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Form **990**  
 Department of the Treasury  
 Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)**  
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047  
**2012**  
**Open to Public Inspection**

**A For the 2012 calendar year, or tax year beginning 07-01-2012, 2012, and ending 06-30-2013**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization: MARTIN METHODIST COLLEGE  
 Doing Business As:  
 Number and street (or P O box if mail is not delivered to street address) Room/suite: 433 WEST MADISON STREET  
 City or town, state or country, and ZIP + 4: PULASKI, TN 38478

**D** Employer identification number: 62-0483210  
**E** Telephone number: (931) 363-9865  
**G** Gross receipts \$ 27,847,360

**F** Name and address of principal officer: DAVID J STEPHENS, 433 WEST MADISON STREET, PULASKI, TN 38478

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No  
 If "No," attach a list (see instructions)  
**H(c)** Group exemption number

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (Insert no )  4947(a)(1) or  527

**J** Website: WWW.MARTINMETHODIST.EDU

**K** Form of organization:  Corporation  Trust  Association  Other  
**L** Year of formation: 1909 **M** State of legal domicile: TN

**Part I Summary**

|   |   |                                  |                     |
|---|---|----------------------------------|---------------------|
| Activities & Governance   | <b>1</b> Briefly describe the organization's mission or most significant activities<br>POST-SECONDARY EDUCATION                                 |                                  |                     |
|   | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets |                                  |                     |
|   | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)  | <b>3</b>                         | 44                  |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)  | <b>4</b>                         | 44                  |
|   | <b>5</b> Total number of individuals employed in calendar year 2012 (Part V, line 2a)   | <b>5</b>                         | 353                 |
|   | <b>6</b> Total number of volunteers (estimate if necessary)   | <b>6</b>                         | 0                   |
|   | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12  | <b>7a</b>                        | 193,523             |
| <b>b</b> Net unrelated business taxable income from Form 990-T, line 34 | <b>7b</b>   | -178,653                         |                     |
| Revenue   | <b>8</b> Contributions and grants (Part VIII, line 1h)  | <b>Prior Year</b>                | <b>Current Year</b> |
|   | <b>9</b> Program service revenue (Part VIII, line 2g)   | 2,102,566                        | 1,624,842           |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | 22,324,981                       | 23,504,277          |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | 555,165                          | 754,180             |
|   | <b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 347,971                          | 325,478             |
| Expenses  | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)  | 25,330,683                       | 26,208,777          |
|   | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)   | 9,506,386                        | 10,158,924          |
|   | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   | 0                                | 0                   |
|   | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)  | 8,195,644                        | 8,262,178           |
|   | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <u>513,066</u>   | 0                                | 0                   |
|   | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  | 7,306,705                        | 7,929,763           |
|   | <b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)  | 25,008,735                       | 26,350,865          |
| <b>19</b> Revenue less expenses Subtract line 18 from line 12           | 321,948   | -142,088                         |                     |
| Net Assets or Fund Balances   | <b>20</b> Total assets (Part X, line 16)  | <b>Beginning of Current Year</b> | <b>End of Year</b>  |
|   | <b>21</b> Total liabilities (Part X, line 26)   | 32,542,519                       | 33,514,757          |
|   | <b>22</b> Net assets or fund balances Subtract line 21 from line 20   | 11,368,963                       | 11,825,417          |

**Part II Signature Block**

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

**Sign Here**  
 Signature of officer: \*\*\*\*\* Date: 2014-02-07  
 DAVID J STEPHENS VP FOR FINANCE & ADMINISTRATION  
 Type or print name and title

**Paid Preparer Use Only**  
 Preparer's name: RODNEY C BROWER Preparer's signature: Date: Check  if self-employed PTIN: P00168898  
 Firm's name: CROSSLIN & ASSOCIATES PC Firm's EIN: 62-1336737  
 Firm's address: 3803 BEDFORD AVENUE SUITE 103 NASHVILLE, TN 37215 Phone no: (615) 320-5500

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III  Yes  No

**1** Briefly describe the organization's mission  
CARRY FORWARD THE HISTORICAL MISSION OF THE COLLEGE BY MAINTAINING THE OPERATION OF A COLLEGE FOR MEN AND WOMEN UNDER THE FOSTERING CARE, AUSPICES, AND PATRONAGE OF THE TENNESSEE ANNUAL CONFERENCE OF THE UNITED METHODIST CHURCH AND TO PERFORM SUCH FUNCTIONS AND ACTIVITIES REQUIRED TO CARRY OUT THE FOREGOING PURPOSES

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code ) (Expenses \$ 22,261,680 including grants of \$ 10,158,924 ) (Revenue \$ 23,703,478 )  
MARTIN METHODIST COLLEGE OFFERS A WIDE VARIETY OF PROGRAMS UNDER THE MAJOR PROGRAM SERVICE TITLE OF "EDUCATION" APPROXIMATELY 1,000 STUDENTS ARE CURRENTLY SERVED BY THE COLLEGE

**4b** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses 22,261,680

**Part IV Checklist of Required Schedules**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> <input checked="" type="checkbox"/>   | Yes |    |
| <b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>   | Yes |    |
| <b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>  |     | No |
| <b>4 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 "Yes," complete Schedule C, Part II</i>  |     | No |
| <b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i>   |     | No |
| <b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i> <input checked="" type="checkbox"/>  |     | No |
| <b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> <input checked="" type="checkbox"/>  |     | No |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> <input checked="" type="checkbox"/>   |     | No |
| <b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> <input checked="" type="checkbox"/> |     | No |
| <b>10</b> 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> <input checked="" type="checkbox"/>   | Yes |    |
| <b>11</b> 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  |     |    |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> <input checked="" type="checkbox"/>   | Yes |    |
| <b>b</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? <i>If "Yes," complete Schedule D, Part VII</i> <input checked="" type="checkbox"/>   |     | No |
| <b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i> <input checked="" type="checkbox"/>   |     | No |
| <b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i> <input checked="" type="checkbox"/>  |     | No |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>   | Yes |    |
| <b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>  |     | No |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> <input checked="" type="checkbox"/>  | Yes |    |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> <input checked="" type="checkbox"/>   |     | No |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> <input checked="" type="checkbox"/>  | Yes |    |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?  |     | No |
| <b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i>                         |     | No |
| <b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>  |     | No |
| <b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>  |     | No |
| <b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>  |     | No |
| <b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>   |     | No |
| <b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>   |     | No |
| <b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>   |     | No |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   |     |    |

**Part IV Checklist of Required Schedules** *(continued)*

|  |            |     |    |
|--|------------|-----|----|
| <b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .   | <b>21</b>  |     | No |
| <b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .   | <b>22</b>  | Yes |    |
| <b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .  | <b>23</b>  | Yes |    |
| <b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> . . . . .                            | <b>24a</b> | Yes |    |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .   | <b>24b</b> |     | No |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .  | <b>24c</b> |     | No |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .   | <b>24d</b> |     | No |
| <b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .  | <b>25a</b> |     | No |
| <b>b</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? <i>If "Yes," complete Schedule L, Part I</i> . . . . .  | <b>25b</b> |     | No |
| <b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .   | <b>26</b>  |     | No |
| <b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . . | <b>27</b>  |     | No |
| <b>28</b> 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)   |            |     |    |
| <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .  | <b>28a</b> | Yes |    |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .   | <b>28b</b> |     | No |
| <b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .   | <b>28c</b> | Yes |    |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .  | <b>29</b>  | Yes |    |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .  | <b>30</b>  |     | No |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .  | <b>31</b>  |     | No |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .  | <b>32</b>  |     | No |
| <b>33</b> 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 "Yes," complete Schedule R, Part I</i> . . . . .  | <b>33</b>  |     | No |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .  | <b>34</b>  |     | No |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | <b>35a</b> |     | No |
| <b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .  | <b>35b</b> |     |    |
| <b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .  | <b>36</b>  |     | No |
| <b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i>   | <b>37</b>  |     | No |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .  | <b>38</b>  | Yes |    |

