (Form 990) 2011

DLN: 93493101003703

OMB No 1545-0047

2011

Employer identification number

Schedule K (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

10

11

12

Supplemental Information on Tax Exempt Bonds

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

Open to Public **Inspection**

Anderson University 57-0324906 **Bond Issues** Part I (h) On (i) Pool (g) Defeased Behalf of financing (b) Issuer EIN (c) CUSIP # (d) Date Issued (e) Issue Price (f) Description of Purpose (a) Issuer Name Issuer Yes No Yes No Yes No **Educational Facilities** Refinance outstanding bond Authority for Private 57-6000286 836896FW5 08-26-2004 13,335,000 Χ Χ Х Institutions Higher Learning **Proceeds** Part II Α В С Amount of bonds retired Amount of bonds defeased 2 Total proceeds of issue 3 13,335,000 Gross proceeds in reserve funds 4 Capitalized interest from proceeds 5 Proceeds in refunding escrow 6 8,162,201 7 Issuance costs from proceeds 165,315 Credit enhancement from proceeds 8 7,484 Working capital expenditures from proceeds 9 5,000,000

13	Year of substantial completion 2006								
		Yes	Yes No		No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	Х							
15	Were the bonds issued as part of an advance refunding issue?		Х						
16	Has the final allocation of proceeds been made?	Х							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	Х							
Par	t III Private Rusiness Use								

Private Business Use

Capital expenditures from proceeds

Other spent proceeds

Other unspent proceeds

		Α		В		C		I)
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		Х						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		Х						

Par	Private Business Use (Continuea)		1		1				$\overline{}$	
			Yes	A No	Yes	B No	Yes	C No	Yes	D No
За	Are there any management or service contracts that may result in private	business		X	1	1	1		1	+
	use?								+	
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?									
С	Are there any research agreements that may result in private business us financed property?	e of bond-		х						
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or counsel to review any research agreements relating to the financed proper									
4	Enter the percentage of financed property used in a private business use to other than a section 501(c)(3) organization or a state or local government			l						
5	Enter the percentage of financed property used in a private business use a unrelated trade or business activity carried on by your organization, anoth 501(c)(3) organization, or a state or local government									
6	Total of lines 4 and 5									
7	Has the organization adopted management practices and procedures to erpost-issuance compliance of its tax-exempt bond liabilities?	nsure the	Х							
Par	t IV Arbitrage	1		1						
		A			<u>B</u>		С		D	
	Has a Form 8038-T Arbitrage Rebate Yield Reduction and	Yes	No	Yes	No) Y	es	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X							
	Is the bond issue a variable rate issue?	X								
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		x							
	Name of provider	Bank of Amer	rıca							
	Term of hedge	14 0000	0000000							
	Was the hedge superintegrated?	110000	1							
u	was the heage supermitegrated		X							
e	Was a hedge terminated?		х							
4a	Were gross proceeds invested in a GIC?		Х							
ь	Name of provider									
С	Term of GIC									
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?									
5	Were any gross proceeds invested beyond an available temporary period?		×							
6	Did the bond issue qualify for an exception to rebate?		Х							
P	Check the box if the organization established written procedures closing agreement program if self-remediation is not available un	to ensure that	violations o	f federal tax	requirement	ts are timely	ıdentıfıed a	nd corrected	d through the	voluntar

Part VI Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier Return Reference Explanation

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

DLN: 93493101003703

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Internal Revenue Service Name of the organization **Employer identification number** Anderson University 57-0324906 **Excess Benefit Transactions** (section 501(c)(3) and section 501 (c)(4) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) (a) Name of disqualified person 1 (b) Description of transaction Corrected? Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (f) (b) Loan to (e) In Approved (g)Written or from the (a) Name of interested person and (c)Original default? by board or agreement? (d)Balance due organızatıon? principal amount purpose committee? Yes Yes Yes Τо From No No Part III Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (b) Relationship between interested person (a) Name of interested person (c) A mount of grant or type of assistance and the organization (1)Financial assistance 7,800 (2) Merit based assistance 29,000 (3) Need based assistance 8,900

Part IV	Business	Transactions	Involving	Interested	Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of Interested person	(b) Relationship between interested person and the	(c) Amount of transaction	(d) Description of transaction	organiz	aring of zation's nues?
	organization			Yes	No
(1) C Nakia Davis	Board of Trustee member	·	Trustee is an officer at a bank who holds a note payable for the University Reported amount is the interest expense paid on the note payable		No

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier F	Return Reference	Explanation
--------------	------------------	-------------

