

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



DLN: 93493137023366

# 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 private foundations)

 $\blacktriangleright$  Do not enter social security numbers on this form as it may be made public

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

Open to Public Inspection

A Fo	r the	2014 cal	endar year, or tax year beginning	07-01-2014 , and ending 06-30-20	015				
B Che	eck ıf a	applicable	C Name of organization The University of the South				D Emplo	yer iden	tification number
☐ Add	lress cl	hange					62-04	175697	
∏ Naı	ne cha	inge	Doing business as				•		
┌ Init	ıal retu	ım					E Telepho	one numb	ne r
⊢ Fin			Number and street (or P O box if ma 735 University Ave	all is not delivered to street address) Room,	/suite				
_		mınated	·				(931)	598-1	349
_		return	City or town, state or province, count Sewanee, TN 373831000	try, and ZIP or foreign postal code			<b>G</b> Gross r	eceints \$	240,147,876
App	licatioi	n pending	,				<b>G</b> 01033 1	сссіріз ф	240,147,070
			F Name and address of princ	cıpal officer	H(	(a) Isth	– lis a group	return	for
			John McCardell 735 University Ave			subc	rdinates?		┌ Yes 🗸 No
			Sewanee,TN 373831000		Н(	( <b>b)</b> Are	all subordi	nates	┌ Yes ┌ No
			<u></u>		_  `	ınclu	ıded?		
<b>I</b> Ta	x-exen	npt status	<b>✓</b> 501(c)(3)   501(c)( ) <b>◄</b> (ır	nsert no )		If"N	o," attach	ı a lıst (	(see instructions)
J W	ebsit	e: 🟲 ww	w sewanee edu		Н(	( <b>c)</b> Gro	up exempt	ion num	nber ►
K Forr	n of or	rganization	Corporation Trust Association	Other ►	<u> </u>	Year of fo	ormation 18	358 <b>M</b> 9	State of legal domicile TN
	rt I		mary		I				<u> </u>
			escribe the organization's mission	n or most significant activities					
				College of Arts and Sciences and t	he Sch	ool of Th	eology		
9									
Ē									
E E	,	Check th	ns box 🕶 if the organization dis	continued its operations or dispose	d of mo	re than :	25% of its	net ass	sets
Governance	_	oneen ti	no box r   In the organization als	communication operations of dispose	u 01 1110	ine cirair i	2 70 01 103	net ast	
	3	Number	of voting members of the governi	ng body (Part VI, lıne 1a)				3	144
Activities &	4	Number	of independent voting members o	f the governing body (Part VI, line 1	lb) .			4	139
톤	5	Total nu	mber of individuals employed in c	alendar year 2014 (Part V, line 2a)				5	2,053
Į.	6	Total nu	mber of volunteers (estimate if ne	ecessary)				6	1,300
-	7a	Total un	related business revenue from Pa	rt VIII, column (C), line 12				7a	6,591
	ь	Net unre	lated business taxable income fro	om Form 990-T, line 34				7b	0
						Prie	or Year		Current Year
g <sub>i</sub>	8	Contri	23,219,603			16,949,196			
Rayenue	9			ne 2g)			86,954,		96,048,245
ž	10			(A), lines 3, 4, and 7d)	·  -		24,489,		15,351,207
<u> </u>	11		revenue (Part VIII, column (A), I	0			1,763,088		
	12		revenue—add lines 8 through 11	(must equal Part VIII, column (A), I	line	134,663,499			130,111,736
	13			IX, column (A), lines 1-3)			23,708,	861	26,630,189
	14	Benefi	ts paid to or for members (Part I)	K, column (A), line 4)	. –			0	0
	15	Saları	es, other compensation, employed	e benefits (Part IX, column (A), line:	s $\square$		52,076,	995	56,170,690
\$		5-10			_		32,070,		
Expenses	16a			column (A), line 11e)	•  -			0	0
ਡੌ	ь	Total fu	ındraısıng expenses (Part IX, column (D),	, line 25) • 3,881,248	-				
_	17	Other	expenses (Part IX, column (A), lı	nes 11a-11d, 11f-24e)	. $\lceil$		37,120,	888	38,786,461
	18	Total	expenses Add lines 13–17 (mus	t equal Part IX, column (A), line 25	)		112,906,	744	121,587,340
	19	Reven	ue less expenses Subtract line 1	8 from line 12			21,756,	755	8,524,396
Net Assets or Fund Balances						_	g of Curre	nt	End of Year
9.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00			. (5		_		rear	1.1.2	
Ass Be	20		assets (Part X, line 16)		. ⊢		635,753,		664,065,623
55 25	21 22				<b>⊢</b>		77,601, 558,151,	_	102,011,567
	22 1111	_	ature Block	ine 21 from fine 20	•		556,151,	425	562,054,056
		_		mined this return, including accomp	2011100	cabadul	ac and sta	tomont	a and to the heat of
				plete Declaration of preparer (other					
			nowledge			,			
		Tk				I.	0.1.5 0.5 1.5		
Sign		Signa	ature of officer				016-05-16 ate		
Here		1.	ılass Wıllıams Treasurer						
•			or print name and title						
		17 F	Print/Type preparer's name	Preparer's signature	Date	Ch	eck 🗀 ıf	PTIN	
Paid	t	$\vdash$				sel	f-employed		
Pre			Firm's name 🕨			Fim	n's EIN 🕨		
Use	_		Firm's address 🕨			Pho	one no		
						1			