**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 |
|------------|---|-----|----|
| <b>1a</b>  | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . . . . <b>1a</b> 1,324   |     |    |
| <b>1b</b>  | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable <b>1b</b> 0  |     |    |
| <b>1c</b>  | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . . <b>1c</b> Yes  | Yes |    |
| <b>2a</b>  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . . <b>2a</b> 353   |     |    |
| <b>2b</b>  | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) <b>2b</b> Yes   | Yes |    |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . . <b>3a</b> Yes   | Yes |    |
| <b>3b</b>  | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . . <b>3b</b> Yes  | Yes |    |
| <b>4a</b>  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . . <b>4a</b> Yes                              | Yes |    |
| <b>b</b>   | If "Yes," enter the name of the foreign country <b>OC</b><br>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  |     |    |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . . <b>5a</b>   |     | No |
| <b>5b</b>  | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? <b>5b</b>  |     | No |
| <b>5c</b>  | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . . <b>5c</b>  |     |    |
| <b>6a</b>  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . . <b>6a</b>   |     | No |
| <b>6b</b>  | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . . <b>6b</b>   |     |    |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>  |     |    |
| <b>7a</b>  | 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? . . . . . <b>7a</b> Yes   | Yes |    |
| <b>7b</b>  | If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . . <b>7b</b> Yes   | Yes |    |
| <b>7c</b>  | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . . <b>7c</b>  |     | No |
| <b>7d</b>  | If "Yes," indicate the number of Forms 8282 filed during the year . . . . . <b>7d</b>   |     |    |
| <b>7e</b>  | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . . <b>7e</b>   |     | No |
| <b>7f</b>  | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . . <b>7f</b>  |     | No |
| <b>7g</b>  | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . . <b>7g</b>  |     |    |
| <b>7h</b>  | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . . <b>7h</b>  |     |    |
| <b>8</b>   | <b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . . <b>8</b> |     |    |
| <b>9</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b>  |     |    |
| <b>9a</b>  | Did the organization make any taxable distributions under section 4966? . . . . . <b>9a</b>   |     |    |
| <b>9b</b>  | Did the organization make a distribution to a donor, donor advisor, or related person? . . . . . <b>9b</b>  |     |    |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter   |     |    |
| <b>10a</b> | Initiation fees and capital contributions included on Part VIII, line 12 . . . . . <b>10a</b>   |     |    |
| <b>10b</b> | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <b>10b</b>  |     |    |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter  |     |    |
| <b>11a</b> | Gross income from members or shareholders . . . . . <b>11a</b>  |     |    |
| <b>11b</b> | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . . <b>11b</b>  |     |    |
| <b>12a</b> | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? <b>12a</b>  |     |    |
| <b>12b</b> | If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . . <b>12b</b>  |     |    |
| <b>13</b>  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>   |     |    |
| <b>13a</b> | Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O <b>13a</b>   |     |    |
| <b>13b</b> | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . . <b>13b</b>  |     |    |
| <b>13c</b> | Enter the amount of reserves on hand . . . . . <b>13c</b>   |     |    |
| <b>14a</b> | Did the organization receive any payments for indoor tanning services during the tax year? . . . . . <b>14a</b>   |     | No |
| <b>14b</b> | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . . <b>14b</b>  |     |    |

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.

Check if Schedule O contains a response to any question in this Part VI . . . . . [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (44); 1b Enter the number of voting members included in line 1a, above, who are independent (44); 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? (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? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (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? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (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 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c 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? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (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? (No); 16b 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?

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [ ] Own website, [ ] Another's website, [X] Upon request, [ ] Other (explain in Schedule O); 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 during the tax year; 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: DAVID J STEPHENS 433 WEST MADISON STREET PULASKI, TN (931) 363-9865





**Part VIII Statement of Revenue**

Check if Schedule O contains a response to any question in this Part VIII

|   |  | (A)<br>Total revenue                                   | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections<br>512, 513, or<br>514 |  |
|---|--|--|--|---|---|--|
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b>                               | <b>1a</b> Federated campaigns . . . . . <b>1a</b> _____  |  |  |   |   |  |
|   | <b>b</b> Membership dues . . . . . <b>1b</b> _____   |  |  |   |   |  |
|   | <b>c</b> Fundraising events . . . . . <b>1c</b> _____  |  |  |   |   |  |
|   | <b>d</b> Related organizations . . . . . <b>1d</b> _____   |  |  |   |   |  |
|   | <b>e</b> Government grants (contributions) <b>1e</b> _____ 116,707   |  |  |   |   |  |
|   | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above <b>1f</b> _____ 1,508,135  |  |  |   |   |  |
|   | <b>g</b> Noncash contributions included in lines 1a-1f \$ _____ 86,167   |  |  |   |   |  |
|   | <b>h Total.</b> Add lines 1a-1f . . . . . <b>▶</b>   |  | 1,624,842  |   |   |  |
| <b>Program Service Revenue</b>  | <b>2a</b> TUITION & FEES _____ Business Code 611310  |  | 19,942,972   | 19,829,561                              | 113,411   |  |
|   | <b>b</b> AUXILIARY ENTERPRISES _____ Business Code 900099  |  | 3,561,305  | 3,481,193                               | 80,112  |  |
|   | <b>c</b> _____   |  |  |   |   |  |
|   | <b>d</b> _____   |  |  |   |   |  |
|   | <b>e</b> _____   |  |  |   |   |  |
|   | <b>f</b> All other program service revenue _____   |  |  |   |   |  |
|   | <b>g Total.</b> Add lines 2a-2f . . . . . <b>▶</b>   |  | 23,504,277   |   |   |  |
| <b>Other Revenue</b>  | <b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . <b>▶</b>   |  | 686,934  |   | 686,934   |  |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds . . . . . <b>▶</b>   |  |  |   |   |  |
|   | <b>5</b> Royalties . . . . . <b>▶</b>  |  |  |   |   |  |
|   | <b>6a</b> Gross rents  | (i) Real   | 4,401  |   |   |  |
|   |  | (ii) Personal  |  |   |   |  |
|   |  | <b>b</b> Less rental expenses                          | 0  |   |   |  |
|   |  | <b>c</b> Rental income or (loss)                       | 4,401  |   |   |  |
|   | <b>d</b> Net rental income or (loss) . . . . . <b>▶</b>  |  | 4,401  | 4,401                                   |   |  |
|   | <b>7a</b> Gross amount from sales of assets other than inventory   | (i) Securities   | 1,705,829  |   |   |  |
|   |  | (ii) Other   |  |   |   |  |
|   |  | <b>b</b> Less cost or other basis and sales expenses   | 1,638,583  |   |   |  |
|   |  | <b>c</b> Gain or (loss)                                | 67,246   |   |   |  |
|   | <b>d</b> Net gain or (loss) . . . . . <b>▶</b>   |  | 67,246   | 67,246                                  |   |  |
|   | <b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b> _____ |  |  |   |   |  |
|   |  | <b>b</b> Less direct expenses . . . . . <b>b</b> _____ |  |   |   |  |
| <b>c</b> Net income or (loss) from fundraising events . . . . . <b>▶</b>                    |  |  |  |   |   |  |
| <b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b> _____ |  |  |  |   |   |  |
|   | <b>b</b> Less direct expenses . . . . . <b>b</b> _____   |  |  |   |   |  |
|   | <b>c</b> Net income or (loss) from gaming activities . . . . . <b>▶</b>  |  |  |   |   |  |
| <b>10a</b> Gross sales of inventory, less returns and allowances . . . . . <b>a</b> _____   |  |  |  |   |   |  |
|   | <b>b</b> Less cost of goods sold . . . . . <b>b</b> _____  |  |  |   |   |  |
|   | <b>c</b> Net income or (loss) from sales of inventory . . . . . <b>▶</b>   |  |  |   |   |  |
| Miscellaneous Revenue   |  | Business Code  |  |   |   |  |
| <b>11a</b> SPECIAL EVENTS INCOME _____ Business Code 900099                                 |  | 191,848  | 191,848  |   |   |  |
| <b>b</b> MISCELLANEOUS INCOME _____ Business Code 900099                                    |  | 106,863  | 106,863  |   |   |  |
| <b>c</b> PLANT FUND INCOME _____ Business Code 900099                                       |  | 11,400   | 11,400   |   |   |  |
| <b>d</b> All other revenue . . . . . _____  |  | 10,966   | 10,966   |   |   |  |
| <b>e Total.</b> Add lines 11a-11d . . . . . <b>▶</b>  |  | 321,077  |  |   |   |  |
| <b>12 Total revenue.</b> See Instructions . . . . . <b>▶</b>                                |  | 26,208,777   | 23,703,478   | 193,523                                 | 686,934   |  |