Schedule L (Form 990 or 990-EZ) 2011

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

DLN: 93493101003703

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

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

NonCash Contributions

Name of the organization Anderson University

Employer identification number

Pa	rt I Types of Property				57-0324906			
		(a) Check ıf applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d Method of d contribution	etermı	_	
1	Art—Works of art							
2	Art—Historical treasures .							
	Art—Fractional interests							
	Books and publications							
5	Clothing and household							
_	goods		1	300				
		X	1	300				
	Boats and planes							
	Intellectual property Securities—Publicly traded .		3	2 0 2 7	Charle manufest value			
	Securities—Publicly traded . Securities—Closely held stock .	X	3	3,837	Stock market value			
	•							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic							
14	structures							
15	Real estate—Residential .							
	Real estate—Commercial	X	3	820 791	Appraisal			
	Real estate—Other		,	323,731	7.797141341			
	Collectibles							
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	Other ► (Equipment)	X	7	47.940	Selling price/apprai	sal		
	Other ► (Prizes)	X	7		Selling price			
	Other ►()		,	3,3,5				
	Other ► ()							
29	Number of Forms 8283 received	by the ora	anization during the tax ve	ar for contributions				
	for which the organization compl				29			0
							Yes	No
30a	During the year, did the organiza	ition receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it			
	must hold for at least three year	s from the	date of the initial contributi	on, and which is not require	d to be used			
	for exempt purposes for the enti	re holding p	period?			30a		No
ь	If "Yes," describe the arrangeme	ent in Part 1	II					
31	Does the organization have a gif			review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us	e third part	ies or related organizations	to solicit, process, or sell i	non-cash			
	contributions?					32a		No
h	If "Yes," describe in Part II					32a		140
	If the organization did not report	revenues	n column (c) for a type of n	ronerty for which column (a) is checked			
<i></i>	describe in Part II	. revenues i	in column (c) for a type of p	roperty for which column (a	, is checked,			

Part II

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

Identifier	Return Reference	Explanation
Method for Determining Number of Contributors	, ,	Column B represents the number of items received except for Real Estate - Commercial which represents the number of contributors

Schedule M (Form 990) 2011

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493101003703

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Name of the organization Anderson University Employer identification number

57-0324906

ldentifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 11	The Form 990 is prepared by an independent CPA firm Form 990 is then reviewed by top management at the University After the review is completed, Form 990 is forwarded to the Executive Committee for review
	Form 990, Part VI, Section B, line 12c	Conflict of interest forms are completed annually by each board member Transactions are monitored throughout the year by administration to ensure compliance is maintained
	Form 990, Part VI, Section B, line 15	Question 15a The President's compensation is reviewed annually by an independent Executive Committee of the Board of Trust. A written evaluation is then completed and compared to other college Presidents at similar institutions. The compensation and related benefits provided are then approved by the full and independent board in the executive session. These deliberations are recorded in the corporate minutes. Question 15b. Annual written performance evaluations are conducted by the independent President, which becomes the basis for pay increases, the President considers comparable compensation for other similar qualified individuals.
	Form 990, Part VI, Section C, line 19	Anderson University make its governing documents, conflict of interest policy, and financial statements available to the public upon request. Form 990 is available on another organization's website via www guidestar org for public viewing
Changes in Net Assets or Fund Balances	Form 990, Part XI, line 5	Net unrealized losses on investments -1,924,214 Change in value of interest rate swap -365,777 Change in value of annuities payable -303,899 Total to Form 990, Part XI, Line 5 -2,593,890
Explanation of Responsibility	Form 990, Part XII, Line 2c	The organization has a committee that assumes responsibility for oversight of the audit of its financial statements and selection of an independent accountant. This process has not changed since the prior year.
	Form 990, Part VI, Line 7a/7b	The University is an institution of the South Carolina Baptist Convention (Convention) The Convention appoints the University's 25 trustees and must approve all changes or amendments to the University's charter

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

DLN: 93493101003703

SCHEDULE R (Form 990)

Department of the Treasury

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

2011

OMB No 1545-0047

Open to Public Inspection

ntemal Revenue Service					Ins	spection	n
Name of the organization Anderson University					tification number		
Part I Identification of Disregarded Entities (Comp	lete if the organizatio	n answered "Yes"	on Form 990. Part	57-0324906 t IV. line 33.)			
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)		(e) id-of-year assets	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Organ or more related tax-exempt organizations during		f the organization	answered "Yes" o	n Form 990, Par	t IV, line 34 becaus		
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 51 contr organi	rolled iization
(1) South Carolina Baptist Convention 190 Stoneridge Drive Columbia, SC 29210	Convention of churches	SC	501(c)(3)	Line 1	N/A	Yes	No No
(2) The Baptist Foundation of South Carolina 190 Stoneridge Drive Columbia, SC 29210	Institution of SCBC designated for the management of trust funds	SC	501(c)(3)	Line 1	N/A		No

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, lin	ie 34
	because it had one or more related organizations treated as a partnership during the tax year.)	