Form	Form 990 (2014)	Page <b>2</b>
Par	Part III Statement of Program Service Accomp Check if Schedule O contains a response or note t	
1	_ ,	
	he College of Arts and Sciences is committed to the developm School of Theology educates women and men to serve the broa	ment of the whole person through a liberal arts education of the highest quality
30110	chool of Theology educates women and men to serve the broa	id whole of the Episcoal Charch III ordanied and lay vocations
2	2 Did the organization undertake any significant program so the prior Form 990 or 990-EZ?	ervices during the year which were not listed on
	If "Yes," describe these new services on Schedule O	
3	services?	
	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accompnism	ments for each of its three largest program services, as measured by as are required to report the amount of grants and allocations to others, a service reported
4a	<b>4a</b> (Code ) (Expenses \$ 65,686,428	ıncludıng grants of \$ 22,101,629 ) (Revenue \$ 67,566,027 )
		TS WORK CLOSELY AND SCIENTIFIC STUDY THAT PREPARES THEM FOR LIVES OF ACHIEVEMENT E STUDENT-FACULTY INTERACTION IN THE CLASSROOM AND ALLOWS FOR FACULTY GUIDANCE
4b		
		REATIONAL OPPORTUNITIES ARE AVAILABLE TO COMPLEMENT THE ACADEMIC EXPERIENCE AND AND CLUBS FACILITATE SOCIAL INTERACTION BETWEEN STUDENTS AND BETWEEN STUDENTS
_	4 (C-1- ) (Financia de 17 000 101	\/\(Parameter of the 125 245 002 \)
4c	, , ,	including grants of \$ ) (Revenue \$ 25,315,802 )  AL LIBERAL ARTS COLLEGE ROOM AND BOARD PROGRAMS ARE DESIGNED TO ENCOURAGE
		BEYOND THE CLASSROOM BESIDES TRADITIONAL RESIDENCE DORMITORIES, STUDENTS MAY
	See Additional Data	
	4d Other program services (Describe in Schedule O )	
Tu	(Expenses \$ 3,936,406 including grants of	of \$ 104,210 ) (Revenue \$ 1,031,167 )

100,552,604

4e

Total program service expenses ►

# Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{*}$	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	Yes	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	Yes	
9	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? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 💆	13	Yes	_
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Yes	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, 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>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	Yes	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		N o
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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)? If "Yes," complete Schedule R, Part V, line $2$	35b		
36	<b>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>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	. (2011)
		F	orm <b>990</b>	(2014)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			厂_
1-	Enter the number reported in Pox 2 of Form 1006 Enter 0 of not employed.		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 3,490  Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	<b>1</b> c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
ь	If "Yes," enter the name of the foreign country FSP			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
	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?	6a		No
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	ı		1
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		T
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12   10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	13a		1
b	Enter the amount of reserves the organization is required to maintain by the states			
c	In which the organization is licensed to issue qualified health plans			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b		.,,0

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI "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 res	nonse or no	te to anv	line in this Pa	rt V I	_	_	_	_	_	_	_	_	_	_	_	Ţ
Chick ii Schicadic C	contains a res	PO113C 01 110	cc co ann,	mile in cino i a			•	•		•					•	•	

