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DLN: 93493123002403

# Form **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

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

Open to Public Inspection

Marken	A For the	e 2011 cal	endar year, or tax year beginning 07-01	-2011 and ending 06-30-20	12		Inspection
Doug Bourness Acc.		аррисавіе				D Employer ider	ntification number
Description   Processing   Committed	_		Doing Business As				
Runner and stored, (or PO toor if made is not delivered to street address)   Roum/sults	_	-	<del>-</del>			•	
Temmended teature Application pending  Final Minimary  Tax-exempt shalts	_			delivered to street address) Room/s	suite		
## Application pending   Filter   Name and address of principal officer   John MicCARDELL JR 735 UNIVERSITY AUE   SEWANEE, TN 373831000	_					,	
Formal and address of principal officer   10H M MCCARDELL R   735 UNIVERSITY AVE   SEWANEE, TN 373831000	_						
A	Applicati	ion pending	<u> </u>				
Tax-exempt stables				icer			
Trivition   Tri			735 UNIVERSITY AVE		атппа	tes/	j Yes j♥ No
Website: ➤ HTTP //WWW SEWANEE EDU			SEWANEE,TN 373831000				
Summary	Tax-exe	empt status	✓ 501(c)(3)				
Summary	Wohei	ito: be HTT		, (, ()	H(c) Glou	p exemption nur	iibei 🗜
Part I   Summary					<u> </u>		
1   Briefly describe the organization's mission or most significant activities		_	<u> </u>	r <b>▶</b>	<b>L</b> Year of fo	rmation 1857 <b>M</b>	State of legal domicile TI
2 C Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net = sets  3 Number of voting members of the governing body (Part VI, line 1a)			-	- L			
4   Number of Independent voting members of the governing body (Part VI, line 1b)   4   1   1   1   1   1   1   1   1   1	1			st significant activities			
4 Number of independent voting members of the governing body (Part VI, line 1b)   4   1   1   1   1   1   1   1   1   1	<u>ا צ</u>						
4 Number of independent voting members of the governing body (Part VI, line 1b)  5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)  6 Total number of volunteers (estimate if necessary)  7a Total unrelated business revenue from Part VIII, column (C), line 12  7b Net unrelated business revenue from Part VIII, column (C), line 12  7a Total unrelated business revenue from Part VIII, column (C), line 12  7b Net unrelated business revenue from Part VIII, column (C), line 12  7a Total unrelated business revenue from Part VIII, line 1h)  7a Total servenue (Part VIII, line 1h)  7a Total servenue (Part VIII, line 1h)  7a Total servenue (Part VIII, line 2g)  7b Prior Year  Prior Year  Current Year  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line  12) 12, 282,951 104,650,4  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  14 Benefits paid to or for members (Part IX, column (A), lines 1-3)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines  5-10)  16 Professional fundraising fees (Part IX, column (A), line 11e)  16 Professional fundraising fees (Part IX, column (A), line 11e)  17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  18 Total expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  19 Revenue less expenses Subtract line 18 from line 12  10 Total liabilities (Part X, line 26)  11 Total liabilities (Part X, line 26)  12 Total liabilities (Part X, line 26)  13 Total liabilities (Part X, line 26)  14 Signature Block	<u> </u>						
4 Number of independent voting members of the governing body (Part VI, line 1b)	[ ]	Charlette	- h		-f		
4 Number of independent voting members of the governing body (Part VI, line 1b)	§   2		•			1 1	
Net unrelated business tevenue from Fart VIII, column (C), line 12   78   -159,2	3						134
Net unrelated business taxable income from Fart VIII, column (C), line 12	4				•	<del></del>	13:
Net unrelated business taxable income from Fart VIII, column (C), line 12	5						1,744
Net unrelated business taxable income from Fart VIII, column (A), line 34   Test 25, 22, 22, 26, 57   Total large sets of purp Jia 26   Total assets (Part X, line 16)   Total lassets (Part X, line 16)   Total labilities (Part X, line 26)   Total lassets of perjuny, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my more remaining accompanying schedules and statements, and to the best of my more remaining accompanying schedules and statements, and to the best of my more remaining accompanying schedules and statements, and to the best of my more remaining accompanying schedules and statements, and to the best of my more remaining accompanying schedules and statements, and to the best of my more remaining accompanying schedules and statements, and to the best of my more remaining accompanying schedules and statements, and to the best of my more remaining accompanying schedules and statements, and to the best of my more remaining accompanying schedules and statements, and to the best of my more remaining accompanying schedules and statements, and to the best of my more remaining accompanying schedules and statements, and to the best of my more remaining accompanying schedules and statements, and to the best of my more remaining accompanying schedules and statements, and to the best of my more remaining accompanying schedules and statements, and to the best of my more remaining accompanying schedules and statements, and to the best of my more remaining accompanying schedules and statements, and to the best of my more remaining accompanying schedules and statements, and to the best of my more remaining accompanying schedules and statements, and to the best of my more remaining accompanying schedules and statements, and	6		·			<del></del>	1,19
Prior Year   Current Year   13,072,308   18,301,6   13,072,308   18,301,6   13,072,308   18,301,6   13,072,308   18,301,6   13,072,308   18,301,6   13,072,308   18,301,6   13,072,308   18,301,6   13,072,308   18,301,6   14,000   10,056,6	·   "						-159,200
8 Contributions and grants (Part VIII, line 1h)	E	<b>b</b> Net unrei	ated business taxable income from For	n 990-1, line 34		<del></del>	-159,200
9 Program service revenue (Part VIII, line 2g)							
11 Other revenue (Part VIII, column (A), lines 5, 60, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)							18,301,657
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>a</b>   9	_					
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>ام</u>				•		
12)	_   11					1,655,832	1,854,993
13   Grants and similar amounts paid (Part IX, column (A), lines 1-3)   22,415,391   19,833,8   14   Benefits paid to or for members (Part IX, column (A), line 4)   0	12		_ ,			22,282,951	104,650,441
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16a Professional fundraising fees (Part IX, column (A), line 11e)	13					22,415,391	19,833,838
5-10)  16a Professional fundraising fees (Part IX, column (A), line 11e)	14	Benefit	s paid to or for members (Part IX, colun	nn (A ), line 4 )		0	C
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	တ္တ 15		s, other compensation, employee benef	ts (Part IX, column (A), lines		44 948 670	46 477 936
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	9   16.	•	ional fundraising foos (Part IV, column	(A \ lung 11a \			40,477,930
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	ጅ   ""					0	
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12	_ ı					35 818 501	35.064.495
19 Revenue less expenses Subtract line 18 from line 12				·			
Beginning of Current Year  Total assets (Part X, line 16)					-		
Part II Signature Block Inder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my		T.C.T.C.II.G	e least expenses to destruct line 10 ment		Beginning		
Part II Signature Block Inder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my	ရွှင် ရွှင်					·	End of Year
Part II Signature Block Inder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my	20	Total a	ssets (Part X, line 16)			542,232,657	539,862,035
Part II Signature Block Inder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my	皇 21						55,328,152
Inder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my				rom line 20	4	85,792,810	484,533,883
		_					
mowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which prepare mowledge.	17 18 19 SOURCE 20 SOURCE 20 20 21 22 Part II	Other e Total e Revenu  Total a Total II Net ass  Signa nalties of pe e and belief,	xpenses (Part IX, column (A), lines 11 xpenses Add lines 13–17 (must equal e less expenses Subtract line 18 from essets (Part X, line 16)	a-11d, 11f-24e)	Beginning Y	19,100,299 g of Current ear 642,232,657 56,439,847 85,792,810	101,3 3,2 End of Ye 539,8 55,3 484,5
		I III			20	13-05-03	
2013-05-03	Sign	Signat	ure of officer		Da	ite	
*****							
2013-05-03							
***** Signature of officer  2013-05-03 Date		Prenarar	. <b>k</b>	Date	Check If	Preparer's taxpay	er identification number
Sign Here SARAH SUTHERLAND INTERIM TREASURER Type or print name and title	Paid				self-	(see instructions)	
*******  Signature of officer  SARAH SUTHERLAND INTERIM TREASURER Type or print name and title  Preparer's signature  RICHARD M WINSTEAD  *******  2013-05-03  Date  Check if self- (see instructions)		's ====	TO (OF YOUR & CDOCCITA & ACCOCTATES DO		employed F	L00531903	
Sign Here    ******   2013-05-03	-	ıf self-em	ployed),			EIN • 62-133673	37
Sign Signature of officer Signature of officer SARAH SUTHERLAND INTERIM TREASURER Type or print name and title  Preparer's signature RICHARD M WINSTEAD  Date  Check if self-employed   Preparer's taxpayer identification number (see instructions) P00231865  Firm's name (or yours if self-employed),  If self-employed),  EIN   62-1336737	. Jo Jiny			103		Dhama a h (a)	E) 220 FE00
Sign   Signature of officer   Date			NASHVILLE, TN 37215			,	•
Sign ture of officer  SARAH SUTHERLAND INTERIM TREASURER Type or print name and title  Preparer's signature  Preparer's signature  Prim's name (or yours if self-employed), address, and ZIP + 4  CROSSLIN & ASSOCIATES PC  18803 BEDFORD AVENUE SUITE 103  NASHVILLE, TN 37215  Date  Check if self-employed   Preparer's taxpayer identification number (see instructions) P00231865  EIN   62-1336737  Phone no   (615) 320-5500	1av tho I	IDS discuss	this return with the preparer shown ab	ove2 (see instructions)			▼Yes 「No

(Code

(Expenses \$

4d

) (Expenses \$

4,463,084

0) (Revenue \$

including grants of \$

379,744)

Part IV	Checklist of	Required	Schedules

		$\longrightarrow$	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 😼	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		N o
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "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	Yes	
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? If "Yes," complete Schedule D, Part VI.	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	Yes	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		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		No
е	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? If "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	Yes	
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	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II 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	Yes	
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
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? <b>Note.</b> 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		N o
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		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	Yes	
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)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (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	Yes	
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? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		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		N o
38	Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm <b>990</b>	(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			
			Yes	No
a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
	<b>1a</b> 3,410			
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	1 <b>b</b> 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements filed for the calendar year ending with or within the year covered by this return			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	Tracted stolle is reported on fine 24, and the organization me an required leaders employment tax returns	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
а	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	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	4a	v	
	account)?	40	Yes	
b	If "Yes," enter the name of the foreign country    SP			
	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?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	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	6a		Νo
_	organization solicit any contributions that were not tax deductible?			
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).	OD		
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		No
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year   7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	_		
	contract?	7e		No
	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	70		
L	required?	7g		
п	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.			
а	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		
	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			
ט	facilities			
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other			
Ü	sources against amounts due or received from them )			
	,			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
-	year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?			
	<b>Note.</b> 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			
С	Enter the aggregate amount of reserves on hand 13c			
4-		140		N o
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No

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

Se	ection A. Governing Body and Management							
			Yes	No				
1a	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	Yes					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	The governing body?	8a	Yes					
b	Each committee with authority to act on behalf of the governing body?	8b	Yes					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No				
Se	ection B. Policies (This Section B requests information about policies not required by the Internal							
Re	venue Code.)							
			Yes	No				
	Did the organization have local chapters, branches, or affiliates?	10a		No				
Ь	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	Yes					
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		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	15 Did the process for determining compensation of the following persons include a review and approval by							
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
a	The organization's CEO, Executive Director, or top management official	15a	Yes					
Ь	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 taxable entity during the year?	16a		No				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its							
	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							
17								
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)							

(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

☐ O wn website ☐ A nother's website ☑ U pon 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
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization FOR OFFICE OF THE TREASURER
  735 UNIVERSITY AVE
  SEWANEE,TN 373831000
  (931) 598-1349