**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)

Check if Schedule O contains a response to any question in this Part IX

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b> |   | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service expenses | <b>(C)</b><br>Management and general expenses | <b>(D)</b><br>Fundraising expenses |
|---|---|------------------------------|--|---|------------------------------------|
| <b>1</b>  | Grants and other assistance to governments and organizations in the United States. See Part IV, line 21   |                              |  |   |                                    |
| <b>2</b>  | Grants and other assistance to individuals in the United States. See Part IV, line 22   | 10,158,924                   | 10,158,924                             |   |                                    |
| <b>3</b>  | Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16  |                              |  |   |                                    |
| <b>4</b>  | Benefits paid to or for members   |                              |  |   |                                    |
| <b>5</b>  | Compensation of current officers, directors, trustees, and key employees  | 797,298                      | 797,298                                |   |                                    |
| <b>6</b>  | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   |                              |  |   |                                    |
| <b>7</b>  | Other salaries and wages  | 6,200,313                    | 4,687,760                              | 1,236,649                                     | 275,904                            |
| <b>8</b>  | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  | 207,267                      | 126,863                                | 70,466  | 9,938                              |
| <b>9</b>  | Other employee benefits   | 555,424                      | 435,204                                | 102,422                                       | 17,798                             |
| <b>10</b>   | Payroll taxes   | 501,876                      | 399,151                                | 82,434  | 20,291                             |
| <b>11</b>   | Fees for services (non-employees)   |                              |  |   |                                    |
| <b>a</b>  | Management  |                              |  |   |                                    |
| <b>b</b>  | Legal   |                              |  |   |                                    |
| <b>c</b>  | Accounting  | 119,153                      |  | 119,153                                       |                                    |
| <b>d</b>  | Lobbying  |                              |  |   |                                    |
| <b>e</b>  | Professional fundraising services. See Part IV, line 17   |                              |  |   |                                    |
| <b>f</b>  | Investment management fees  |                              |  |   |                                    |
| <b>g</b>  | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)  |                              |  |   |                                    |
| <b>12</b>   | Advertising and promotion   | 149,188                      |  | 129,787                                       | 19,401                             |
| <b>13</b>   | Office expenses   | 145,666                      | 25,999                                 | 98,451  | 21,216                             |
| <b>14</b>   | Information technology  |                              |  |   |                                    |
| <b>15</b>   | Royalties   |                              |  |   |                                    |
| <b>16</b>   | Occupancy   | 1,488,125                    | 1,158,277                              | 329,848                                       |                                    |
| <b>17</b>   | Travel  | 460,527                      | 385,621                                | 53,121  | 21,785                             |
| <b>18</b>   | Payments of travel or entertainment expenses for any federal, state, or local public officials  |                              |  |   |                                    |
| <b>19</b>   | Conferences, conventions, and meetings  |                              |  |   |                                    |
| <b>20</b>   | Interest  | 441,658                      | 343,763                                | 97,895  |                                    |
| <b>21</b>   | Payments to affiliates  |                              |  |   |                                    |
| <b>22</b>   | Depreciation, depletion, and amortization   | 1,342,069                    | 1,044,595                              | 297,474                                       |                                    |
| <b>23</b>   | Insurance   |                              |  |   |                                    |
| <b>24</b>   | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)  |                              |  |   |                                    |
| <b>a</b>  | SUPPLIES AND EQUIPMENT  | 728,321                      | 441,931                                | 203,141                                       | 83,249                             |
| <b>b</b>  | FOOD MANAGEMENT CONTRAC   | 722,353                      | 722,353                                |   |                                    |
| <b>c</b>  | BOOKSTORE PURCHASES   | 473,672                      | 473,672                                |   |                                    |
| <b>d</b>  | OTHER   | 421,621                      | 289,482                                | 115,923                                       | 16,216                             |
| <b>e</b>  | All other expenses  | 1,437,410                    | 770,787                                | 639,355                                       | 27,268                             |
| <b>25</b>   | <b>Total functional expenses.</b> Add lines 1 through 24e   | 26,350,865                   | 22,261,680                             | 3,576,119                                     | 513,066                            |
| <b>26</b>   | <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) |                              |  |   |                                    |

**Part X Balance Sheet**

Check if Schedule O contains a response to any question in this Part X

|   |   | (A)<br>Beginning of year |            | (B)<br>End of year    |
|---|---|--------------------------|------------|-----------------------|
| <b>Assets</b>   | <b>1</b> Cash—non-interest-bearing . . . . .  |                          | <b>1</b>   |                       |
|   | <b>2</b> Savings and temporary cash investments . . . . .   | 944,737                  | <b>2</b>   | 979,508               |
|   | <b>3</b> Pledges and grants receivable, net . . . . .   |                          | <b>3</b>   |                       |
|   | <b>4</b> Accounts receivable, net . . . . .   | 319,517                  | <b>4</b>   | 333,968               |
|   | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .   |                          | <b>5</b>   |                       |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . . |                          | <b>6</b>   |                       |
|   | <b>7</b> Notes and loans receivable, net . . . . .  |                          | <b>7</b>   |                       |
|   | <b>8</b> Inventories for sale or use . . . . .  | 374,655                  | <b>8</b>   | 433,687               |
|   | <b>9</b> Prepaid expenses and deferred charges . . . . .  | 52,294                   | <b>9</b>   | 79,452                |
|   | <b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . . . . .  | 32,472,670               |            |                       |
|   | <b>b</b> Less accumulated depreciation . . . . .  | 13,324,659               | 18,758,884 | <b>10c</b> 19,148,011 |
|   | <b>11</b> Investments—publicly traded securities . . . . .  | 10,654,951               | <b>11</b>  | 11,161,392            |
|   | <b>12</b> Investments—other securities See Part IV, line 11 . . . . .   | 991,750                  | <b>12</b>  | 991,750               |
|   | <b>13</b> Investments—program-related See Part IV, line 11 . . . . .  |                          | <b>13</b>  |                       |
|   | <b>14</b> Intangible assets . . . . .   |                          | <b>14</b>  |                       |
|   | <b>15</b> Other assets See Part IV, line 11 . . . . .   | 445,731                  | <b>15</b>  | 386,989               |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . . | 32,542,519  | <b>16</b>                | 33,514,757 |                       |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses . . . . .   | 261,043                  | <b>17</b>  | 365,127               |
|   | <b>18</b> Grants payable . . . . .  |                          | <b>18</b>  |                       |
|   | <b>19</b> Deferred revenue . . . . .  | 273,415                  | <b>19</b>  | 257,722               |
|   | <b>20</b> Tax-exempt bond liabilities . . . . .   | 5,011,515                | <b>20</b>  | 4,706,159             |
|   | <b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .  |                          | <b>21</b>  |                       |
|   | <b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .   |                          | <b>22</b>  |                       |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .  |                          | <b>23</b>  |                       |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .  |                          | <b>24</b>  |                       |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . .  | 5,822,990                | <b>25</b>  | 6,496,409             |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .  | 11,368,963               | <b>26</b>  | 11,825,417            |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>  |                          |            |                       |
|   | <b>27</b> Unrestricted net assets . . . . .   | 8,822,038                | <b>27</b>  | 8,435,654             |
|   | <b>28</b> Temporarily restricted net assets . . . . .   | 4,344,999                | <b>28</b>  | 5,028,575             |
|   | <b>29</b> Permanently restricted net assets . . . . .   | 8,006,519                | <b>29</b>  | 8,225,111             |
|   | <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>   |                          |            |                       |
|   | <b>30</b> Capital stock or trust principal, or current funds . . . . .  |                          | <b>30</b>  |                       |
|   | <b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .   |                          | <b>31</b>  |                       |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .  |                          | <b>32</b>  |                       |
| <b>33</b> Total net assets or fund balances . . . . .                         | 21,173,556  | <b>33</b>                | 21,689,340 |                       |
| <b>34</b> Total liabilities and net assets/fund balances . . . . .            | 32,542,519  | <b>34</b>                | 33,514,757 |                       |