<u> </u>	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	4		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	19		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3		3		No
4		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one o			110
,	more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholder or persons other than the governing body?	s, <b>7b</b>	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	. 8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at torganization's mailing address? If "Yes," provide the names and addresses in Schedule O	ne <b>9</b>		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal	_		
	ection b. Folicies (This Section B requests information about policies not required by the Internal	Reven	ue Cod	e.)
	section B. Poncies (This Section B requests information about poncies not required by the Internal	Reven	ue Cod Yes	e.) <b>No</b>
	Did the organization have local chapters, branches, or affiliates?	10a		
10a				No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b		No No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		No No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes	No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?  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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filithe form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describ	10a 10b 11a 12a 12b	Yes	No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?  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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filithe form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," described in Schedule O how this was done	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 0e 12c 13	Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 0e 12c 13	Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?  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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filithe form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describ in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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 The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes	No No

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed▶
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
  - Own website Another's website V Upon request Other (explain in Schedule O)
- 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
- State the name, address, and telephone number of the person who possesses the organization's books and records ►Doug Williams

  - 735 University Ave
  - Sewanee, TN 373831000 (931) 598-1349

Form 990 (2014)	
-----------------	--

)	a	g	e	7
---	---	---	---	---

# Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- ♣ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - ◆ List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Former Highest compensated employee Key employee Officer Institutional Trustee Individual trustee or chiector	2/1099-MISC)	2/1099-MISC)	organization and related organizations

Form **990** (2014)

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

(A) Name and Title	(B) A verage hours per week (list any hours	more t	han d n is l	ne l both	box, an d	officer stee)		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b	Sub-Total	►			
C	Total from continuation sheets to Part VII, Section A	-►			
d	Total (add lines 1b and 1c)	<b>•</b>	3,474,743	0	941,612

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►47

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

#### **Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
Blue Oak Projects PO Box 890 Winchester, TN 37398	Construction	1,384,908
RW Construction 70 Davis Ln Tracy City, TN 37387	Construction	444,812
Ruffalo Noel Levitz PO Box 718 Des Moines, IA 50303	Research Data Analytics	427,236
Community Counseling Service PO Box 824885 Philadelphia, PA 19182	Development and Counseling	379,330
Sanitation Department 1032 Caldwell Rd Sewanee, TN 37375	Sanitation	220,700
2 Total number of independent contractors (including but not limited to those listed above	) who received more than	

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►10

Part V	<b>7111</b>	Statement o						
		Check If Sched	ule O contains a respor		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s, Grants Amounts	1a b	Federated cam	es <b>1b</b>	0 0				
Giffs, ( illar An	d	Fundraising even	ents 1c	0				
tributions, Giffe Other Similar	e	Government grant		301,406				
ibutio	T a	sımılar amounts no	ons, gifts, grants, and <b>1f</b> ot included above ons included in lines	2,033,289				
Contributions, and Other Sim		1a-1f \$ <b>Total.</b> Add lines	s 1a-1f	2,033,269	16,949,196			
	2a	Tuition and Fees		Business Code 611310	67,566,027	67,566,027	0	0
Program Serwce Revenue	ь	Auxiliary Sales and	l Services	611310	25,315,802	25,315,802	0	0
гисе Б	c d	Education Sales ar	nd Services	611310	2,135,249	2,135,249	0	0
an Se	e							
Progr	f g		am service revenue		1,031,167 96,048,245	1,031,167	0	0
	3	Investment inc	ome (including dividen	ds, interest,	18,688,942	0	6,591	18,682,351
	4		ar amounts) stment of tax-exempt bond	H	8,328	0	0,331	8,328
	5	Royalties	(I) Pool	(u) Parcanal	2,534	0	0	2,534
	6a	Gross rents Less rental	(ı) Real	(II) Personal				
	C	expenses Rental income	0	0				
	d	or (loss)	me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	106,690,077	0				
	b	Less cost or other basis and sales expenses	110,036,140	0				
	c d	Gain or (loss)	-3,346,063	0	-3,346,063	0	0	-3,346,063
ψ		Gross income f events (not inc	rom fundraısıng		5,5 15,5 55			2,0.0,000
Other Revenue		\$of contributions See Part IV , lin	oreported on line 1c) ne 18					
therl			penses <b>b</b>	avente t				
0	9a		rom gaming activities ne 19	events p				
	b c		a penses b (loss) from gaming acti	vities				
	10a	Gross sales of returns and allo						
			oods sold <b>b</b> (loss) from sales of invo	entory 🛌				
	أ	Miscellaneous		Business Code				
	11a b	Insurance Proc casualty loss, I		611310	1,760,554	0	0	1,760,554
	c							
	d	All other reven	ue		0	0	0	0
	е	Total. Add lines		•	1,760,554			
	12	Total revenue.	See Instructions .	🕨	130,111,736	96,048,245	6,591	17,107,704