# 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
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the or	ganization nor any re	lated o	rgan	ızatı	ons	compe	ensat	ted any current or fo	rmer officer, direc	tor, or trustee
<b>(A)</b> Name and Title	(B) A verage hours per week (describe	unles an	on (d e tha	n one son er ar	e bo: is bo nd a	x, oth		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustae or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		MISC)	related organizations
See Additional Data Table										
				$\vdash$			_			

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	unles an	on (d e thai	n on son er a	e bo ıs b nd a	x, oth		Rep comp fro organi	(D) ortable ensation m the zation (W-	(E) Reportable compensation from related organizations (W- 2/1099-		(F) Estima amount o compens from f organizat	ated fother sation the ion and
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC)		relat organiza	
See A	Addıtıonal Data Table											$\dagger$		
												$\top$		
												$\perp$		
												$\bot$		
								_				+		
								-				+		
												+		
								$\vdash$				+		
												+		
												+		
												$\dagger$		
1b								r	1		•	工		
c	Total from continuation sheets  Total (add lines 1b and 1c) .				•	•		<b>P</b>		2,721,502		0		583,581
2	Total number of individuals (inc	luding but not lin	nited to	thos			<u>.</u> above	) wh	o receive		an			
	\$100,000 of reportable compe	nsation from the	organız	atıon	<b>►</b> 39									
3	Did the organization list any <b>fo</b> r on line 1a? <i>If</i> " <i>Yes,"</i> complete So										ated employee	3	Yes	No No
4	For any individual listed on line organization and related organization and related organizations.											4	Yes	
5	Did any person listed on line 1a services rendered to the organi									ganızatıon • • •	or individual for •	5		No
S	ection B. Independent Cor	ntractors												
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax	n the organizatio year												
		( <b>A)</b> ime and business ad	dress							( <b>B</b> ) Description of services			(C) Compensation	
1010	ETON HOME RESTORATION WEST MAIN ST FEAGLE, TN 37356									CONSTRUC	FION			373,194
JERR 72 DI	Y GARNER DBA GARNER'S PAINTING JNCAN LANE CHESTER, TN 37398									PAINTING				252,937
TWO CHAT	1BLISS BAHNER & STOPHEL UNION SQ 1000 TALLAN BLDG TANOOGA, TN 37402 FATION DEPT									LEGAL CONS	SULTATION	$\frac{1}{1}$		237,071
PO B	TATION DEPT OX 22 FEAGLE, TN 37356									TRASH REM	OVAL	_		198,524
PO B	E SLAGLE DBA NATURAL BRIDGE EVENTS DX 852									CATERING		$\top$		135,517
2	NEE, TN 37375 Total number of Independent con			ot lin	nıted	d to	those	lıste	d above	l ) who recei	ved more than	$\dashv$		
	\$100,000 of compensation from	the organization	<b>▶</b> -9											

Form 99								Page <b>9</b>
Part \	<u>/1111</u>	Statement of	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					
e ji	b	Membership du	ies 1 <b>b</b>					
રે. ∰	С	Fundraising ev	ents <b>1c</b>					
≅ੂਰੋਂ	d	Related organiz	zations 1d					
ž.	e	Government grant	s (contributions) 1e	772,008	ļ			
Contributions, gifts, grants and other similar amounts	f g	sımılar amounts no	ibutions included in	17,529,649				
and and	h	Total. Add lines	s 1a-1f	▶	18,301,657			
				Business Code				
Program Service Revenue	2a	TUITION & FEES		611310	53,855,237	53,855,237		
ek Ke	ь	AUX SALES & SER	VC	611310	17,906,022	17,906,022		
ъ. П	c	EDUC SALES & SE	ERV	611310	2,675,900	2,675,900		
Ē.	d							
ج د	e							
୍ୟର	f	All other progra	am service revenue					
Š	g	Total. Add lines	s 2a-2f		74,437,159			
	3		ome (including dividen		, 1, 137,133			
			aramounts)	· ·	11,123,175		-159,200	11,282,375
	4	Income from inves	stment of tax-exempt bond	proceeds 🕨				
	5	Royalties .	<u> </u>		1,854,993			1,854,993
			(ı) Real	(II) Personal				
	6a	Gross rents Less rental						
	b	expenses						
	С	Rental income or (loss)						
	d	Net rental inco	me or (loss)					
	_	Gross amount	(ı) Securities 32,616,167	(II) Other				
	7a	from sales of assets other than inventory						
	b	Less cost or other basis and sales expenses	33,682,710					
	C	Gain or (loss)	-1,066,543		-1,066,543			-1,066,543
ás.	d 8a	Net gain or (los Gross income f events (not inc	from fundraising		1,000,343			1,000,545
Other Revenue		\$of contributions	s reported on line 1c) ne 18					
Ē.	ь	Less direct ex	penses b					
δ	С	Net income or	(loss) from fundraising	events 🛌				
	9a		from gaming activities ne 19 a					
	b c		penses <b>b</b> (loss) from gaming acti	vities►				
	10a	Gross sales of returns and allo	ınventory, less					
	b		oods sold <b>b</b>					
	С		(loss) from sales of inv					
		Miscellaneou	s Revenue	Business Code				
	11a							
	b							
	С	A.II						
	d	All other reven						
	е	iotal. Add line:	s 11a-11d					
	12	Total revenue.	See Instructions .	▶┆	104,650,441	74,437,159	-159,200	12,070,825

# Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Do no	neck if Schedule O contains a response to any question in this Part IX of include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) 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	19,833,838	19,833,838		
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	2,230,704	925,122	1,214,663	90,919
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	32,915,605	25,653,810	5,947,858	1,313,937
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,995,149	2,257,605	737,544	
9	Other employee benefits	6,199,033	4,825,644	899,790	473,599
10	Payroll taxes	2,137,445	1,605,050	532,395	
11	Fees for services (non-employees)				
а	Management				
b	Legal	355,651	36,033	319,618	
c	Accounting	62,300	5,150	57,150	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	2,640,742		2,640,742	
g	Other	9,191,117	8,222,525	863,718	104,874
12	Advertising and promotion	382,243	331,545	49,976	722
13	Office expenses	1,576,216	1,147,391	297,200	131,625
14	Information technology	1,319,208	764,726	550,661	3,821
15	Royalties	24,804		24,804	
16	Occupancy	1,063,074	935,778	87,326	39,970
17	Travel	2,462,347	1,660,765	695,415	106,167
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	317,503	275,624	38,507	3,372
20	Interest	1,271,717	1,271,717		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,248,088	3,765,768	482,320	
23	Insurance	674,556	407,019	264,062	3,475
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	RENEWALS & REPLACEMENTS	3,313,646	2,469,555	838,245	5,846
b	UTILITIES	2,787,465	2,728,669	58,796	
c	FOOD	1,798,362	1,502,388	268,459	27,515
d	MISC	1,087,830	1,055,707	32,123	
e					
f	All other expenses	487,626	435,091	35,922	16,613
25	Total functional expenses. Add lines 1 through 24f	101,376,269	82,116,520	16,937,294	2,322,455
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				rm <b>990</b> (2011)

Pa	rt X	Balance Sheet						
						(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing				5,103,295	1	2,857,733
	2	Savings and temporary cash investments $\ . \ . \ . \ . \ . \ .$				58,598,737	2	74,528,605
	3	Pledges and grants receivable, net				40,575,793	3	23,253,965
	4	Accounts receivable, net				791,546	4	881,176
	5	Receivables from current and former officers, directors, trustee highest compensated employees Complete Part II of	s, key	/ en	nployees, and			
		Schedule L				43,978	5	69,383
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ Complete Part II		n 49	958(f)(1)) and			
76		Schedule L					6	
Assets	7	Notes and loans receivable, net				2,860,977	7	2,659,562
SSI	8	Inventories for sale or use				412,482	8	403,381
٧	9	Prepaid expenses and deferred charges		-		422,698	9	482,070
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a		214,684,310			
	b	Less accumulated depreciation	10b		75,670,800	135,584,421	<b>10</b> c	139,013,510
	11	Investments—publicly traded securities					11	
	12	Investments—other securities See Part IV, line 11				291,881,212	12	290,017,749
	13	Investments—program-related See Part IV, line 11					13	
	14	Intangible assets				5,957,518	14	5,694,901
	15	Other assets See Part IV, line 11					15	
	16	Total assets. Add lines 1 through 15 (must equal line 34) .				542,232,657	16	539,862,035
	17	Accounts payable and accrued expenses .				7,351,604	17	7,625,043
	18	Grants payable					18	
	19	Deferred revenue				1,657,987	19	1,899,546
	20	Tax-exempt bond liabilities				40,270,012	20	38,177,088
78	21	Escrow or custodial account liability Complete Part IV of Schedu	le D				21	
abilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
ig:		persons Complete Part II of Schedule L					22	
	23	Secured mortgages and notes payable to unrelated third parties	5 <b>.</b>				23	
	24	Unsecured notes and loans payable to unrelated third parties					24	
	25	Other liabilities (including federal income tax, payables to relat and other liabilities not included on lines 17-24) Complete Pai				7.400.044		7 000 175
		D				7,160,244		7,626,475
	26	Total liabilities. Add lines 17 through 25				56,439,847	26	55,328,152
Balances		Organizations that follow SFAS 117, check here ► $\sqrt{}$ and complete through 29, and lines 33 and 34.	plete I	line	s 27			Ti.
<u>5</u>	27	Unrestricted net assets		173,198,768	27	194,786,456		
Ba	28	Temporarily restricted net assets				174,618,544	28	150,034,648
Fund	29	Permanently restricted net assets				137,975,498	29	139,712,779
Fu		Organizations that do not follow SFAS 117, check here ► □ a	nd con	mple	ete			
20		lines 30 through 34.						
	30	Capital stock or trust principal, or current funds					30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		•			31	
	32	Retained earnings, endowment, accumulated income, or other for	unds				32	
Net	33	Total net assets or fund balances				485,792,810	33	484,533,883
	34	Total liabilities and net assets/fund balances				542,232,657	34	539,862,035

Par	Check if Schedule O contains a response to any question in this Part XI			. [고	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		104 6	550,44:
2	Total expenses (must equal Part IX, column (A), line 25)	2		101,376,	
3	Revenue less expenses Subtract line 2 from line 1	3		3,2	274,172
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		485,7	792,810
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-4,5	33,099
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		484,5	533,883
Par	The contains a response to any question in this Part XII			୮	
1	Accounting method used to prepare the Form 990			Yes	No
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 in Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were in a separate basis, consolidated basis, or both	ssued			
	▼ Separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b	Yes	

62-0475697

### OMB No 1545-0047

2011

Open to Public Inspection

### **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization

THE UNIVERSITY OF THE SOUTH

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

**Public Charity Status and Public Support** 

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

Reason for Public Charity Status (All organizations must complete this part.) See instructions