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

|           |   |           |            |
|-----------|---|-----------|------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)   | <b>1</b>  | 26,208,777 |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)  | <b>2</b>  | 26,350,865 |
| <b>3</b>  | Revenue less expenses Subtract line 2 from line 1   | <b>3</b>  | -142,088   |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | <b>4</b>  | 21,173,556 |
| <b>5</b>  | Net unrealized gains (losses) on investments  | <b>5</b>  | 596,896    |
| <b>6</b>  | Donated services and use of facilities  | <b>6</b>  |            |
| <b>7</b>  | Investment expenses   | <b>7</b>  |            |
| <b>8</b>  | Prior period adjustments  | <b>8</b>  |            |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)  | <b>9</b>  | 60,976     |
| <b>10</b> | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 21,689,340 |

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

|  | Yes | No |
|--|-----|----|
| <b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O   |     |    |
| <b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?<br>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | No |
| <b>2b</b> Were the organization's financial statements audited by an independent accountant?<br>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                | Yes |    |
| <b>2c</b> If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O  | Yes |    |
| <b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?   | Yes |    |
| <b>3b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits   | Yes |    |

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 62-0483210  
**Name:** MARTIN METHODIST COLLEGE

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

| (A)<br>Name and Title       | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|-----------------------------|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|                             |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| JAMES G ALEXANDER TRUSTEE   | 1 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| JB BAKER TRUSTEE            | 1 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| MICHAEL W BARTON TRUSTEE    | 1 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| CECIL BATCHELOR TRUSTEE     | 1 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| JIM BEATY TRUSTEE           | 1 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| MARSHALL E BROWN TRUSTEE    | 1 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| JERRY W BURLISON TRUSTEE    | 1 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| CORBETTE S DOYLE TRUSTEE    | 1 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| JIMMY EARLE TRUSTEE         | 1 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| JOHN D FINCH TRUSTEE        | 1 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| ROBERT W GALLAHER TRUSTEE   | 1 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| STACEY A GARNER TRUSTEE     | 1 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| JIMMY GRANBERY TRUSTEE      | 1 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| H LYNN GREER JR TRUSTEE     | 1 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| JACQUELYN D GUTHRIE TRUSTEE | 1 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| RICHARD HAMMER TRUSTEE      | 1 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| MORRIS ED HARWELL TRUSTEE   | 1 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| JOE W HENRY JR TRUSTEE      | 1 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| WAYMON L HICKMAN TRUSTEE    | 1 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| H NEIL JOBE TRUSTEE         | 1 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| D DORAN JOHNSON TRUSTEE     | 1 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| S HERSHEL LAKE TRUSTEE      | 1 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| MACK S LINEBAUGH JR TRUSTEE | 1 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| THEODORE D LIPMAN TRUSTEE   | 1 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| BETSY BASS MILLER TRUSTEE   | 1 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |

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

| (A)<br>Name and Title                        | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        |         | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---------|--|---|---|
|  |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |         |  |   |   |
| WILLIAM P MURREY JR TRUSTEE                  | 1 00   | X   |                       |         |              |                              |        | 0       | 0  | 0   |   |
| ROY S NICKS TRUSTEE                          | 1 00   | X   |                       |         |              |                              |        | 0       | 0  | 0   |   |
| MICHAEL D O'BANNON TRUSTEE                   | 1 00   | X   |                       |         |              |                              |        | 0       | 0  | 0   |   |
| N HOUSTON PARKS TRUSTEE                      | 1 00   | X   |                       |         |              |                              |        | 0       | 0  | 0   |   |
| KENNETH H PINKSTON TRUSTEE                   | 1 00   | X   |                       |         |              |                              |        | 0       | 0  | 0   |   |
| ROBERT H SPAIN TRUSTEE                       | 1 00   | X   |                       |         |              |                              |        | 0       | 0  | 0   |   |
| BYRON R TRAUGER TRUSTEE                      | 10 00  | X   |                       |         |              |                              |        | 0       | 0  | 0   |   |
| ROBERT H WALKER TRUSTEE                      | 1 00   | X   |                       |         |              |                              |        | 0       | 0  | 0   |   |
| WILLIAM G WEST TRUSTEE                       | 1 00   | X   |                       |         |              |                              |        | 0       | 0  | 0   |   |
| RICK BROADWAY TRUSTEE                        | 1 00   | X   |                       |         |              |                              |        | 0       | 0  | 0   |   |
| KENNETH FUNGER TRUSTEE                       | 1 00   | X   |                       |         |              |                              |        | 0       | 0  | 0   |   |
| SAM W HOLDEN II TRUSTEE                      | 1 00   | X   |                       |         |              |                              |        | 0       | 0  | 0   |   |
| KIM KETCHUM TRUSTEE                          | 1 00   | X   |                       |         |              |                              |        | 0       | 0  | 0   |   |
| BOB LUNA TRUSTEE                             | 1 00   | X   |                       |         |              |                              |        | 0       | 0  | 0   |   |
| BILL MCALILLY TRUSTEE                        | 1 00   | X   |                       |         |              |                              |        | 0       | 0  | 0   |   |
| TED BROWN PRESIDENT                          | 40 00  |   |                       | X       |              |                              |        | 222,773 | 0  | 23,829  |   |
| DAVID STEPHENS VP FINANCE & ADMINISTRATIO    | 40 00  |   |                       | X       |              |                              |        | 103,647 | 0  | 11,245  |   |
| JAMES MURRELL VP OF ACADEMIC AFFAIRS         | 40 00  |   |                       | X       |              |                              |        | 88,590  | 0  | 8,885   |   |
| ROBBY SHELTON VP OF CAMPUS LIFE AND ENRO     | 40 00  |   |                       | X       |              |                              |        | 90,559  | 0  | 10,303  |   |
| EDWARD TRIMMER EXECUTIVE DIRECTOR CHURCH     | 40 00  |   |                       | X       |              |                              |        | 89,081  | 0  | 9,260   |   |
| JEFF BAIN EXECUTIVE ATHLETIC DIRECTO         | 40 00  |   |                       | X       |              |                              |        | 70,024  | 0  | 6,907   |   |
| DENNIS HASKINS VP PLANNING AND EFFECTIVENESS | 40 00  |   |                       | X       |              |                              |        | 91,347  | 0  | 4,936   |   |
| JACK GREGORY FORMER V P FOR ADVANCEMENT      | 40 00  |   |                       |         |              |                              | X      | 113,713 | 0  | 8,921   |   |