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h Disprop allocat	rtionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of-year assets	(h) Percentage ownership

Part	Transactions with Related Organizations (Complete if the organization answered "Yes	on Form 990, Par	t IV, line 34, 35, 3	5A, or 36.)		
No.	ote. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No
1 Durn	ng the tax year, did the orgranization engage in any of the following transactions with one or more related organi	ızatıons lısted ın Parts	s II-IV?			
a R	eceipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a		No
b G	ift, grant, or capital contribution to related organization(s)			1b		No
c G	ft, grant, or capital contribution from related organization(s)			1c	Yes	
d Lo	pans or loan guarantees to or for related organization(s)			1d		No
e Lo	pans or loan guarantees by related organization(s)			1e		No
f Sa	ale of assets to related organization(s)			1f	+	No
	urchase of assets from related organization(s)			<u>1g</u>		No
_	xchange of assets with related organization(s)			1h		No
	ase of facilities, equipment, or other assets to related organization(s)			1i		No
i Le	ase of facilities, equipment, or other assets from related organization(s)			1 <u>j</u>	+	No
-	erformance of services or membership or fundraising solicitations for related organization(s)			1k		No
	rformance of services or membership or fundraising solicitations by related organization(s)			11	+	No
	naring of facilities, equipment, mailing lists, or other assets with related organization(s)			1m	,——	No
	naring of paid employees with related organization(s)			1n	+	No
3	iding of paid employees with related organization(s)					
o R	eimbursement paid to related organization(s) for expenses			10		No
p R	eimbursement paid by related organization(s) for expenses			<u>1p</u>	+-+	No
q 0	ther transfer of cash or property to related organization(s)			1 q	+-+	No
r 0	ther transfer of cash or property from related organization(s)			1r		No
2 If	the answer to any of the above is "Yes," see the instructions for information on who must complete this line, in	cluding covered relati	onships and transact	 tion thresholds		
	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determing involved		ount
(1)						
(2)						
(3)						
(4)				<u> </u>		
(5)						
(6)						

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	org	(e) Are all partners section 501(c)(3) janizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing 1 partner?		(k) Percentage ownership
			,	Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier Return Reference Explanation

Schedule R (Form 990) 2011

Software ID: Software Version:

EIN: 57-0324906

Name: Anderson University

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

Compensated Employees, and Independent Contractors												
(A) Name and Title	(B) Average hours per		tion that a		/)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation		
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations		
Charlie C Sanders Chair	1 00	Х		x				0	0	0		
Kıp Mıller	1 00	X		Х				0	0	0		
Vice Chair Martha Axmann	1 00			_				0	0			
Secretary	1 00	Х		Х				0	0	0		
Mary Anne Bunton Trustee	1 00	Х						0	0	0		
C Nakıa Davıs Trustee	1 00	Х						0	0	0		
GH Durham Jr Trustee	1 00	Х						0	0	0		
Rev William C Rigsby	1.00							0	0	0		
Trustee	1 00	Х						0	0			
Melba Banton Trustee	1 00	Х						0	0	0		
William C Elks Jr Trustee	1 00	Х						0	0	0		
Dr Troy M Gregg Trustee	1 00	×						0	0	0		
W Ray Partain Trustee	1 00	Х						0	0	0		
Phyllis Webster Trustee	1 00	Х						0	0	0		
Daniel T Cooper Sr Trustee	1 00	Х						0	0	0		
Mrs Denny Neilson Trustee	1 00	Х						0	0	0		
Patricia Dell Panagakos Trustee	1 00	Х						0	0	0		
Rev Timothy Edmonds Trustee	1 00	Х						0	0	0		
Donald D Harper Trustee	1 00	Х						0	0	0		
Dr Benjamın Littlejohn Trustee	1 00	Х						0	0	0		
Dr Mark Quarterman Trustee	1 00	Х						0	0	0		
Edward Stewart Trustee	1 00	Х						0	0	0		
Hughlyn H Burgess Trustee	1 00	Х						0	0	0		
Gerald J Caskey Trustee	1 00	Х						0	0	0		
Rev Alex D Henderson Trustee	1 00	Х						0	0	0		
Dr James M Lusk Trustee	1 00	Х						0	0	0		
Dr Robert W Windburn Trustee	1 00	Х						0	0	0		

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

(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
	per week	Individual trustae or director	Institutional Trustee	Officei	Key employee	Former Highest compensated employee		from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
Evans P Whitaker President	60 00			х				294,664	0	31,681	
James A Wright Jr Part Year Treasurer, VP - Finance & Op	40 00			Х				21,118	0	3,252	
John M Kunst Part Year VP - Finance & Admin	40 00			х				114,010	0	9,178	
Dr Danny M Parker Provost	40 00					Х		130,051	0	10,700	
David Rashed VP - Enrollment Services	40 00					х		109,236	0	16,754	