Employer identification number

The o	rganı	zatıon ıs	not a privat	te foundation becaus	eitis (Forl	ınes 1 throu	gh 11, check	only one bo	x )					
1	Γ	A church, convention of churches, or association of churches section 170(b)(1)(A)(i).												
2	~	A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E )												
3	$\sqcap$	A hosp	ital or a coo	perative hospital se	rvice organiz	atıon descrı	bed in <b>sectio</b>	n 170(b)(1)	(A)(iii).					
4	Γ			h organization operat ity, and state	ted in conjun	ction with a	hospital desc	cribed in <b>sec</b>	tion 170(b)(	<b>1)(A)(</b> i	iii). Ente	er the		
5	_	An oraș	anization on	erated for the benefi	t of a college	or universit	w owned or o	norated by a	agyarnmant	tion le	doscrib	–		
5	ļ	_	•		_	or universit	y owned or o	perated by a	i government	ai uiiit	describ	eu III		
_	_		. , , , ,	(A)(iv). (Complete P	•			170/b)/1	\(\frac{1}{4}\)\(\fra					
6	<u>'</u>		federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b> n organization that normally receives a substantial part of its support from a governmental unit or from the general public											
7	1	describ	ed in	•		al part of its	support from	a governme	ntal unit or fr	om tne	genera	public	3	
8	$\overline{}$		section 170(b)(1)(A)(vi) (Complete Part II ) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II )											
9	<u>'</u>		organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross											
,	'	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of												
		its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses												
10	$\vdash$	acquired by the organization after June 30, 1975 See <b>section 509(a)(2).</b> (Complete Part III )  An organization organized and operated exclusively to test for public safety See <b>section 509(a)(4).</b>												
11	<u>'</u>	An organization organized and operated exclusively to test for public safety. See <b>section 309(a)(4).</b> An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of												
e	· 	one or the box	more public that descri Type I	ly supported organiz bes the type of supp <b>b</b> Type I ox, I certify that the	ations descr orting organ I <b>c</b>	ibed in secti ization and c Type III	on 509(a)(1) complete line: - Functional	or section! s 11e through ly integrated	509(a)(2) Se gh 11h d	ee <b>sect</b>	<b>ion 509(</b> Type II	<b>a)(3).</b> I - Otl	Check her	
f	'	other th	nan foundatı ı 509(a)(2)	on managers and ot	her than one	or more pub	licly supporte	ed organızat	ions describe	ed in se	ection 5	09(a)(	1) or	
		If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box  Since August 17, 2006, has the organization accepted any gift or contribution from any of the												
g					ization accep	oted any gift	or contribution	on from any	of the					
			following persons?  (i) a person who directly or indirectly controls, either alone or together with persons described in (ii)  Yes No											
		and (III) below, the governing body of the the supported organization?									11g(i)	1.55	No	
		(ii) a family member of a person described in (i) above?									11g(ii)		No	
			-	lled entity of a perso			bove?				11g(iii)		No	
h				ng information about							9()			
••		TTOVIGO	z che lonovin	ng miormation about	the support	ea organizaci	011(3)							
(i) Name of supported organization		of rted	(iii) Type of organization (ii) (described on EIN lines 1-9 above or IRC section		organızatı col (ı) lıst	Is the organization in col (i) listed in your governing		(v) Did you notify the organization in col (i) of your support?		(vi)  Is the  organization in  col (i) organized  in the U S ?		(vii) A mount of support?		
				(see instructions))	Yes	No	Yes	No	Yes	No				
				madactions))		110		110	1.00		-+			
											<del>- +</del>			
											<del>-  </del>			
											<del>-  </del>			

instructions

Sch	edule A (Form 990 or 99	90-EZ)2011						Page <b>2</b>
	(Complet	e only if you	checked the	box on line 5,	7, or 8 of Part	<b>(b)(1)(A)(iv)</b> 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	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	(d) 2010	(e) 2011	( <b>f</b> ) 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	<b>endar year</b> (or fiscal yea	r beginning	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	(d) 2010	<b>(e)</b> 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 <b>sto</b>	p here						<b>▶</b> □
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 <b>stop here.</b> The org  33 1/3% support test					6a and line 15 is	33 1/20% or m	ore check this
D	box and <b>stop here.</b> 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—	<b>2010.</b> If the ora	anization did not	check a hov on li	ne 13, 16a 16b	or 17a and lin	<b>▶</b> □
,	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	<b>►</b> □

**▶**□

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	<b>Supplemental Information.</b> 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

DLN: 93493123002403

OMB No 1545-0047

Open to Public

**SCHEDULE D** (Form 990)

Department of the Treasury

► 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

**Supplemental Financial Statements** 

цепта	al Revenue Service	orm 990. F See separate instructions.	Inspection					
	me of the organization E UNIVERSITY OF THE SOUTH		Employer identification number					
-	O seed allow Materials Bosso As	d to de la collega Cinile e	62-0475697					
Pa	ort I Organizations Maintaining Donor Ac organization answered "Yes" to Form 99		inds or Accounts. Complete if the					
	organization answered Tes to Form 33	(a) Donor advised funds	(b) Funds and other accounts					
1	Total number at end of year	(a, z one, autre a ramae	(2) ramae and coner account					
- 2	Aggregate contributions to (during year)							
3	Aggregate grants from (during year)							
4	Aggregate value at end of year							
	,							
5	5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?							
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit							
Pa	rt II Conservation Easements. Complete	if the organization answered "Yes" to	Form 990, Part IV, line 7.					
2	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreative Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualiceasement on the last day of the tax year	on or pleasure)	historically importantly land area ertified historic structure of a conservation					
			Held at the End of the Year					
а	Total number of conservation easements		<b>2a</b> 2					
b	Total acreage restricted by conservation easements		<b>2b</b> 3,208 00					
С	Number of conservation easements on a certified his	toric structure included in (a)	<b>2c</b> 0					
d	Number of conservation easements included in (c) ac	cquired after 8/17/06	2d					
3	Number of conservation easements modified, transfe the taxable year ▶		d by the organization during					
4 5	Number of states where property subject to conserval Does the organization have a written policy regarding enforcement of the conservation easements it holds?	g the periodic monitoring, inspection, hand	— lling of violations, and					
6	Staff and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation easem	ents during the year ► 449 00					
7	Amount of expenses incurred in monitoring, inspectines \$10,166							
8	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	tion Yes No					
9	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easem	he footnote to the organization's financial						
Pai	rt III Organizations Maintaining Collectio		or Other Similar Assets.					
	Complete if the organization answered "	· · · · · · · · · · · · · · · · · · ·	nt and balance about 1 . C					
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or researc	h in furtherance of public service,					
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	oublic exhibition, education, or research ir						
	(i) Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$					
	(ii) Assets included in Form 990, Part X		<b>►</b> \$					
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items							

a Revenues included in Form 990, Part VIII, line 1

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

Par	Organizations Maintaining Co	<u>llections of Art</u>	t, His	toric	<u>al Tre</u>	asures	, or Oth	<u>er Similar A</u>	ssets	contir	าued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne follo	wing th	at are a s	gnificant	use of its collec	tion		
а	▼ Public exhibition		d	$\Gamma$	Loan or	exchang	e program	s			
ь	Scholarly research		e	$\Gamma$	Other						
c	✓ Preservation for future generations										
4	Provide a description of the organization's co Part XIV	ollections and expla	ıın hov	w they	further	the orgar	nization's e	exempt purpose	ın		
5	During the year, did the organization solicity assets to be sold to raise funds rather than t							mılar	┌ Yes	۱	No
Pai	rt IV Escrow and Custodial Arrang						swered "	Yes" to Form	990,		
	Part IV, line 9, or reported an ar										
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?					ons or otl	her assets	not	┌ Yes	굣	No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ving tab	ole			T			
_							-		mount		
C	Beginning balance						1c				
d	Additions during the year						1d				
e	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo		e 21?						☐ Yes	Г	No
b	If "Yes," explain the arrangement in Part XI\				1 1157 1						
Pa	rt V Endowment Funds. Complete	(a)Current Year		Wered Prior Ye		to Forn (c)Two Ye		art IV, line 10 (d)Three Years Bad		ır Year	s Bac
1a	Beginning of year balance	318,709,539	(2)	•	87,483		6,098,443	313,206,1		ir rear	) Date
ь	Contributions	10,044,584		5,0	33,969	1	1,241,702	6,418,5	92		
c	Investment earnings or losses	3,315,401		54,2	23,352	2	8,421,915	-60,013,5	39		
d	Grants or scholarships	5,533,669		5,6	98,947		5,498,353	5,593,1	00		
e	Other expenditures for facilities	7,584,672		7,3	36,318		7,776,224	7,919,6	97		
_	and programs				-+						
f	Administrative expenses	318,951,183		318.7	09,539	27	2,487,483	246,098,4	43		
g	End of year balance	, ,		310,7	05,555		2,407,403	240,030,4	13		
2	Provide the estimated percentage of the year	22 000 %	as								
а	Board designated or quasi-endowment	22 000 70									
b	Permanent endowment 41 000 %										
c	Term endowment ► 37 000 %			EL - E							
3a	Are there endowment funds not in the posse organization by	ssion of the organiz	ation	tnat ar	е пета а	and admir	nistered fo	rtne	Υe	s N	— lo
	(i) unrelated organizations							3a	(i) Ye	s	_
	(ii) related organizations							За	(ii)	N	0
b	If "Yes" to 3a(II), are the related organization							3	Bb		
4	Describe in Part XIV the intended uses of th	=									
Pai	t VI Land, Buildings, and Equipme	ent. See Form 99	90, Pa						1		
	Description of property				ost or oth investme		Cost or other sıs (other)	(c) Accumulated depreciation	d (d)	Book v	alue
1a	Land				1,635,	425	11,337,78	9		12,97	3,214
b	Buildings				196,	779	155,190,41	7 43,918,93	30	111,46	8,266
C	Leasehold improvements										
d	Equipment						42,362,72	31,751,87	70	10,61	0,855
е	Other						3,961,17	5		3,96	51,175

Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)

139,013,510

(a) Description of security or category		
(including name of security)	(b)Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests (3)Other		
(A) EQUITIES	194,204,724	F
(B) BONDS	73,421,869	F
(C) CASH VALUE OF LIFE INSURANCE	1,202,663	F
(D) ASSETS HELD IN OUTSIDE TRUSTS	21,188,493	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	<b>&gt;</b> 290,017,749	
Part VIII Investments—Program Related. Se	ee Form 990, Part X, line 1	
(a) Description of investment type	(b) Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	<b>þ</b>	
Part IX Other Assets. See Form 990, Part X,		
	ription	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line	15.)	
Part X Other Liabilities. See Form 990, Part		
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes		
REFUNDABLE ADVANCES POSTRETIREMENT BENEFIT OBLIGATIONS	2,740,808 4,885,667	
FOSTRETTREMENT BENEFIT OBLIGATIONS	4,883,007	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	7,626,475	

1 Total revenue (Form 990, Part VIII, column (A), line 12)	1	104,650,44
2 Total expenses (Form 990, Part IX, column (A), line 25)	2	101,376,269
3 Excess or (deficit) for the year Subtract line 2 from line 1	3	3,274,17
4 Net unrealized gains (losses) on investments	4	-4,533,099
5 Donated services and use of facilities	5	
6 Investment expenses	6	
7 Prior period adjustments	7	
8 Other (Describe in Part XIV)	8	
9 Total adjustments (net) Add lines 4 - 8	9	-4,533,099
10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-1,258,92
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue	e per Retu	ırn
1 Total revenue, gains, and other support per audited financial statements	1	79,292,178
A mounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains on investments	9	
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIV)	2 2	
e Add lines 2a through 2d	. 2e	-22,717,52
3 Subtract line <b>2e</b> from line <b>1</b>	3	102,009,699
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 2,640,74	12	
b Other (Describe in Part XIV)		
c Add lines 4a and 4b	4c	2,640,74
Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)		104,650,44
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expense	ses per Re	
1 Total expenses and losses per audited financial statements	1	80,551,10
A mounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities		
<b>b</b> Prior year adjustments		
c Other losses		
d Other (Describe in Part XIV) 2d		
e Add lines 2a through 2d	. 2e	(
3 Subtract line 2e from line 1	3	80,551,10
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 2,640,7		
<b>b</b> Other (Describe in Part XIV)	22	
c Add lines 4a and 4b		20,825,164
5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	.   5	101,376,269