**SCHEDULE A**  
(Form 990 or 990EZ)

**Public Charity Status and Public Support**

OMB No 1545-0047

**2012**

**Open to Public Inspection**

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

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

Name of the organization  
MARTIN METHODIST COLLEGE

Employer identification number  
62-0483210

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  An organization that normally receives (1) more than 33 1/3% 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 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )
- 10  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h  
 a  Type I b  Type II c  Type III - Functionally integrated d  Type III - Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f  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
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?  
 (ii) A family member of a person described in (i) above?  
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

|                 | Yes | No |
|-----------------|-----|----|
| <b>11g(i)</b>   |     |    |
| <b>11g(ii)</b>  |     |    |
| <b>11g(iii)</b> |     |    |

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions)) | (iv) Is the organization in col (i) listed in your governing document? |    | (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) Amount of monetary support |
|------------------------------------|----------|--|--|----|---|----|--|----|----------------------------------|
|                                    |          |  | Yes  | No | Yes   | No | Yes  | No |                                  |
|                                    |          |  |  |    |   |    |  |    |                                  |
|                                    |          |  |  |    |   |    |  |    |                                  |
| <b>Total</b>                       |          |  |  |    |   |    |  |    |                                  |

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")   |          |          |          |          |          |           |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3  |          |          |          |          |          |           |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |          |          |          |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4   |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012  | (f) Total |
|--|----------|----------|----------|----------|-----------|-----------|
| <b>7</b> Amounts from line 4   |          |          |          |          |           |           |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  |          |          |          |          |           |           |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on  |          |          |          |          |           |           |
| <b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )   |          |          |          |          |           |           |
| <b>11 Total support</b> (Add lines 7 through 10)   |          |          |          |          |           |           |
| <b>12</b> Gross receipts from related activities, etc (see instructions)   |          |          |          |          | <b>12</b> |           |
| <b>13 First five years.</b> 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 <b>stop here</b> . . . . . ▶ |          |          |          |          |           |           |

**Section C. Computation of Public Support Percentage**

|   |           |  |
|---|-----------|--|
| <b>14</b> Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))  | <b>14</b> |  |
| <b>15</b> Public support percentage for 2011 Schedule A, Part II, line 14   | <b>15</b> |  |
| <b>16a 33 1/3% support test—2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶  |           |  |
| <b>b 33 1/3% support test—2011.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶   |           |  |
| <b>17a 10%-facts-and-circumstances test—2012.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶    |           |  |
| <b>b 10%-facts-and-circumstances test—2011.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ |           |  |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶  |           |  |

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

(Complete only if you checked the box on line 9 of Part I 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 in) ▶   | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")  |          |          |          |          |          |           |
| <b>2</b> 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 |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b  |          |          |          |          |          |           |
| <b>8 Public support</b> (Subtract line 7c from line 6)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6  |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources   |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on   |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)   |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)  |          |          |          |          |          |           |
| <b>14 First five years.</b> 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 <b>stop here</b> <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|  |           |  |
|--|-----------|--|
| <b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) | <b>15</b> |  |
| <b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15                      | <b>16</b> |  |

**Section D. Computation of Investment Income Percentage**

|  |           |  |
|--|-----------|--|
| <b>17</b> Investment income percentage for <b>2012</b> (line 10c, column (f) divided by line 13, column (f)) | <b>17</b> |  |
| <b>18</b> Investment income percentage from <b>2011</b> Schedule A, Part III, line 17                        | <b>18</b> |  |

- 19a 33 1/3% support tests—2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

|                                     |
|-------------------------------------|
| <b>Facts And Circumstances Test</b> |
|-------------------------------------|

|                    |
|--------------------|
| <b>Explanation</b> |
|                    |
|                    |
|                    |
|                    |

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2012

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization MARTIN METHODIST COLLEGE

Employer identification number

62-0483210

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

Table with 3 columns: (a) Donor advised funds, (b) Funds and other accounts, and a column for questions 1-6 regarding donor advised funds.

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

Form for Part II Conservation Easements, including questions 1-9 and a table for 'Held at the End of the Year' with rows 2a, 2b, 2c, 2d.

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions 1a, 1b, 2, and 3.

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

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

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange programs
- e**  Other

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

**5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

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

|   | Amount |
|---|--------|
| <b>1c</b> Beginning balance             |        |
| <b>1d</b> Additions during the year     |        |
| <b>1e</b> Distributions during the year |        |
| <b>1f</b> Ending balance                |        |

**2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

|   | (a) Current year | (b) Prior year | b (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|----------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance . . . . .                     | 11,701,911       | 12,308,090     | 10,399,270           | 9,875,431            |                     |
| <b>b</b> Contributions . . . . .                                  | 120,135          | 116,370        | 667,315              | 198,322              |                     |
| <b>c</b> Net investment earnings, gains, and losses               | 771,309          | -471,984       | 1,678,123            | 919,316              |                     |
| <b>d</b> Grants or scholarships . . . . .                         | -104,875         | 181,136        | 366,699              | 484,963              |                     |
| <b>e</b> Other expenditures for facilities and programs . . . . . |                  |                |                      |                      |                     |
| <b>f</b> Administrative expenses . . . . .                        | 69,330           | 69,429         | 69,919               | 109,336              |                     |
| <b>g</b> End of year balance . . . . .                            | 12,628,900       | 11,701,911     | 12,308,090           | 10,399,270           |                     |

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a** Board designated or quasi-endowment
  - b** Permanent endowment  63.000 %
  - c** Temporarily restricted endowment  37.000 %
- The percentages in lines 2a, 2b, and 2c should equal 100%

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

|  | Yes              | No |
|--|------------------|----|
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b> Yes |    |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b>    | No |
| <b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>        |    |

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

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

| Description of property   | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land . . . . .  |                                      | 791,528                         |                              | 791,528        |
| <b>b</b> Buildings . . . . .  |                                      | 26,042,908                      | 9,045,873                    | 16,997,035     |
| <b>c</b> Leasehold improvements . . . . .   |                                      |                                 |                              |                |
| <b>d</b> Equipment . . . . .  |                                      | 4,822,082                       | 3,626,159                    | 1,195,923      |
| <b>e</b> Other . . . . .  |                                      | 816,152                         | 652,627                      | 163,525        |
| <b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . . |                                      |                                 |                              | 19,148,011     |