# Form 990 (2014) Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4	) organizations must complete a	all columns All other organiz	ations must complete column (A )

Check if Schedule O contains a response or note to any line in this Part IX									
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses				
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21		·						
2	Grants and other assistance to domestic individuals See Part IV, line 22	26,630,189	26,630,189						
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors, trustees, and key employees	2,865,017	973,365	1,643,323	248,329				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0							
7	Other salaries and wages	38,819,641	30,649,311	6,381,038	1,789,292				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,527,851	3,805,054	722,797					
9	Other employee benefits	7,286,621	5,072,512	1,611,594	602,515				
10	Payroll taxes	2,671,560	2,110,532	561,028					
11	Fees for services (non-employees)								
а	Management	415,481			415,481				
b	Legal	82,615	33,847	48,768					
c	Accounting	91,045		91,045					
d	Lobbying								
е	Professional fundraising services See Part IV, line 17	0							
f	Investment management fees	3,789,480	3,789,480						
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	5,150,648	3,243,315	1,740,113	167,220				
12	Advertising and promotion	425,957	167,360	22,799	235,798				
13	Office expenses	1,516,903	1,226,768	223,341	66,794				
14	Information technology	709,183	251,571	448,218	9,394				
15	Royalties								
16	Occupancy	1,270,420	1,107,344	94,105	68,971				
17	Travel	2,378,582	2,052,987	201,461	124,134				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials								
19	Conferences, conventions, and meetings	574,795	471,435	63,639	39,721				
20	Interest	1,823,049	1,823,049						
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	5,447,293	4,902,564	544,729					
23	Insurance	653,635	305,497	344,354	3,784				
24	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)								
а	Food	4,355,707	3,630,195	641,854	83,658				
b	Equipment Rental/Maintenance	726,795	423,132	277,506	26,157				
c	Utilities	2,840,862	2,786,185	54,677	·				
d	Renewals and Replacements	2,164,960	1,278,315	886,645					
e	All other expenses	4,369,051	3,818,597	550,454					
25	Total functional expenses. Add lines 1 through 24e	121,587,340	100,552,604	17,153,488	3,881,248				
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)								

Form 990 (2014)

Part X Balance Sheet

Par	't X	Balance Sheet Check if Schedule O contains a response or note to any line i	n this l	Part X			
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			4,172,745	1	5,834,083
	2	Savings and temporary cash investments			55,634,697	2	60,482,607
	3	Pledges and grants receivable, net			26,046,920	3	27,356,181
	4	Accounts receivable, net			1,095,723	4	846,697
	5	Loans and other receivables from current and former officers employees, and highest compensated employees Complete Schedule L	Part II	of	38,000	5	40,500
Assets	6	Loans and other receivables from other disqualified persons 4958(f)(1)), persons described in section 4958(c)(3)(B), an and sponsoring organizations of section 501(c)(9) voluntary organizations (see instructions) Complete Part II of Schedul	d contr emplo	ibuting employers	· · · · · · · · · · · · · · · · · · ·	6	40,500
8	7	Notes and loans receivable, net			2,642,279	7	2,710,568
ď	8	Inventories for sale or use			344,467	8	375,389
	9	Prepaid expenses and deferred charges			2,647,156	9	968,356
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	271,503,626	, ,		000,000
	b	Less accumulated depreciation	10b	87,670,776	176,140,856	10c	183,832,850
	11	Investments—publicly traded securities		' '	170,140,000	11	100,002,000
	12	Investments—other securities See Part IV, line 11			361,850,611	12	374,077,943
	13	Investments—program-related See Part IV, line 11			001,000,011	13	074,077,040
	14	Intangible assets	5,139,689	14	7,540,449		
	15	Other assets See Part IV, line 11			3,135,005	15	7,540,440
	16	Total assets. Add lines 1 through 15 (must equal line 34).			635,753,143	16	664,065,623
	17	Accounts payable and accrued expenses			9,884,999	17	9,723,270
	18	Grants payable	9,004,999	18	9,725,270		
	19	Deferred revenue			1,283,628	19	1,928,745
					59,388,989		83,164,446
	20	Tax-exempt bond liabilities			39,366,969	20	63,164,446
eS	21	Escrow or custodial account liability Complete Part IV of Sc				21	
Liabilitie	22	Loans and other payables to current and former officers, dire key employees, highest compensated employees, and disqua	alıfıed	·			
<u>ত</u>		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third part			23		
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to re and other liabilities not included on lines 17-24) Complete FD	art X	• •	7,044,102	25	7,195,106
	26	Total liabilities. Add lines 17 through 25			77,601,718	26	102,011,567
		Organizations that follow SFAS 117 (ASC 958), check here					
ě		lines 27 through 29, and lines 33 and 34.	•				
an	27	Unrestricted net assets			228,189,144	27	219,638,346
<u>е</u>	28	Temporarily restricted net assets			182,602,230	28	192,555,801
돧	29	Permanently restricted net assets			147,360,051	29	149,859,909
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check complete lines 30 through 34.	here 🕨	- ┌─ and			
ر د	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund	١.			31	
As	32	Retained earnings, endowment, accumulated income, or othe	r funds			32	
Net	33	Total net assets or fund balances			558,151,425	33	562,054,056
_	34	Total liabilities and net assets/fund balances			635,753,143	34	664,065,623
							Form <b>990</b> (2014)