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

#### Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

Identifier	Return Reference	Explanation
DESCRIPTION OF HOW ORGANIZATION REPORTS CONSERVATION EASEMENTS	PART II, LINE 9	CONSERVATION EASEMENT(S) ARE NOT REFLECTED IN THE BALANCE SHEET, INCIDENTAL EXPENSES REFERENCED IN SCHEDULE D PART II, LINE 7 FLOW THROUGH ON THE STATEMENT OF ACTIVITIES
	PART III, LINE 1A	THE UNIVERSITY DOES NOT INCLUDE EITHER THE COST OR THE VALUE OF ITS COLLECTIONS ON THE STATEMENT OF FINANCIAL POSITION, NOR DOES IT RECOGNIZE GIFTS OF COLLECTION ITEMS AS REVENUES IN THE STATEMENT OF ACTIVITIES THE PROCEEDS FROM ITEMS DISPOSED OF ARE REPORTED AS INCREASES IN THE APPROPRIATE CLASS OF NET ASSETS IN THE STATEMENT OF ACTIVITIES CONTRIBUTED WORKS OF ART, HISTORICAL TREASURES, AND SIMILAR ASSETS THAT ARE NOT ADDED TO COLLECTIONS ARE REPORTED AS ASSETS HELD FOR SALE ON THE STATEMENTS OF FINANCIAL POSITION AT THEIR FAIR MARKET VALUES AT THE DATE OF THE GIFT
	PART III, LINE 4	THE UNIVERSITY COLLECTS WORKS OF ART, HISTORICAL TREASURES, AND SIMILAR ASSETS WHICH REFLECT THE HISTORY OF THE INSTITUTION AND/OR SUPPORT ITS EDUCATIONAL PURPOSE THE COLLECTIONS ARE MAINTAINED FOR PUBLIC EXHIBITION, EDUCATION AND RESEARCH IN FURTHERANCE OF PUBLIC SERVICE RATHER THAN FOR FINANCIAL GAIN COLLECTIONS ARE PROTECTED, KEPT UNENCUMBERED, CARED FOR, AND PRESERVED AS A MATTER OF POLICY, THE PROCEEDS OF ITEMS IN COLLECTIONS THAT ARE SOLD ARE USED TO ACQUIRE OTHER ITEMS FOR COLLECTIONS
DESCRIPTION OF INTENDED US OF ENDOWMENT FUNDS	E PART V, LINE 4	ENDOWMENT FUNDS ARE HELD IN PERPETUITY AND THE EARNINGS ARE USED FOR PURPOSES DESIGNATED BY DONORS IN GIFT AGREEMENTS THESE PURPOSES INCLUDE, BUT ARE NOT LIMITED TO STUDENT FINANCIAI AID, INTERNSHIPS, FACULTY SUPPORT, FACILITIES, MAINTENANCE, AND OPERATIONS
PART XII, LINE 2D - OTHER ADJUSTMENTS		SCHOLARSHIP EXPENSE NETTED AGAINST TUITION REVENUE ON FINANCIAL STATEMENTS -18,184,422
PART XIII, LINE 4B - OTHER ADJUSTMENTS		SCHOLARSHIP EXPENSE NETTED AGAINST TUITION REVENUE ON FINANCIAL STATEMENTS 18,184,422
		PART X, LINE 2 THE UNIVERSITY ACCOUNTS FOR THE EFFECT OF ANY UNCERTAIN TAX POSITIONS BASED ON A MORE LIKELY THAN NOT THRESHOLD TO THE RECOGNITION OF THE TAX POSITIONS BEING SUSTAINED BASED ON THE TECHNICAL MERITS OF THE POSITION UNDER EXAMINATION BY THE APPLICABLE TAXING AUTHORITY IF A TAX POSITION OR POSITIONS ARE DEEMED TO RESULT IN UNCERTAINTIES OF THOSE POSITIONS, THE UNRECOGNIZED TAX BENEFIT IS ESTIMATED BASED ON A CUMULATIVE PROBABILITY ASSESSMENT THAT AGGREGATES THE ESTIMATED TAX LIABILITY FOR ALL UNCERTAIN TAX POSITIONS TAX POSITIONS FOR THE UNIVERSITY INCLUDE, BUT ARE NOT LIMITED TO, THE TAX EXEMPT STATUS AND DETERMINATION OF WHETHER INCOME IS SUBJECT TO UNRELATED BUSINESS INCOME TAX, HOWEVER, THE UNIVERSITY HAS DETERMINED THAT SUCH TAX POSITIONS DO NOT RESULT IN AN UNCERTAINTY

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As Filed Data -

DLN: 93493123002403

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

**SCHEDULE E** 

(Form 990 or 990-EZ)

▶ 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.

**Schools** 

**Employer identification number** 

Į	ar	ne	of	the	01	rga	nıza	ntior	1
1	ΗE	UN	IVE	RSΠ	Υ	OF	THE	SOU	TH

Н 62-0475697 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II 3 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes 4d Yes d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? Νo 5a **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? Νo 5e f Use of facilities? 5f Νo g Athletic programs? 5g Νo 5h Νo h Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a 6a Does the organization receive any financial aid or assistance from a governmental agency? Yes b Has the organization's right to such aid ever been revoked or suspended? Νo If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05

of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II

Yes

#### 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	SCHEDULE E, PART I, LINE 3	THE UNIVERSITY DRAWS A LARGE PERCENTAGE OF ITS STUDENTS FROM A LARGE GEOGRAPHIC SECTION THE UNIVERSITY FOLLOWS A RACIALLY NONDISCRIMINATORY POLICY AND INCLUDES APPROPRIATE STATEMENTS IN ITS RECRUITING, ADMISSIONS, AND SCHOLARSHIP BROCHURES AND CATALOGUES
EXPLANATION OF GOVERNMENT FINANCIAL ASSISTANCE	SCHEDULE E, PART I, LINE 6	FUNDS FOR FINANCIAL AID TO STUDENTS ARE RECEIVED FROM THE U.S. DEPARTMENT OF EDUCATION FOR COLLEGE WORK STUDY, SUPPLEMENTAL EDUCATION OPPORTUNITY GRANTS, PELL, ACG, AND SMART GRANTS PERKINS LOANS CONTINUE TO BE DISBURSED FROM THE REVOLVING LOAN FUND

Schedule E (Form 990 or 990-EZ) 2011

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DLN: 93493123002403

**Inspection** 

OMB No 1545-0047

Statement of Activities Outside the United States ► Complete if the organization answered "Yes" to Form 990,

Open to Public

Department of the Treasury Internal Revenue Service

to Part I

c Totals (add lines 3a and 3b)

**SCHEDULE F** 

(Form 990)

Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

Employer identification number

J =	UNIVERSITY OF THE SOUTH										
1	ONIVERSITI OF THE SOUTH					62-0475697					
Pa	rt I General Informatio "Yes" to Form 990, Pa			he United States. C			ation answered	_			
	For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?										
	For grantmakers. Describe in Pa United States	e of grant f	unds outside th	e							
	Activites per Region (Use Part	V ıf addıtıonal s	space is needed	)							
	(a) Region	<b>(b)</b> Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	program s	y listed in (d) is a service, describe ific type of sets) in region	(f) Total expenditures for region/investments in region				
	SOUTH ASIA	0	5	PROGRAM SERVICE	INSTRUC	TION	80,2	275			
	EAST ASIA & THE PACIFIC	0	5	PROGRAM SERVICE	INSTRUC	TION	56,4	146			
	EUROPE	1	10	PROGRAM SERVICE	INSTRUC	TION	431,	594			
	CENTRAL AMERICA & THE CARIBBEAN	0	3	PROGRAM SERVICE	INSTRUC	TION	32,7	766			
	SOUTH AMERICA	0	1	PROGRAM SERVICE	INSTRUC	TION	13,0	) 4 5			
	CENTRAL AMERICA & THE CARIBBEAN	0	0	INVESTMENTS			33,137,0	000			
łа	Sub-total	1	24				33,751,	 1 2 f			
	Total from continuation sheets						, ,				

33,751,126

Pai	Part IV,	line 15, for any	sistance to Organ recipient who recesspace is needed.	<b>nizations or Entiti</b> erved more than \$5,	<b>es Outside the Ur</b> ,000. Check this box	<b>nited States.</b> Comp x if no one recipient	plete if the organiza received more thai	tion answered "Yes' n \$5,000	' to Form 990, ▶ 厂
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	( <b>d)</b> Purpose of grant	(e) A mount of cash grant	<b>(f)</b> Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2	Enter total nur tax-exempt by	mber of recipie y the IRS, or fo	ent organizations lis or which the grante	ted above that are e or counsel has pro	recognized as chari ovided a section 50	ties by the foreign of 1(c)(3) equivalency	country, recognized letter	as . •	
3	Enter total nui	mber of other o	organizations or en	tities					(Form 990) 2011

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed. (a) Type of grant or (b) Region (c) Number of (d) A mount of (e) Manner of cash (f) A mount of (g) Description (h) Method of cash grant disbursement non-cash of non-cash valuation assistance recipients (book, FMV, assistance assistance appraisal, other) SCHOLARSHIP CENTRALAMERICA 5 3,100 CREDIT TO STUDENTS' ACCOUNTS RECEIVABLE SCHOLARSHIP SOUTH ASIA 9,150 CREDIT TO STUDENTS' 2 ACCOUNTS RECEIVABLE SCHOLARSHIP EAST ASIA 1 1.000 CREDIT TO STUDENTS' ACCOUNTS RECEIVABLE SCHOLARSHIP 131,399 CREDIT TO STUDENTS' EUROPE 10 ACCOUNTS RECEIVABLE

# Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? <i>If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)</i>	<u>\</u>	Yes	Γ	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	굣	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	Г	Yes	দ	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	<b>▽</b>	Yes	Γ	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	Г	Yes	দ	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	ে	No

Schedule F (Form 990) 2011

Schedule F (Form 990) 2011 Page **5** 

Part V Supplemental Information
Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

ldentifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS OUTSIDE THE U S		SCHEDULE F, PART I, LINE 2 SCHOLARSHIP AWARDS ARE CREDITED TO THE STUDENTS' ACCOUNTS RECEIVABLE AT THE UNIVERSITY OF THE SOUTH CREDIT IS APPLIED DIRECTLY AGAINST TUITION AND FEES CHARGED TO THE STUDENT FOR SUMMER ABROAD PROGRAMS AND ONE SEMESTER ABROAD PROGRAM

Identifier	Return Reference	Explanation
	SCHEDULE F, PART IV, LINE 1	THE UNIVERSITY WAS A DIRECT TRANSFEROR OF CASH TO 6 DIFFERENT FOREIGN CORPORATIONS (INVESTMENTS) DURING THE TAX YEAR & AN INDIRECT TRANSFEROR OF CASH TO 3 DIFFERENT FOREIGN CORPORATIONS DURING THE TAX YEAR AND HAS COMPLETED THE FORM 926

Identifier	Explanation	
	SCHEDULE F, PART IV, LINE 4	THE UNIVERSITY IS AN INVESTOR IN ONE OR MORE "PASSIVE FOREIGN INVESTMENT COMPANIES" ("PFICS") THE UNIVERSITY DID NOT RECEIVE ANY TAXABLE DISTRIBUTIONS FROM ANY OF THE PFICS DURING FISCAL YEAR 2012 FORM 8621 IS NOT BEING FILED PURSUANT TO IRS GUIDANCE SET FORTH IN REG SEC 1 1291-1 (E)