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

|          |   |           |            |
|----------|---|-----------|------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements . . . . .                      | <b>1</b>  | 16,707,725 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12                                      |           |            |
| <b>a</b> | Net unrealized gains on investments . . . . .   | <b>2a</b> | 596,896    |
| <b>b</b> | Donated services and use of facilities . . . . .  | <b>2b</b> |            |
| <b>c</b> | Recoveries of prior year grants . . . . .   | <b>2c</b> |            |
| <b>d</b> | Other (Describe in Part XIII ) . . . . .  | <b>2d</b> | 60,976     |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .   | <b>2e</b> | 657,872    |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .  | <b>3</b>  | 16,049,853 |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>                              |           |            |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                              | <b>4a</b> |            |
| <b>b</b> | Other (Describe in Part XIII ) . . . . .  | <b>4b</b> | 10,158,924 |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .   | <b>4c</b> | 10,158,924 |
| <b>5</b> | Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . . | <b>5</b>  | 26,208,777 |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

|          |  |           |            |
|----------|--|-----------|------------|
| <b>1</b> | Total expenses and losses per audited financial statements . . . . .                                     | <b>1</b>  | 16,191,941 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25   |           |            |
| <b>a</b> | Donated services and use of facilities . . . . .   | <b>2a</b> |            |
| <b>b</b> | Prior year adjustments . . . . .   | <b>2b</b> |            |
| <b>c</b> | Other losses . . . . .   | <b>2c</b> |            |
| <b>d</b> | Other (Describe in Part XIII ) . . . . .   | <b>2d</b> |            |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .  | <b>2e</b> | 0          |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .   | <b>3</b>  | 16,191,941 |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :                               |           |            |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                               | <b>4a</b> |            |
| <b>b</b> | Other (Describe in Part XIII ) . . . . .   | <b>4b</b> | 10,158,924 |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .  | <b>4c</b> | 10,158,924 |
| <b>5</b> | Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . . | <b>5</b>  | 26,350,865 |

**Part XIII Supplemental Information**

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

| Identifier                                     | Return Reference | Explanation  |
|--|------------------|--|
| DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS | PART V, LINE 4   | TO PROVIDE QUALITY HIGHER EDUCATION TO STUDENTS BY PROVIDING ENDOWED SCHOLARSHIPS FOR NOT ONLY CURRENT STUDENTS BUT ALSO FUTURE STUDENTS |
| PART XI, LINE 2D - OTHER ADJUSTMENTS           |                  | ACTUARIAL ADJUSTMENT TO ANNUITY LIABILITY 60,976   |
| PART XI, LINE 4B - OTHER ADJUSTMENTS           |                  | NET TUITION AND FEES AND AUXILIARY ENTERPRISES 10,158,924  |
| PART XII, LINE 4B - OTHER ADJUSTMENTS          |                  | NET TUITION AND FEES AND AUXILIARY ENTERPRISES 10,158,924  |

**SCHEDULE E**  
**(Form 990 or 990-EZ)**

**Schools**

OMB No 1545-0047

**2012**

**Open to Public Inspection**

▶ **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.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
MARTIN METHODIST COLLEGE

**Employer identification number**

62-0483210

**Part I**

|  | YES | NO |
|--|-----|----|
| <b>1</b> 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?   | Yes |    |
| <b>2</b> 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?  | Yes |    |
| <b>3</b> 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  | Yes |    |
| <b>4</b> Does the organization maintain the following?<br><b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?<br><b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?<br><b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?<br><b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions?<br>If you answered "No" to any of the above, please explain. If you need more space, use Part II | Yes |    |
| <b>5</b> Does the organization discriminate by race in any way with respect to<br><b>a</b> Students' rights or privileges?<br><b>b</b> Admissions policies?<br><b>c</b> Employment of faculty or administrative staff?<br><b>d</b> Scholarships or other financial assistance?<br><b>e</b> Educational policies?<br><b>f</b> Use of facilities?<br><b>g</b> Athletic programs?<br><b>h</b> Other extracurricular activities?<br>If you answered "Yes" to any of the above, please explain. If you need more space, use Part II   |     | No |
| <b>6a</b> Does the organization receive any financial aid or assistance from a governmental agency?  | Yes |    |
| <b>b</b> Has the organization's right to such aid ever been revoked or suspended?<br>If you answered "Yes" to either line 6a or line 6b, explain on Part II  |     | No |
| <b>7</b> 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 III 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)

| Identifier  | Return Reference           | Explanation  |
|---|----------------------------|--|
| EXPLANATION OF NONDISCRIMINATORY POLICY PUBLICATION | SCHEDULE E, PART I, LINE 3 | MARTIN METHODIST COLLEGE HAS PUBLICIZED ITS RACIALLY NON-DISCRIMINATORY POLICY THROUGH INCLUSION OF SUCH POLICY IN VARIOUS PUBLICATIONS RELATED TO ADMISSIONS, EMPLOYMENT, HOUSING, ATHLETICS, ETC |
| EXPLANATION OF GOVERNMENT FINANCIAL ASSISTANCE      | SCHEDULE E, PART I, LINE 6 | GOVERNMENTAL ASSISTANCE IS USED TO PROVIDE SCHOLARSHIPS, GRANTS, AND/OR LOANS TO DEGREE-SEEKING STUDENTS   |

Schedule I (Form 990)

OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

2012

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

Attach to Form 990

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

MARTIN METHODIST COLLEGE

Employer identification number

62-0483210

Part I General Information on Grants and Assistance

- 1 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?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II 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. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government (b) EIN (c) IRC Code section if applicable (d) Amount of cash grant (e) Amount of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (h) Purpose of grant or assistance

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC Code section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. The table is currently empty.

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
3 Enter total number of other organizations listed in the line 1 table

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance     | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|-------------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| (1) STUDENT SCHOLARSHIPS AND GRANTS | 1049                     | 10,158,924               |                                   |   |  |
|                                     |                          |                          |                                   |   |  |
|                                     |                          |                          |                                   |   |  |
|                                     |                          |                          |                                   |   |  |
|                                     |                          |                          |                                   |   |  |
|                                     |                          |                          |                                   |   |  |

**Part IV Supplemental Information.**

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

| Identifier                                 | Return Reference | Explanation   |
|--|------------------|---|
| PROCEDURE FOR MONITORING GRANTS IN THE U S | PART I, LINE 2   | SCHEDULE I, PART I, LINE 2 THE COLLEGE MAINTAINS AN OFFICE OF FINANCIAL AID, WHICH IS RESPONSIBLE FOR THE MONITORING OF GRANT FUNDS AWARDED TO THE COLLEGE AND STUDENTS |

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

**2012**

**Open to Public Inspection**

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.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
MARTIN METHODIST COLLEGE