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		130,1	.11,736
2	Total expenses (must equal Part IX, column (A), line 25)	2		121 5	587,340
3	Revenue less expenses Subtract line 2 from line 1				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	3		8,5	24,396
4	Net assets of fund balances at beginning of year (must equal Part X, line 33, column (A))	4		558,1	51,425
5	Net unrealized gains (losses) on investments	5		-4 6	521,765
6	Donated services and use of facilities			.,,	,21,700
_		6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	-			
		9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		562,0	54,056
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ved or	ווי		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separ basis, consolidated basis, or both	rate			
	▼ Separate basis				1
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	t of th	e <b>2c</b>	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	!	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3b	Yes	

#### **Additional Data**

**Software ID:** 14000267

**Software Version:** v1.00

**EIN:** 62-0475697

Name: The University of the South

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

(Code ) (Expenses \$ 3,936,406 including grants of \$ 104,210 ) (Revenue \$ 1,031,167 )

OTHER PROGRAM SERVICES OTHER PROGRAM EXPENSES ARE PRIMARILY COMPRISED OF EXPENSES RELATED TO FACULTY

RESEARCH ACTIVITIES AND OF EXPENSES RELATED TO PLANT MAINTENANCE AND OPERATION

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (A) (B) (D) (F) Name and Title Average Position (do not check Reportable Reportable Estimated amount hours per more than one box, unless compensation compensation of other week (list person is both an officer from the from related compensation any hours organization (Wand a director/trustee) organizations (Wfrom the for related 2/1099-MISC) 2/1099-MISC) organization and Highest employe Former Individual trustee or director organizations related Institutional Trustee below emplo)ee organizations dotted line) t compensated ee (1) John McKee Sloan 2 Χ 0 0 Board Member 2 (1) Santosh Marray Χ 0 0 0 Board Member 2 (2) Lucius Anderson Χ 0 0 ..... (3) James Bradford 2 0 0 0 Х Board Member (4) Polly Robb 2 Х 0 0 0 Board Member (5) Larry R Benfield 2 0 0 0 Board Member (6) Jim McDonald 2 Χ 0 0 0 ..... ...... Board Member (7) Billy Richard Cato 2 Х 0 0 0 Board Member (8) Terry Jefferson 2 Χ 0 0 0 Board Member (9) Robert C Wright 2 Χ 0 0 0 ..... Board Member (10) Sharon Hiers 2 Х 0 0 0 Board Member (11) George Williamson 2 Χ 0 0 0 Board Member (12) Sage Hoare 2 Χ 0 0 ..... ........ Board Member 2 (13) Gregory O Brewer 0 0 Х 0 Board Member (14) James Dorn 2 Χ 0 0 0 Board Member (15) Parker Bauer 2 Χ 0 0 Board Member 2 (16) Frank B Gummey III Χ 0 0 0 ..... Board Member (17) James Russell Kendrick 2 Х 0 0 0 Board Member (18) John H Riggin 2 Χ 0 0 0 Board Member (19) Amy Hamilton 2 0 0 Χ 0 (20) Eric Stevenson 2 0 0 0 Χ Board Member (21) George R Sumner Jr 2 0 0 0 Χ Board Member (22) Paul E Lambert Χ 0 0 ..... Board Member (23) Michael Hoffman 2 Χ 0 0 Board Member