Schedule F (Form 990) 2010

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

DLN: 93493123002403

Inspection

Internal Revenue Service Name of the organization Employer identification number THE UNIVERSITY OF THE SOUTH 62-0475697 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (a) Name and address of **(b)** EIN (c) IRC Code (d) Amount of cash (f) Method of (a) Description of (h) Purpose of grant (e) A mount of nonorganization section grant valuation non-cash assistance or assistance cash ıf applicable (book, FMV, or government assistance appraisal, other) 

Part III	Grants and Other Assistance to Individuals in the United States. C	Complete if the organization	answered "Yes"	to Form 990,	Part IV, line	e 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 - STUDENTS ENROLLED AT THE UNIVERSITY OF THE SOUTH	1175	19,833,838			

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		SCHEDULE I, PART I, LINE 2 MERIT-BASED SCHOLARSHIPS & NEED-BASED SCHOLARSHIPS AWARDED TO ENROLLED STUDENTS ARE CREDITED TO THE STUDENTS' ACCOUNT TO COVER TUITION & FEES GRADE REPORTS ARE GENERATED FOR EACH TERM & EACH INDIVIDUAL STUDENT IS REVIEWED TO INSURE THEY ARE MAKING SATISFACTORY ACADEMIC PROGRESS TO MAINTAIN THEIR GRANT/SCHOLARSHIP FUNDING NOTIFICATIONS ARE SENT BY THE DEAN OF THE COLLEGE TO ALERT DEPARTMENTS OF WITHDRAWALS ALSO, FINANCIAL AID RUNS ENROLLMENT REPORTS EACH TERM TO CHECK THE NUMBER OF CREDIT HRS FOR EACH STUDENT OUR THIRD PARTY SOFTWARE IS ALSO CODED TO PREVENT THE CREDIT OF FUNDS TO A STUDENT WITHOUT ENROLLED HRS

**Compensation Information** 

DLN: 93493123002403

OMB No 1545-0047

**Schedule J** (Form 990)

Internal Revenue Service

Department of the Treasury

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

Name of the organization **Employer identification number** THE UNIVERSITY OF THE SOUTH 62-0475697 Part I Questions Pegarding Compensation

	Questions Regarding compensation			V	NI -
1a	Check the approprate box(es) if the organization provided any of 990, Part VII, Section A, line 1a Complete Part III to provide a			Yes	No
	First-class or charter travel	ISING allowance or residence for personal use			
		ments for business use of personal residence			
	☐ Tax idemnification and gross-up payments ☐ Hea	alth or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Per	sonal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization for reimbursement orprovision of all the expenses described above?		1b	Yes	
2	Did the organization require substantiation prior to reimbursing officers, directors, trustees, and the CEO/Executive Director, re		2	Yes	
3	Indicate which, if any, of the following the organization uses to exorganization's CEO/Executive Director Check all that apply	·			
		tten employment contract			
		mpensation survey or study			
	Form 990 of other organizations	proval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Secondary a related organization	ction A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control payment?		4a		No
b	Participate in, or receive payment from, a supplemental nonqual	fied retirement plan?	4b	Yes	
C	Participate in, or receive payment from, an equity-based compe	nsation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the ap	plicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete	lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did to compensation contingent on the revenues of				
а	The organization?		5a		No
b	Any related organization?		5b		No
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A, line 1a, did compensation contingent on the net earnings of	the organization pay or accrue any			
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, line 1a, did payments not described in lines 5 and 6? If "Yes," describe in P		7		No
8	Were any amounts reported in Form 990, Part VII, paid or accur subject to the initial contract exception described in Regs secti in Part III		8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable section 53 $4958\text{-}6(c)^2$	presumption procedure described in Regulations	9		

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

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

Note. The sum of columns (B)(I)-(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

	(-)	f W-2 and/or 1099-MI	3C compensation ,	(C) Retirement and		(E) Total of columns	<b>(F)</b> Compensation
	(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(I) (II)	489,489 0	0	16,896 0	36,750 0	37,647 0	7 580,782 0 0	C (
(I) (II)	177,168 0	0	762	17,604	1,053	196,587	C
(I) (II)	172,596 0	0	762	17,957	7,262 0	198,577	C
(I) (II)	161,061 0	0	'l'l	16,862	80,594	258,655	C
(I) (II)	161,055 0		138	16,862	34,795	212,850	C
(I) (II)	158,311 0	0	258	16,000	4,163 0	3 178,732 0	C (
(I) (II)	149,361 0	0	/	15,403	9,462	174,484	C
(I) (II)	122,515	0	792	30,715	11,024	165,046	C
(I) (II)	214,338 0	0 0	762	33,197	7,862	2 256,159	C
(I) (II)	173,837 0	0	396	26,515	7,862	208,610	C
(I) (II)	151,502 0	0	1,071	23,838	10,425	186,836	(
(I) (II)	171,612 0	0	252	14,021	. 1,511	187,396	(
(I) (II)	143,555 0	0	568	22,141	. 7,200 0	173,464	
<u> </u>		<del></del>				<u> </u>	
<u></u> ——'	<u> </u>	<b></b> '	<u> </u>	<u> </u>			<u> </u>
	(II) (II) (II) (II) (II) (II) (II) (II)	(i) 489,489 (ii) 0  (i) 177,168 (ii) 0  (i) 172,596 (ii) 0  (i) 161,061 (ii) 161,055 (ii) 0  (i) 158,311 (ii) 0  (i) 149,361 (ii) 0  (i) 122,515 (ii) 0  (i) 214,338 (ii) 0  (i) 173,837 (ii) 0  (i) 151,502 (ii) 0  (i) 171,612 (ii) 0	compensation         interlitive compensation           (i)         489,489         0           (i)         177,168         0           (ii)         0         0           (ii)         172,596         0           (iii)         0         0           (i)         161,061         0           (ii)         161,055         0           (iii)         0         0           (i)         158,311         0           (ii)         149,361         0           (iii)         0         0           (i)         122,515         0           (ii)         214,338         0           (iii)         0         0           (i)         173,837         0           (ii)         0         0           (iii)         0         0           (iii)         0         0           (ii)         0         0           (iii)         0         0	Compensation   Comp	Compensation   Comp	Compensation   Comp	Compensation   Comp

#### 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
 	1A ,	THE UNIVERSITY REQUIRES THE VICE-CHANCELLOR TO OCCUPY THE ON-CAMPUS RESIDENCE PROVIDED FOR HIM CERTAIN SERVICES ARE PROVIDED WITH THE RESIDENCE SUCH AS A CUSTODIAN THE PORTION OF THE STRUCTURE ALLOCABLE TO THE PERSONAL LIVING QUARTERS AND THE RELATED SERVICES FOR SUCH QUARTERS ARE INCLUDED IN HIS NON-TAXABLE BENEFITS REPORTED ON SCHEDULE J PART II, COLUMN (D)

Schedule J (Form 990) 2011

Schedule K (Form 990)

**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.

OMB No 1545-0047

DLN: 93493123002403

2011

Open to Public Inspection

Internal Revenue Service
Name of the organization

Department of the Treasury

THE UNIVERSITY OF THE SOUTH

Employer identification number

THE	HE UNIVERSITY OF THE SOUTH										62-0475697					
Р	art I Bond Issues					_										
	(a) Issuer Name	(b) Issuer EIN	<b>(c)</b> CUSIP #	(d) Date Issued	(e) Issue Price	(f)	(f) Description of Purpose		(g) Defeased		( <b>h)</b> On sed Behalf of Issuer		financing			
									Yes	No	Yes	No	Yes	No		
A	FRANKLIN CO HEALTH&EDU FACILITIES BOARD	52-1282324	0353325S1	12-01-2005	13,200,000	ACADE	MIC BLDG&	OORM RENOV		×		х		х		
В	FRANKLIN CO HEALTH&EDU FACILITIES BOARD	52-1282324	NONEAVAIL	07-01-2009	14,400,000	BOND REDEMI	BOND REDEMPT/ACADBLDG REN			Х		Х		Х		
Pa	art III Proceeds					-										
					Α		ı	3		С		D				
1	A mount of bonds retired															
	A mount of bonds defeased															
3	Total proceeds of issue				13,	,200,000		14,400,000								
4	Gross proceeds in reserve fur															
5	Capitalized interest from proc															
6	Proceeds in refunding escrow															
7	Issuance costs from proceed:  Credit enhancement from proc					87,167 46,887										
8	Working capital expenditures															
9	Capital expenditures from pro	<u> </u>														
10	Other spent proceeds				13,	,200,000		14,400,000								
11	Other unspent proceeds															
12	Year of substantial completio	n			2000		2.0	10								
13	Tear or substantial completio				2008 <b>Yes</b>	No	20 <b>Yes</b>	No No	Yes	ı	No	Yes	ı	No		
14	Were the bonds issued as par	t of a current refun	ıdıng issue?		163	X	X	140	1 63		110	1 63		140		
15	·					X		X		+			$\dashv$			
					×	^		^					-			
							Х			$\perp$		-				
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?						Х									
Pa	rt IIII Private Business U	Jse						'		•						
					Yes			3		C			D			
						No	Yes	No	Yes	$\perp$	No	Yes	$\perp$	No		

property financed by tax-exempt bonds?

financed property?

Was the organization a partner in a partnership, or a member of an LLC, which owned

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

Χ

Χ

Χ

Total of lines 4 and 5

7

Par	t IIII Private Business Use (Continued)								•
		Α			В	С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
За	Are there any management or service contracts that may result in private business use?		х		х				
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 use of bond-financed property?		х		х				
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0 %		0 %		•		
5	Enter the percentage of financed property used in a private business use as a result of		0.0/		0.0/				

Χ

0 %

# Part IV Arbitrage A B C Yes No Yes No Yes No 1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?

		X		×			
2	Is the bond issue a variable rate issue?		Х	Х			
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		x		Х		
ь	Name of provider						
С	Term of hedge						
d	Was the hedge superintegrated?						
e	Was a hedge terminated?						
4a	Were gross proceeds invested in a GIC?	Х			Х		
ь	Name of provider	TRANSAMERICA OCCIDENTAL					
С	Term of GIC	1 70000000000					
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	×					

# Part V Procedures To Undertake Corrective Action

Did the bond issue qualify for an exception to rebate?

Were any gross proceeds invested beyond an available temporary

501(c)(3) organization, or a state or local government

post-issuance compliance of its tax-exempt bond liabilities?

Has the organization adopted management practices and procedures to ensure the

Χ

Χ

Χ

Χ

#### Part VI Supplemental Information

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

Identifier Return Reference Explanation

Yes

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

DLN: 93493123002403

OMB No 1545-0047

Open to Public Inspection

#### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **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.