Employer identification number

62-0483210

**Part I Questions Regarding Compensation**

|   | Yes   | No  |  |  |  |   |   |  |  |  |
|---|---|---|--|--|--|---|---|--|--|--|
| <p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input checked="" type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input checked="" type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table> | <input type="checkbox"/> First-class or charter travel                              | <input checked="" type="checkbox"/> Housing allowance or residence for personal use | <input type="checkbox"/> Travel for companions               | <input type="checkbox"/> Payments for business use of personal residence | <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees   | <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |  |  |
| <input type="checkbox"/> First-class or charter travel  | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |   |  |  |  |   |   |  |  |  |
| <input type="checkbox"/> Travel for companions  | <input type="checkbox"/> Payments for business use of personal residence            |   |  |  |  |   |   |  |  |  |
| <input type="checkbox"/> Tax indemnification and gross-up payments  | <input checked="" type="checkbox"/> Health or social club dues or initiation fees   |   |  |  |  |   |   |  |  |  |
| <input type="checkbox"/> Discretionary spending account   | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)            |   |  |  |  |   |   |  |  |  |
| <p><b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</p>   | Yes   |   |  |  |  |   |   |  |  |  |
| <p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</p>  | Yes   |   |  |  |  |   |   |  |  |  |
| <p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>   | <input type="checkbox"/> Compensation committee                                     | <input checked="" type="checkbox"/> Written employment contract                     | <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study         | <input type="checkbox"/> Form 990 of other organizations           | <input checked="" type="checkbox"/> Approval by the board or compensation committee |   |  |  |  |
| <input type="checkbox"/> Compensation committee   | <input checked="" type="checkbox"/> Written employment contract                     |   |  |  |  |   |   |  |  |  |
| <input type="checkbox"/> Independent compensation consultant  | <input checked="" type="checkbox"/> Compensation survey or study                    |   |  |  |  |   |   |  |  |  |
| <input type="checkbox"/> Form 990 of other organizations  | <input checked="" type="checkbox"/> Approval by the board or compensation committee |   |  |  |  |   |   |  |  |  |
| <p><b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</p> <p><b>a</b> Receive a severance payment or change-of-control payment?</p>   |   | No  |  |  |  |   |   |  |  |  |
| <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>   | Yes   |   |  |  |  |   |   |  |  |  |
| <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?<br/>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>  |   | No  |  |  |  |   |   |  |  |  |
| <p><b>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</b></p>  |   |   |  |  |  |   |   |  |  |  |
| <p><b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p><b>a</b> The organization?</p>  |   | No  |  |  |  |   |   |  |  |  |
| <p><b>b</b> Any related organization?<br/>If "Yes," to line 5a or 5b, describe in Part III.</p>   |   | No  |  |  |  |   |   |  |  |  |
| <p><b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p><b>a</b> The organization?</p>  |   | No  |  |  |  |   |   |  |  |  |
| <p><b>b</b> Any related organization?<br/>If "Yes," to line 6a or 6b, describe in Part III.</p>   |   | No  |  |  |  |   |   |  |  |  |
| <p><b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>   |   | No  |  |  |  |   |   |  |  |  |
| <p><b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>  |   | No  |  |  |  |   |   |  |  |  |
| <p><b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>  |   |   |  |  |  |   |   |  |  |  |

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

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

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

| (A) Name and Title                                |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported as deferred in prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|   |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| (1) TED BROWN<br>PRESIDENT                        | (i)  | 222,773  | 0                                   | 0                                   | 19,333   | 4,496                   | 246,602                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| (2) JACK GREGORY<br>FORMER V P FOR<br>ADVANCEMENT | (i)  | 113,713  | 0                                   | 0                                   | 5,146  | 3,775                   | 122,634                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |

Schedule J (Form 990) 2012

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

| Identifier | Return Reference | Explanation   |
|------------|------------------|---|
|            | PART I, LINE 4B  | TED BROWN PARTICIPATED IN A NON-QUALIFIED RETIREMENT PLAN WHICH HAD A \$6,333 INCREASE FOR THE YEAR |

**Schedule K  
(Form 990)**

OMB No 1545-0047

**Supplemental Information on Tax Exempt Bonds**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

**2012**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
MARTIN METHODIST COLLEGE

Employer identification number  
62-0483210

**Part I Bond Issues**

|          | (a) Issuer name                                     | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose        | (g) Defeased |    | (h) On behalf of issuer |    | (i) Pool financing |    |
|----------|---|----------------|-------------|-----------------|-----------------|-----------------------------------|--------------|----|-------------------------|----|--------------------|----|
|          |   |                |             |                 |                 |                                   | Yes          | No | Yes                     | No | Yes                | No |
| <b>A</b> | INDUSTRIAL DEVELOPMENT BOARD OF THE CITY OF PULASKI | 52-1282324     | NONEAVAIL   | 01-12-2010      | 5,670,000       | REFUNDING BOND (ISSUED 3/31/2004) |              | X  |                         | X  |                    | X  |

**Part II Proceeds**

|           |  | A          | B         | C          | D         |            |           |            |           |
|-----------|--|------------|-----------|------------|-----------|------------|-----------|------------|-----------|
| <b>1</b>  | Amount of bonds retired  |            |           |            |           |            |           |            |           |
| <b>2</b>  | Amount of bonds legally defeased   |            |           |            |           |            |           |            |           |
| <b>3</b>  | Total proceeds of issue  |            |           |            |           |            |           |            |           |
| <b>4</b>  | Gross proceeds in reserve funds  |            |           |            |           |            |           |            |           |
| <b>5</b>  | Capitalized interest from proceeds   |            |           |            |           |            |           |            |           |
| <b>6</b>  | Proceeds in refunding escrows  |            |           |            |           |            |           |            |           |
| <b>7</b>  | Issuance costs from proceeds   |            | 91,273    |            |           |            |           |            |           |
| <b>8</b>  | Credit enhancement from proceeds   |            |           |            |           |            |           |            |           |
| <b>9</b>  | Working capital expenditures from proceeds   |            |           |            |           |            |           |            |           |
| <b>10</b> | Capital expenditures from proceeds   |            |           |            |           |            |           |            |           |
| <b>11</b> | Other spent proceeds   |            |           |            |           |            |           |            |           |
| <b>12</b> | Other unspent proceeds   |            |           |            |           |            |           |            |           |
| <b>13</b> | Year of substantial completion   |            |           |            |           |            |           |            |           |
|           |  | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> |
| <b>14</b> | Were the bonds issued as part of a current refunding issue?  |            | X         |            |           |            |           |            |           |
| <b>15</b> | Were the bonds issued as part of an advance refunding issue?   |            | X         |            |           |            |           |            |           |
| <b>16</b> | Has the final allocation of proceeds been made?  | X          |           |            |           |            |           |            |           |
| <b>17</b> | Does the organization maintain adequate books and records to support the final allocation of proceeds? | X          |           |            |           |            |           |            |           |

**Part III Private Business Use**

|          |  | A   |    | B   |    | C   |    | D   |    |
|----------|--|-----|----|-----|----|-----|----|-----|----|
|          |  | Yes | No | Yes | No | Yes | No | Yes | No |
| <b>1</b> | Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? |     | X  |     |    |     |    |     |    |
| <b>2</b> | Are there any lease arrangements that may result in private business use of bond-financed property?                        |     | X  |     |    |     |    |     |    |

**Part III Private Business Use (Continued)**

|   | A   |    | B   |    | C   |    | D   |    |
|---|-----|----|-----|----|-----|----|-----|----|
|   | Yes | No | Yes | No | Yes | No | Yes | No |
| <b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property?  |     | X  |     |    |     |    |     |    |
| <b>b</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?   |     |    |     |    |     |    |     |    |
| <b>c</b> Are there any research agreements that may result in private business use of bond-financed property?   |     | X  |     |    |     |    |     |    |
| <b>d</b> 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?   |     |    |     |    |     |    |     |    |
| <b>4</b> 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  |     |    |     |    |     |    |     |    |
| <b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government |     |    |     |    |     |    |     |    |
| <b>6</b> Total of lines 4 and 5   |     |    |     |    |     |    |     |    |
| <b>7</b> Does the bond issue meet the private security or payment test?   |     | X  |     |    |     |    |     |    |
| <b>8a</b> Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?  |     | X  |     |    |     |    |     |    |
| <b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of  |     |    |     |    |     |    |     |    |
| <b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?  |     |    |     |    |     |    |     |    |
| <b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?                           |     | X  |     |    |     |    |     |    |

**Part IV Arbitrage**

|  | A   |    | B   |    | C   |    | D   |    |
|--|-----|----|-----|----|-----|----|-----|----|
|  | Yes | No | Yes | No | Yes | No | Yes | No |
| <b>1</b> Has the issuer filed Form 8038-T?   |     | X  |     |    |     |    |     |    |
| <b>2</b> If "No" to line 1, did the following apply?   |     |    |     |    |     |    |     |    |
| <b>a</b> Rebate not due yet?   |     | X  |     |    |     |    |     |    |
| <b>b</b> Exception to rebate?  | X   |    |     |    |     |    |     |    |
| <b>c</b> No rebate due?  |     | X  |     |    |     |    |     |    |
| If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed              |     |    |     |    |     |    |     |    |
| <b>3</b> Is the bond issue a variable rate issue?  | X   |    |     |    |     |    |     |    |
| <b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? |     | X  |     |    |     |    |     |    |
| <b>b</b> Name of provider  |     |    |     |    |     |    |     |    |
| <b>c</b> Term of hedge   |     |    |     |    |     |    |     |    |
| <b>d</b> Was the hedge superintegrated?  |     |    |     |    |     |    |     |    |
| <b>e</b> Was a hedge terminated?   |     |    |     |    |     |    |     |    |

**Part IV Arbitrage (Continued)**

|  | A   |    | B   |    | C   |    | D   |    |
|--|-----|----|-----|----|-----|----|-----|----|
|  | Yes | No | Yes | No | Yes | No | Yes | No |
| <b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?                        |     | X  |     |    |     |    |     |    |
| <b>b</b> Name of provider  |     |    |     |    |     |    |     |    |
| <b>c</b> Term of GIC   |     |    |     |    |     |    |     |    |
| <b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?     |     |    |     |    |     |    |     |    |
| <b>6</b> Were any gross proceeds invested beyond an available temporary period?                          |     | X  |     |    |     |    |     |    |
| <b>7</b> Has the organization established written procedures to monitor the requirements of section 148? |     | X  |     |    |     |    |     |    |

**Part V Procedures To Undertake Corrective Action**

|   | A   |    | B   |    | C   |    | D   |    |
|---|-----|----|-----|----|-----|----|-----|----|
|   | Yes | No | Yes | No | Yes | No | Yes | No |
| <b>1</b> Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations? |     | X  |     |    |     |    |     |    |

**Part VI Supplemental Information.** Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

| Identifier | Return Reference | Explanation |
|------------|------------------|-------------|
|------------|------------------|-------------|

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2012

Open to Public Inspection

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, line 38a or 40b. Attach to Form 990 or Form 990-EZ. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization MARTIN METHODIST COLLEGE

Employer identification number 62-0483210

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 \$
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

**Part IV Business Transactions Involving Interested Persons.**

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction                       | (e) Sharing of organization's revenues? |    |
|-------------------------------|---|---------------------------|--|---|----|
|                               |   |                           |  | Yes                                     | No |
| (1) JOHN FINCH                | BOARD OF TRUSTEES MEMBER  | 244,866                   | PROJECT MANAGER FOR EAST CAMPUS ATHLETIC DEVELOPMENT |   | 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 |
|------------|------------------|-------------|
|------------|------------------|-------------|

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No 1545-0047

**2012**

**Open to Public Inspection**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
MARTIN METHODIST COLLEGE

Employer identification number  
62-0483210

**Part I Types of Property**

|  | (a)<br>Check if applicable | (b)<br>Number of contributions or items contributed | (c)<br>Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d)<br>Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art—Works of art . . . . .   |                            |   |  |   |
| 2 Art—Historical treasures . . . . .                                 |                            |   |  |   |
| 3 Art—Fractional interests . . . . .                                 |                            |   |  |   |
| 4 Books and publications . . . . .                                   |                            |   |  |   |
| 5 Clothing and household goods . . . . .                             |                            |   |  |   |
| 6 Cars and other vehicles . . . . .                                  | X                          | 1   | 6,000  | FMV   |
| 7 Boats and planes . . . . .   |                            |   |  |   |
| 8 Intellectual property . . . . .                                    |                            |   |  |   |
| 9 Securities—Publicly traded . . . . .                               | X                          | 9   | 39,239   | FMV   |
| 10 Securities—Closely held stock . . . . .                           |                            |   |  |   |
| 11 Securities—Partnership, LLC, or trust interests . . . . .         |                            |   |  |   |
| 12 Securities—Miscellaneous . . . . .                                |                            |   |  |   |
| 13 Qualified conservation contribution—Historic structures . . . . . |                            |   |  |   |
| 14 Qualified conservation contribution—Other . . . . .               |                            |   |  |   |
| 15 Real estate—Residential . . . . .                                 |                            |   |  |   |
| 16 Real estate—Commercial . . . . .                                  |                            |   |  |   |
| 17 Real estate—Other . . . . .                                       |                            |   |  |   |
| 18 Collectibles . . . . .  |                            |   |  |   |
| 19 Food inventory . . . . .  |                            |   |  |   |
| 20 Drugs and medical supplies . . . . .                              |                            |   |  |   |
| 21 Taxidermy . . . . .   |                            |   |  |   |
| 22 Historical artifacts . . . . .                                    |                            |   |  |   |
| 23 Scientific specimens . . . . .                                    |                            |   |  |   |
| 24 Archeological artifacts . . . . .                                 |                            |   |  |   |
| 25 Other ▶ ( GIFT-IN-KIND ) . . . . .                                | X                          | 30  | 40,928   | FMV   |
| 26 Other ▶ ( ) . . . . .   |                            |   |  |   |
| 27 Other ▶ ( ) . . . . .   |                            |   |  |   |
| 28 Other ▶ ( ) . . . . .   |                            |   |  |   |

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

29

|   | Yes | No |
|---|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . . |     | No |
| b If "Yes," describe the arrangement in Part II   |     |    |
| 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?  | Yes |    |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .  |     | No |
| b If "Yes," describe in Part II   |     |    |
| 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II   |     |    |

**Part III** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier

Return Reference

Explanation

Schedule M (Form 990) (2012)

**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

**2012**

**Open to Public Inspection**

Name of the organization  
MARTIN METHODIST COLLEGE

**Employer identification number**

62-0483210

| Identifier                             | Return Reference                       | Explanation  |
|--|--|--|
|  | FORM 990, PART VI, SECTION B, LINE 11  | SCHOOL OFFICIALS, IN CONSULTATION WITH THE PAID PREPARER, WILL COMPLETE AND REVIEW FORM 990 UPON REVIEW AND DETERMINATION IT HAS BEEN COMPLETED TO THE BEST OF THEIR ABILITY, IT WILL BE PRESENTED TO THE AUDIT COMMITTEE FOR REVIEW AND APPROVAL UPON APPROVAL BY THE AUDIT COMMITTEE, THE BOARD WILL BE NOTIFIED OF SAID APPROVAL THE BOARD WILL HAVE THE OPPORTUNITY TO REVIEW AND MAKE COMMENTS PRIOR TO FINAL SUBMISSIONS |
|  | FORM 990, PART VI, SECTION B, LINE 12C | CONFLICT OF INTEREST CERTIFICATION IS COMPLETED EACH YEAR, REVIEWED, AND APPROVED BY THE BOARD OF TRUSTEES OR COMMITTEES WITH BOARD-DELEGATED POWERS   |
|  | FORM 990, PART VI, SECTION B, LINE 15  | THE PRESIDENT OF THE COLLEGE REPORTS TO AND IS EMPLOYED BY THE BOARD OF TRUSTEES SALARIES AND BENEFITS OF ALL EMPLOYEES ARE DETERMINED BY CONDUCTING AN ANNUAL REVIEW OF MULTIPLE INTERNAL AND EXTERNAL SOURCES, SO THAT COMPENSATION REFLECTS MARKET PAY RATES AND ENSURES COMPETITIVENESS  |
|  | FORM 990, PART VI, SECTION C, LINE 19  | THE COLLEGE MAKES COPIES OF ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST  |
| CHANGES IN NET ASSETS OR FUND BALANCES | FORM 990, PART XI, LINE 9              | ACTUARIAL ADJUSTMENT TO ANNUITY LIABILITY 60,976   |