Name of the organization

**Employer identification number** 

THE UNIVERSITY OF THE SOUTH						6	2-04756	97		
Part I Excess Benefit Tran Complete if the organizat									ne 40h	
			103 0111 01111 330,1					r ure v , ii		(c)
1 (a) Name of disqu	ualified	person		<b>(b)</b> Desc	ription	of trans	action		Yes	rected?
										1.10
2 Enter the amount of tax Impos	ed on th	oe organ		disqualified person	one dur	ing the v	vear unde	r		
section 4958		• •	· · · · ·	· · · · ·	• •		•	;		
3 Enter the amount of tax, if any	, on line	2, abov	e, reimbursed by the	e organization .			•	* <u> </u>		
Part III Loans to and/or I										
Complete if the organiz			"Yes" on Form 990	, Part IV , line 26	, or Fori	m 990-E	Z, Part V (f)		a	
(a) Name of interested person and	1 ' '	oan to m the	(c)O riginal	(d)Balance due	(e)		Appro	ved	(g)Writ	
purpose	organı	zatıon?	principal amount		default?		by board or committee?		agreement?	
(1) JERRY FORSTER-EMPLOYEE	То	From			Yes	No	Yes	No	Yes	No
EDUCATION		Х	28,061	14,032		No	Yes		Yes	
(2) JERRY FORSTER-FAMILY EDUCATION		X	26,000	13,857		No	Yes		Yes	
(3) JETT FISHER-FAMILY EDUCATION		V	24.264	2.404		N.o.	Vaa		Yes	
(4) PAUL WILEY-EMPLOYEE		X	24,264	8,494		No	Yes		res	
EDUCATION (5) PAUL WILEY-FAMILY	<u> </u>	X	35,000	24,500		No	Yes		Yes	
EDUCATION		Х	12,000	8,500		No	Yes		Yes	
Total			<u> </u> ▶ \$	69,383						
Part IIII Grants or Assistar	ice Be	nefitti								
Complete If the orga	nızatıc					27.				
(a) Name of interested pers	on	(6	Relationship betwe) and the org		son	<b>(c)</b> A m	ount of g	rant or ty	pe of assi	stance
(1)										34,358
(2)										
					$\dashv$					29,000

Complete if the organization			ne 28a, 28b, or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
	organization			Yes	No

### Part V Supplemental Information

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

Identifier	Return Reference	Explanation
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Schedule L (Form 990 or 990-EZ) 2011

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

DLN: 93493123002403

OMB No 1545-0047

Inspection

Open to Public

**SCHEDULE M** (Form 990)

Department of the Treasury

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

**NonCash Contributions** 

Internal Revenue Service Name of the organization THE UNIVERSITY OF THE SOUTH

**Employer identification number** 

62-0475697

	Types of Property			T				
		(a) Check If applicable	<b>(b)</b> Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line	<b>(d)</b> Method of de contribution	termi	_	
				, 1g				
1	Art—Works of art	Х	1	0	N/A			
2	Art—Historical treasures .	Х	3	8,200	APPRAISAL			
3	Art—Fractional interests							
4	Books and publications	Х		0	N/A			
5	Clothing and household goods							
6	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	Х	67	583,070	QUOTED STOCK PI	RICES	;	
	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential	X	1	400 000	APPRAISAL			
	Real estate—Commercial		_	100/000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	Real estate—Other	X	2	2.720.000	APPRAISAL & INV	DICE		
	Collectibles	X	1		N/A			
	Food inventory				,			
	Drugs and medical supplies .							
	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other►( <u>HORSES</u> )	Х	2	0	N/A			
26	Other►( <u>MISC F&amp;E</u> )	Х	3	0	N/A			
	Other ► ( EQUIPMENT )	Х	1	20,000	INVOICE			
28	O ther ▶ ()							
29	Number of Forms 8283 received for which the organization compl				29			3
20	D.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		- h.,huhuh.,b	outer and an extending the set T. I.	1 20 16-1 1		Yes	No
<b>5</b> ∪a	During the year, did the organiza							
	must hold for at least three year			on, and which is not require	d to be used			
	for exempt purposes for the enti					30a		No
	If "Yes," describe the arrangem					21	Vac	
31	Does the organization have a gif					31	Yes	
32a	Does the organization hire or us contributions?	e third part • • •	les or related organizations	to solicit, process, or sell	non-cash	32a		No
ь	If "Yes," describe in Part II							
33	If the organization did not report describe in Part II	revenues i	n 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
NON REPORTING OF REVENUE	, , , , , , , , , , , , , , , , , , , ,	REVENUES ARE NOT RECOGNIZED FOR NON-CASH CONTRIBUTIONS (GIFTS-IN-KIND) WHEN THE RELATED ASSET IS NOT RECOGNIZED ON THE BALANCE SHEET

Schedule M (Form 990) 2011

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493123002403

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

2011

Open to Public

Inspection

Name of the organization THE UNIVERSITY OF THE SOUTH	Employer identifi	cation number
	62-0475697	

ldentifier	Return Reference	Explanation
ORGANIZATION MISSION STATEMENT	FORM 990, PART I & III, LINE 1	THE UNIVERSITY OF THE SOUTH IS AN INSTITUTION OF THE EPISCOPAL CHURCH DEDICATED TO THE PURSUIT OF KNOWLEDGE, UNDERSTANDING, AND WISDOM IN CLOSE COMMUNITY AND IN FULL FREEDOM OF INQUIRY, AND ENLIGHTENED BY CHRISTIAN FAITH IN THE ANGLICAN TRADITION, WELCOMING INDIVIDUALS FROM ALL BACKGROUNDS, TO THE END THAT STUDENTS BE PREPARED TO SEARCH FOR TRUTH, SEEK JUSTICE, PRESERVE LIBERTY UNDER LAW, AND SERVE GOD AND HUMANITY THE COLLEGE OF ARTS AND SCIENCES IS COMMITTED TO THE DEVELOPMENT OF THE WHOLE PERSON THROUGH A LIBERAL ARTS EDUCATION OF THE HIGHEST QUALITY THE SCHOOL OF THEOLOGY EDUCATES WOMEN AND MEN TO SERVE THE BROAD WHOLE OF THE EPISCOPAL CHURCH IN ORDAINED AND LAY VOCATIONS

ldentifier	Return Reference	Explanation
PROGRAM SERVICE STATEMENT	FORM 990, PART III, LINE 4A	INSTRUCTION - THE COLLEGE OF ARTS AND SCIENCES OFFERS A CHALLENGING AND STIMULATING PROGRAM IN THE LIBERAL ARTS WITH AN EMPHASIS ON MASTERY OF FUNDAMENTAL DISCIPLINES DEGREE REQUIREMENTS ARE REGORDS AND ASTON ON MASTERY OF FUNDAMENTAL DISCIPLINES DEGREE REQUIREMENTS ARE REGORDS AND ASTON ON MASTERY OF FUNDAMENTAL DISCIPLINES OF SERVICE AND SCIENCES IS AIMED AT DEVELOPING THE INTELLECT AND CHARACTER OF ITS STUDENTS OF REPARE THEM FOR LIVES OF SERVICE AND LEADERSHIP A STUDENT AT SEWANDE IS EXPECTED TO GROW AND MATURE AS A HUMAN BEING, CAPABLE OF RATIONAL ANALYSIS AND MORAL DISCERNMENT AND ABLE TO GIVE EFFECTIVE EXPRESSION TO HIS OR HER IDEAS THE HIGH EXPECTATIONS PLACED ON STUDENTS ARE BALANCED WITH THE FACULTY'S COMMITMENT TO PERSONAL ATTENTION AND ENCOURAGEMENT REGARDLESS OF MAJOR, SEWANEE STUDENTS OF THE ABILITY TO RESEARCH, ANALYZE, SOLVE PROBLEMS, AND EXPRESS THEMSELVES ONCE DESCRIBED BY THE NEW YORK TIMES AS A "BIT OF OXFORD IN TENNESSEE," SEWANEE HAS AN IMPRESSIVE RECORD OF A CADEMIC ACHIEVEMENT OFFERING 36 MAJORS, 32 MINORS, AND A NUMBER OF SPECIAL EDUCATIONAL OPPORTUNITIES, THE COLLEGE REPEARES ITS STUDENTS FOR CARBERS IN MANY FIELDS, INTERDISCIPLINARY STUDY, DOUBLE MAJORS, MINORS, AND CONCENTRATIONS ALLOW STUDENTS TO TALLOR THEIR OWN A CADEMIC EXPERIENCE THE UNIVERSITY ALSO OFFERS A 32 BIGINERING PROGRAM WITH SEVERAL UNIVERSITYS, A 32 MASTER'S LEVEL, FORESTRY AND ENVIRONMENTAL STUDIES PROGRAM WITH SEVERAL UNIVERSITY, A PRE-BUSINESS AND BUSINESS MINOR PROGRAM, AND A TEACHER. TRAINING AGREEMENT WITH PEABODY COLLEGE OF EDUCATION AT VANDERBILT UNIVERSITY THE UNIVERSITY HAS AN EXCEPTIONALLY STRONG LITERARY TRADITION, WITH THE NATIONS OLDEST CONTINUOUSLY PUBLISHED HER PROGRAMS AROUND THE SUPPORTED THROUGH AN BIDDOWNENT ESTABLISHED BY PLAYWRIGHT TENNESSE WILLIAMS THE UNIVERSITY THE UNIVERSITY HAS AN EXCEPTIONALLY STRONG LITERARY TRADITION, WITH THE NATIONS OLDEST CONTINUOUSLY PROBLEMED TO THOSE SCHOLARS, FIVE OF WHOM RETURNED TO TEACH AT THE NATIONS OLDEST CONTINUOUSLY PROBLEMED TO THOSE SCHOLARS FIVE OF BROWN

ldentifier	Return Reference	Explanation
PROGRAM SERVICE STATEMENT	FORM 990, PART III, LINE 4B	STUDENT SERVICES - UNDERGRADUATE STUDENTS AT SEWANEE ARE INDEPENDENT-MINDED AND HIGH ACHIEVING, ATTRACTED TO THE UNIVERSITY BY THE PROSPECT OF INTENSE INTELLECTUAL ENGAGEMENT WITH FACULTY AND PEERS AND THE OPPORTUNITY TO MAKE MEANINGFUL CONTRIBUTIONS TO THE COMMUNITY AND THE BROADER WORLD TO THOSE BIDS, A WIDE RANGE OF CO-CURRICULAR ACTIVITIES ARE AVAILABLE TO DEVELOP LEADERSHIP MORE THAN 100 CLUBS, ORGANIZATIONS, AND SOCIAL GROUPS PROVIDE INTERACTION AMONG THE MEMBERS OF THE UNIVERSITY AND THE SEWANEE COMMUNITY ABOUT 60 PERCENT OF THE STUDENT BODY JOINS FRATERNITIES OR SORORITIES MORE THAN HALF OF SEWANEE STUDENTS ARE ACTIVE IN SOME TYPE OF COMMUNITY SERVICE, AND STUDENTS SERVE ON THE SEWANEE VOLUNTEER FIRE DEPARTMENT AND THE SEWANEE EMERGENCY MEDICAL SERVICE SQUADS SERVICE IS AN IMPORTANT PART OF MANY STUDENTS 'EXPERIENCE AT SEWANEE. THERE ARE NEARLY TWO DOZEN SERVICE ORGANIZATIONS ON CAMPUS, ALL STUDENT-LED EACH YEAR, MORE THAN 100 STUDENTS USE THEIR SPRING BREAK TO SERVE OTHERS IN PLACES SUCH AS HAITI, JAMMICA, ECUADOR, MIAMI, NEW YORK CITY, AND NEW ORLEANS THE UNIVERSITY'S VERSION OF HABITAT FOR HUMANITY, KNOWN AS HOUSING SEWANEE, IS NOW IN ITS 19TH YEAR AND HAS COMPLETED MORE THAN 15 HOUSES FOR RESIDENTS IN SEWANEE AND FRANKLIN COUNTY. THE UNIVERSITY HAS 11 MENS, 12 WOMEN'S, AND 1 COED VARSITY SPORTS, INCLUDING FOOTBALL, MENS AND WOMEN'S LACROSSE, AND THE EQUESTRIAN PROGRAM MORE THAN HALF OF THE UNDERGRADUATES PARTICIPATE IN INTRAMURAL SPORTS INCLUDING INDOOR SOCCER AND BASKETBALL NUMBEROUS CLUB LEVEL SPORTS, INCLUDING A VERY POPULAR ROWING PROGRAM AND RUGBY, HAVE MET WITH SUCCESS IN COMPETITION WITH OTHER INSTITUTIONS. THE SEWANEE OUTING PROGRAM WAS FOUNDED TO GIVE STUDENTS GUIDED PARTICIPATION IN OUTDOOR ACTIVITIES BOTH ON AND OFF THE DOMAIN, INCLUDING ROCK CLIMBING, RAPPELLING, MOUNTAIN BIKING, CANOEING, AND KAYAKING ITS OFFERS STUDENTS. THE CHANCE TO EXPLORE THE OUTDOOR ENVIRONMENT OF THE DOMAIN AND TO DEVELOP AS OUTDOOR TRIP LEADERS.

Identifier Return Reference	Explanation
PROGRAM SERVICE STATEMENT  FORM 990, PART III, LINE 4C	HOUSING AND AUXILIARY SERVICES - SUPPORT SERVICES FOR STUDENTS, FACULTY AND STAFF ARE DESIGNED AND OPERATED TO COMPLEMENT AND STRENGTHEN THE INSTRUCTIONAL PROGRAMS OF THE UNIVERSITY ALL UNDERGRADUATE STUDENTS, EXCEPT MARRIED STUDENTS AND THOSE LIVING AT HOME WITH THEIR FAMILIES, LIVE IN UNIVERSITY - APPROVED HOUSING, PRIMARILY COLLEGE RESIDENCE HALLS IN KEEPING WITH THE PHILOSOPHY OF BUILDING COMMUNITY AMONG THE STUDENT BODY, STUDENTS ARE NOT ASSIGNED TO RESIDENCE HALLS ACCORDING TO CLASS, FRATERNITY OR SORORITY AFFILIATION, ATHLETICS, OR ACADEMIC DEPARTMENT STUDENTS CHOOSE FROM AMONG COED OR SINGLE-SEX HALLS, SUBSTANCE-FREE HOUSING IS THE CHOICE AMONG A STEADY NUMBER OF STUDENTS THERE ARE SEVERAL FOREIGN LANGUAGE HOUSES, AND A "GREEN HOUSE," WHERE STUDENTS LIVE IN AN INTENTIONAL COMMUNITY FOCUSED ON SUSTAINABLE LIVING THEMATIC RESIDENTIAL CHOICES WITHIN RESIDENCE HALLS INCLUDE SPACES FOR STUDENTS INTERESTED IN ENVIRONMENTAL POLICY, COMMUNITY SERVICE AND OTHER ACTIVITIES LIVING LEARNING COMMUNITIES ARE THEME-BASED RESIDENCE HALLS WHERE FIRST-YEAR STUDENTS EXPERIENCE CO-CURRICULAR AND SOCIAL OPPORTUNITIES THAT COMPLEMENT THE CLASSROOM EXPERIENCE PARTICIPATION, WHICH IS VOLUNTARY, CONNECTS STUDENTS AND FACULTY ADVISORS IN AREAS OF THEIR INTELLECTUAL INTERESTS AND ENGAGES STUDENTS IN MEANINGFUL RELATIONSHIPS AND EXPERIENCES RESEARCH INDICATES THAT THE LIVING-LEARNING COMMUNITIES ARE HAVING A SALUTARY EFFECT ON RETENTION, ACADEMIC PERFORMANCE, AND STUDENT CONDUCT A SOPHISTICATED AND COMPREHENSIVE DINING SERVICE OPTION ENSURES THAT AN ARRAY OF HEALTHY FOOD CHOICES IS AVAILABLE TO STUDENTS SOME FOOD ITEMS ARE PRODUCED BY LOCAL GROWERS, FOOD WASTE IS COMPOSTED, AND CARE IS TAKEN TO EXERCISE SOCIAL RESPONSIBILITY IN THE PURCHASE OF FOOD AND IN THE CONSUMPTION OF ENERGY NEEDED TO PREPARE IT AND TO WASH UTENSILS AND DISHWARE

Identifier	Return Reference	Explanation
	FORM 990, PART III, LINE 4D	RESEARCH - WHILE OUTSTANDING TEACHING IS THE PRIMARY FOCUS OF THE FACULTY'S WORK WITH BOTH UNDERGRADUATE AND GRADUATE STUDENTS, THE COMPLEMENTARY NATURE OF RESEARCH THAT INFORMS INSTRUCTION AND CREATES INVENTIONE OF INSTRUCTION AND CREATES INVENTIONES IS INTEGRAL TO THE FACULTY'S SCHOLARLY LIFE AT THE UNIVERSITY EACH YEAR AN IMPRESSIVE ARRAY OF SCHOLARLY WORK IS PRODUCED BY THE FACULTY, SUPPORTED BY A PROGRAM OF SABBATCAL LEAVE FOR JUNIOR AND SENIOR FACULTY ALIKE IN 2011-12, SUPPORTED BY A PROGRAM OF SABBATCAL LEAVE FOR JUNIOR AND SENIOR FACULTY ALIKE IN 2011-12, SUPPORTED BY A PROGRAM OF SABBATCAL LEAVE FOR JUNIOR AND SENIOR FACULTY ALIKE IN 2011-12, SUPPORTED BY A PROGRAM OF SABBATCAL LEAVE FOR JUNIOR AND SENIOR FACULTY ALIKE IN 2011-12, SUPPORTING PROGRAM OF THE FACULTY. SENIOR SUPPORTING AND THE PAYSICAL ENVIRONMENTAL, AND LIFE SCIPCLING SEGMENT AND FACULTY ACROSS THE DESCRUMES INVOLVE STUDENTS IN THEIR RESEARCH WHILE ALSO CREATING OPPORTUNITIES FOR STUDENTS TO CONDUCT ORIGINAL RESEARCH OF THE OWN DEATH OWN DEATH THE SENDERCH WHICH PROMOTES CLOSE FACULTY -STUDENT INTERACTION IN RESEARCH AND ALSO COORDINATES ACCESS TO THESE OPPORTUNITIES OPERATION AND INTERACTION IN RESEARCH AND ALSO COORDINATES ACCESS TO THESE OPPORTUNITIES OPERATION AND MANTENANCE OF PLANT - THE UNIVERSITY OWNS AND MANTENANCE OF THE SECONDARY HAVE WIRED SOME THAN TOO BUILDINGS WITH A TOTAL OF AUMOST 15 MILLONS OUT THE SEARCE RESIDENCE HALLS, INCLUDING SEVERAL FOREIGN LANGUAGE HOUSE, A COMMUNITY POCUSED ON SUSTAINABLE LIVING AND ACRES TO THE SECONDARY TO THE CONTROL OF THE ACCESS AND RESIDENCE HALLS, INCLUDING SEVERAL FOREIGN LANGUAGE HOUSE, AND COMMUNITY POCUSED ON SUSTAINABLE LIVING AND ADDITIONAL THE PLANT OF THE PL

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7B	THE BOARD OF TRUSTEES HAS DESIGNATED THE BOARD OF REGENTS AS THE EXECUTIVE BODY OF THE UNIVERSITY THE BOARD OF REGENTS IS VESTED WITH ALL THE POWERS AND AUTHORITY GRANTED IN THE UNIVERSITY'S CHARTER, EXCEPT SUCH POWERS EXPRESSLY RESERVED BY THE BOARD OF TRUSTEES

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE AUDIT COMMITTEE OF THE BOARD OF REGENTS REVIEWS THE 990 IN DETAIL THE COMMITTEE THEN PROVIDES THE BOARD OF REGENTS COPIES FOR CONSIDERATION BEFORE FILING

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	IN ACCORDANCE WITH THE UNIVERSITY'S CONFLICT OF INTEREST POLICY, THE POLICY AND CONFLICT DISCLOSURE FORMS SHALL BE CIRCULATED ANNUALLY BY MEMBERS OF THE EXECUTIVE OFFICES STAFF TO TRUSTEES, REGENTS, OFFICERS, AND OTHERS DESIGNATED BY THE VICE CHANCELLOR THE COMPLETED DISCLOSURE FORMS SHALL BE REVIEWED BY LEGAL COUNSEL OR HER/HIS DESIGNEE FOR THE PURPOSES OF MONITORING COMPLIANCE WITH THE POLICY AND DETERMINING WHAT ACTION, IF ANY, IS NEEDED REGARDING DISCLOSED CONFLICTS

Identifier	Return Reference	Explanation
	· '	THE EXECUTIVE COMMITTEE OF THE BOARD OF REGENTS REVIEWS POLICIES AND PRACTICES FOR EXECUTIVE COMPENSATION TO ENSURE THEY ARE GENERALLY CONSISTENT WITH SURVEY DATA FROM COMPARABLE INSTITUTIONS FOR COMPARABLE POSITIONS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST GOVERNING DOCUMENTS ARE ALSO AVAILABLE AT HTTP://ABOUT SEWANEE.EDU/TRUSTEES/DOCUMENTS

ldentifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -4,533,099

## **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 62-0475697

Name: THE UNIVERSITY OF THE SOUTH

#### Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program	services				
(Code	) (Expenses \$	4,463,084	including grants of \$	0)(Revenue\$	379,744 )

Compensated Employees, and Independent Contractors											
<b>(A)</b> Name and Title	(B) (C) A verage Position (check all that apply) per that apply)							( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation	
	week	Individual trustae 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	
JOHN MCKEE SLOAN BOARD MEMBER	2 00	Х						0	0	0	
SUSAN SLOAN BOARD MEMBER	2 00	Х						0	0	0	
W CHARLES MAYER III BOARD MEMBER	2 00	Х						0	0	0	
CORNELIA HEFLIN BOARD MEMBER	2 00	Х						0	0	0	
LARRY R BENEFIELD BOARD MEMBER	2 00	Х						0	0	0	
KENNETH T PARKS BOARD MEMBER	2 00	Х						0	0	0	
ELLEN GRAY BOARD MEMBER	2 00	Х						0	0	0	
PAN ADAMS-MCCASLIN BOARD MEMBER	2 00	Х						0	0	0	
J NEIL ALEXANDER CHANCELLOR	2 00	Х						0	0	0	
SHARON L HIERS BOARD MEMBER	2 00	Х						0	0	0	
STEVE BURNETT BOARD MEMBER	2 00	Х						0	0	0	
JOHN FORD BOARD MEMBER	2 00	Х						0	0	0	
GREGORY O BREWER BOARD MEMBER	2 00	Х						0	0	0	
STEPHEN CLIFTON BOARD MEMBER	2 00	Х						0	0	0	
PARKER BAUER BOARD MEMBER	2 00	Х						0	0	0	
FRANK B GUMMEY III BOARD MEMBER	2 00	Х						0	0	0	
PHILIP M DUNCAN II BOARD MEMBER	2 00	Х						0	0	0	
JOHN H RIGGIN BOARD MEMBER	2 00	Х						0	0	0	
ERIC STEVENSON BOARD MEMBER	2 00	Х						0	0	0	
AMY HAMILTON BOARD MEMBER	2 00	Х						0	0	0	
JAMES M STANTON BOARD MEMBER	2 00	Х						0	0	0	
PAUL E LAMBERT BOARD MEMBER	2 00	Х						0	0	0	
ROBERT M CORLEY BOARD MEMBER	2 00	Х						0	0	0	
HARRIET HAHN COUSINS BOARD MEMBER	2 00	Х						0	0	0	
ORRIN HARRISON III BOARD MEMBER	2 00	Х						0	0	0	

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours per		tion ( that a		/)			(D) Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> 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	
		ustee	frustee		,66	ensated					
CLIFTON DANIEL III BOARD MEMBER	2 00	Х						0	0	0	
ROBERT ALVES BOARD MEMBER	2 00	X						0	0	0	
J THOMAS SUTTON BOARD MEMBER	2 00	Х						0	0	0	
DANIEL STROUD BOARD MEMBER	2 00	Х						0	0	0	
GEORGE D YOUNG III BOARD MEMBER	2 00	Х						0	0	0	
TAYLOR DINSMORE BOARD MEMBER	2 00	Х						0	0	0	
CHRIS CONE BOARD MEMBER	2 00	Х						0	0	0	
LEE PHILLIPS BOARD MEMBER	2 00	Х						0	0	0	
SAMUEL JOHNSON HOWARD BOARD MEMBER	2 00	Х						0	0	0	
NANCEE MARTIN COFFEY BOARD MEMBER	2 00	Х						0	0	0	
BLUCHER B LINES BOARD MEMBER	2 00	Х						0	0	0	
PAMELA JORDAN ANDERSON BOARD MEMBER	2 00	Х						0	0	0	
C WALLIS OHL BOARD MEMBER	2 00	Х						0	0	0	
JOHN STANLEY BOARD MEMBER	2 00	Х						0	0	0	
CATHERINE WEHLBURG BOARD MEMBER	2 00	Х						0	0	0	
SHERRI GLASER BOARD MEMBER	2 00	Х						0	0	0	
SCOTT A BENHASE BOARD MEMBER	2 00	Х						0	0	0	
ROBERT FAIN BOARD MEMBER	2 00	X						0	0	0	
WILLIAM R BRUCE BOARD MEMBER	2 00	X						0	0	0	
DEBORAH THOMAS BOARD MEMBER	2 00	X						0	0	0	
TERRY ALLEN WHITE BOARD MEMBER	2 00	Х						0	0	0	
MARK BOURLAKAS BOARD MEMBER	2 00	Х						0	0	0	
JAMES MCGINLEY MAC JEFFERSON BOARD MEMBER	2 00	Х						0	0	0	
LESLIE NEWMAN BOARD MEMBER	2 00	Х						0	0	0	
CHILTON R KNUDSEN BOARD MEMBER	2 00	Х						0	0	0	

Compensated Employees, and Independent Contractors											
<b>(A)</b> Name and Title	(B) Average hours per		tion ( that a		/)			(D) Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation	
	week	Individual trustee or director	Institutional Trustee	Office	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations	
		trustee '	l Trustee	뒤	0)66	pensated	약				
MICHAEL CARLISLE BOARD MEMBER	2 00	Х						0	0	0	
ADDISON HOSEA BOARD MEMBER	2 00	Х						0	0	0	
ROBERT ROSS BOARD MEMBER	2 00	Х						0	0	0	
MORRIS K THOMPSON JR BOARD MEMBER	2 00	Х						0	0	0	
RALPH HOWE JR BOARD MEMBER	2 00	Х						0	0	0	
GINA JENKINS BOARD MEMBER	2 00	Х						0	0	0	
DREW BROACH BOARD MEMBER	2 00	Х						0	0	0	
DUNCAN M GRAY III BOARD MEMBER	2 00	Х						0	0	0	
DAVID ELLIOTT III BOARD MEMBER	2 00	Х						0	0	0	
SCOTT DAVIS BOARD MEMBER	2 00	Х						0	0	0	
MARGARET MCLARTY BOARD MEMBER	2 00	Х						0	0	0	
GEORGE WAYNE SMITH BOARD MEMBER	2 00	Х						0	0	0	
LLEWELLYN M HEIGHAM JR BOARD MEMBER	2 00	Х						0	0	0	
JUDITH LYNN BANDY STUPP BOARD MEMBER	2 00	Х						0	0	0	
JACK LAULESS BOARD MEMBER	2 00	Х						0	0	0	
MICHAEL BRUCE CURRY BOARD MEMBER	2 00	Х						0	0	0	
DAVID JENNINGS FRAZELLE BOARD MEMBER	2 00	Х						0	0	0	
ANN WINDON CRAVER BOARD MEMBER	2 00	Х						0	0	0	
JONATHAN ENGRAM BOARD MEMBER	2 00	Х						0	0	0	
J SCOTT MAYER BOARD MEMBER	2 00	Х						0	0	0	
PATRICIA G RUSSELL BOARD MEMBER	2 00	Х						0	0	0	
DON GRIFFIS BOARD MEMBER	2 00	Х						0	0	0	
JOHN HILL BOARD MEMBER	2 00	Х						0	0	0	
MARK J LAWRENCE BOARD MEMBER	2 00	Х						0	0	0	
JOHN MACREADIE BARR III BOARD MEMBER	2 00	Х						0	0	0	

Compensated Employees, and Independent Contractors											
<b>(A)</b> Name and Title	(B) Average hours per		(tion that a		/)			(D) Reportable compensation from the	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other compensation	
	week	Individual trustae 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	
WILLIAM CLARKSON BOARD MEMBER	2 00	Х						0	0	0	
ELIZABETH LEWIS BOARD MEMBER	2 00	Х						0	0	0	
LEOPOLD FRADE BOARD MEMBER	2 00	Х						0	0	0	
RICHARD J AGUILAR BOARD MEMBER	2 00	Х						0	0	0	
EDMUND T HENRY III BOARD MEMBER	2 00	Х						0	0	0	
ALYSON CROUCH HARDIN BOARD MEMBER	2 00	Х						0	0	0	
DABNEY T SMITH BOARD MEMBER	2 00	Х						0	0	0	
KYLE BENNETT BOARD MEMBER	2 00	Х						0	0	0	
GREGORY A HEARING BOARD MEMBER	2 00	Х						0	0	0	
DAVID DUNN-RANKIN BOARD MEMBER	2 00	Х						0	0	0	
JOHN C BAUERSCHMIDT BOARD MEMBER	2 00	Х						0	0	0	
POLK VAN ZANDT BOARD MEMBER	2 00	Х						0	0	0	
H E MILLER JR BOARD MEMBER	2 00	Х						0	0	0	
W A STRINGER BOARD MEMBER	2 00	Х						0	0	0	
C ANDREW DOYLE BOARD MEMBER	2 00	Х						0	0	0	
DENA HARRISON BOARD MEMBER	2 00	Х						0	0	0	
WILLIAM C TREADWELL BOARD MEMBER	2 00	Х						0	0	0	
WILLIAM A GAGE JR BOARD MEMBER	2 00	Х						0	0	0	
SETH HINKLEY BOARD MEMBER	2 00	Х						0	0	0	
ANDREW WALDO BOARD MEMBER	2 00	Х						0	0	0	
DEEDIE PHILLIPS MARSHALL BOARD MEMBER	2 00	Х						0	0	0	
MILDRED LEE TANNER BOARD MEMBER	2 00	Х						0	0	0	
THOMAS H COKER III BOARD MEMBER	2 00	Х						0	0	0	
DON E JOHNSON BOARD MEMBER	2 00	Х						0	0	0	
SENTER CROOK BOARD MEMBER	2 00	х						0	0	0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

(A) Name and Title	(B) A verage hours		(tion that a			ıll		(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
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			
BRUCE STEINHAUER BOARD MEMBER	2 00	х						0	0	0
ROBERT D GOOCH JR BOARD MEMBER	2 00	х						0	0	0
GARY R LILLIBRIDGE BOARD MEMBER	2 00	х						0	0	0
DAVID MITCHELL REED BOARD MEMBER	2 00	х						0	0	0
SEAN MALONEY BOARD MEMBER	2 00	х						0	0	0
KATHRYN YOUNG BOARD MEMBER	2 00	х						0	0	0
PAGE WILSON BOARD MEMBER	2 00	Х						0	0	0
D BRUCE MACPHERSON BOARD MEMBER	2 00	х						0	0	0
PAUL D MARTIN BOARD MEMBER	2 00	Х						0	0	0
ANDREA MARIE PETROSH BOARD MEMBER	2 00	х						0	0	0
GEORGE KING MUNSON JR BOARD MEMBER	2 00	х						0	0	0
G PORTER TAYLOR BOARD MEMBER	2 00	Х						0	0	0
LAWRENCE BRITT BOARD MEMBER	2 00	Х						0	0	0
BILL STIEFEL JR BOARD MEMBER	2 00	Х						0	0	0
KEMPER WILLIAMS BROWN BOARD MEMBER	2 00	Х						0	0	0
ELIZABETH FINCH BOARD MEMBER	2 00	Х						0	0	0
HAROLD RAHN BOARD MEMBER	2 00	Х						0	0	0
GREGG ROBERTSON BOARD MEMBER	2 00	Х						0	0	0
DAVID SHIPPS BOARD MEMBER	2 00	х						0	0	0
DORIS WESTFALL BOARD MEMBER	2 00	Х						0	0	0
ELLIOTT HARRIGAN BOARD MEMBER	2 00	Х						0	0	0
JACK B HOBSON JR BOARD MEMBER	2 00	х						0	0	0
MICHAEL SULLIVAN BOARD MEMBER	2 00	Х						0	0	0
KATHRYN INGRAM THOMPSON BOARD MEMBER	2 00	х						0	0	0
BERT WHITE BOARD MEMBER	2 00	×						0	0	0

Compensated Employees, and Independent Contractors											
<b>(A)</b> Name and Title	(B) Average hours per week		(tion that a			II		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former				
BRIAN K BURGESS BOARD MEMBER	2 00	Х						0	0	0	
STEPHEN GRAY BOARD MEMBER	2 00	Х						0	0	0	
JANET S MCDONALD BOARD MEMBER	2 00	X						0	0	0	
STEWART H THOMAS BOARD MEMBER	2 00	Х						0	0	0	
DUDLEY M WEST BOARD MEMBER	2 00	Х						0	0	0	
RUTH SANCHEZ-IMIZCOZ BOARD MEMBER	2 00	Х						0	0	0	
CYNTHIA S CRYSDALE BOARD MEMBER	2 00	Х						0	0	0	
SCOTT H WILSON BOARD MEMBER	2 00	Х						0	0	0	
ELLIOTT FISHER BOARD MEMBER	2 00	Х						0	0	0	
JOHN MCCARDELL JR VICE CHANCELLOR & PRESIDENT	40 00			×				506,385	0	73,945	
JOHN GATTA DEAN OF THE COLLEGE	40 00			х				177,930	0	18,204	
LINDA LANKEWICZ PROVOST	40 00			х				173,358	0	24,767	
JETT FISHER VP-ADVANCEMENT	40 00			х				161,199	0	97,003	
JERRY FORSTER VP-FINANCE & ADMINISTR	40 00			х				161,193	0	51,204	
LEE ANN AFTON-BACKLUND DEAN OF ADMISSION	40 00			х				158,569	0	19,710	
DONNA PIERCE LEGAL COUNSEL	40 00			x				149,619	0	22,213	
WILLIAM STAFFORD DEAN OF SCHOOL OF THEOLOGY	40 00			×				123,307	0	41,287	
ERIC HARTMAN DEAN OF STUDENTS	40 00			×				115,355	0	22,948	
PAUL WILEY SECRETARY	40 00			x				98,303	0	21,415	
JOHN SWALLOW PROVOST	40 00			х				38,391	0	38,391	
JOEL CUNNINGHAM PROFESSOR	40 00					Х		215,100	0	40,606	
EUGENE PRUNTY PROFESSOR & CONF DIRECTOR	40 00					Х		174,233	0	33,925	
FREDERICK CROOM PROFESSOR	40 00					Х		152,573	0	33,810	
YASMEEN MOHIUDDIN PROFESSOR	40 00					х		171,864	0	15,202	
JOHN REISHMAN PROFESSOR	40 00					х		144,123	0	28,951	