2

Х

0

0

0

(24) Orrın Harrıson III

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (A) (B) (D) (F) Name and Title Average Position (do not check Reportable Reportable Estimated amount hours per more than one box, unless compensation compensation of other week (list person is both an officer from the from related compensation any hours organization (Wand a director/trustee) organizations (Wfrom the for related 2/1099-MISC) 2/1099-MISC) organization and Highest employe Former <u>8</u>0€ Individual trustee or director organizations related Institutional Trustee below emplo)ee organizations dotted line) t compensated ee (26) Gilda Hurst 2 Χ 0 0 Board Member 2 (1) Robert Skirving Χ 0 0 0 Board Member (2) Robert Alves 2 Χ 0 0 Board Member (3) John O Haroldson 2 0 0 0 Х Board Member (4) J Thomas Sutton 2 Х 0 0 0 Board Member (5) George D Young III 2 0 0 0 Board Member (6) Robert Leopold 2 Χ 0 0 0 ...... Board Member (7) Chris Cone 2 Х 0 0 0 Board Member (8) Lee Phillips 2 Χ 0 0 0 Board Member (9) Charles G vonRosenberg 2 Χ 0 0 0 ..... Board Member (10) Canon Michael Wright 2 Х 0 0 0 Board Member (11) Ann Stirling 2 Χ 0 0 0 Board Member (12) Jane Hart Lewis 2 Χ 0 0 ...... ........ Board Member 2 (13) Samuel Johnson Howard 0 0 Х 0 ..... Board Member (14) Malcolm Jopling 2 Χ 0 0 0 Board Member (15) Pamela Jordan Anderson 2 Χ 0 0 ...... Board Member (16) Blucher B Lines 2 Χ 0 0 0 ...... Board Member (17) J Scott Mayer 2 Х 0 0 0 Board Member (18) Andrew Wright 2 Χ 0 0 0 Board Member (19) Sherri Glaser 2 0 Χ 0 0 (20) Cynthia Hill 2 0 0 0 Х Board Member (21) Scott A Benhase 2 0 0 0 Χ Board Member (22) Ted Clarkson Χ 0 0 ..... Board Member (23) William R Bruce 2 Χ 0 0 0 Board Member

2

Х

0

0

0

(24) Deborah Thomas

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (A) (B) (D) (F) Name and Title Average Position (do not check Reportable Reportable Estimated amount hours per more than one box, unless compensation compensation of other week (list person is both an officer from the from related compensation any hours organization (Wand a director/trustee) organizations (Wfrom the for related 2/1099-MISC) 2/1099-MISC) organization and Highest employe Former <u>8</u>0€ Individual trustee or director organizations related Institutional Trustee below emplo)ee organizations dotted line) t compensated ee (51) Terry Allen White 2 Χ 0 0 Board Member 2 (1) Anne Vouga Χ 0 0 0 Board Member (2) Brian Clardy 2 Χ 0 0 Board Member (3) Leslie Newman 2 0 0 0 Х Board Member (4) Douglas Hahn 2 Х 0 0 0 Board Member (5) Michael Carlisle 2 0 0 0 ..... Board Member (6) Addison Hosea 2 Χ 0 0 0 ..... ...... Board Member (7) Buckner Hinkle 2 Х 0 0 0 Board Member 2 (8) Morris K Thompson Jr Χ 0 0 0 Board Member (9) Ralph Howe Jr 2 Χ 0 0 0 ..... Board Member (10) Drew Broach 2 Х 0 0 0 Board Member (11) Ed Harold 2 Χ 0 0 0 Board Member (12) Brian R Seage 2 Χ 0 0 ...... ........ Board Member 2 (13) David Elliott III 0 0 Х 0 Board Member (14) Scott Davis 2 Χ 0 0 0 Board Member (15) Whitney Robinson 2 Χ 0 0 Board Member 2 (16) George Wayne Smith Χ 0 0 0 ...... Board Member (17) Doris Westfall 2 Х 0 0 0 Board Member (18) Jack Lauless 2 Χ 0 0 0 Board Member (19) Chris Sturgeon 2 0 0 Χ 0 (20) Anne Hodges-Copple 2 0 0 0 Χ Board Member (21) Suzanne Cate 2 0 0 0 Χ Board Member (22) Edward Dudley Colhoun IV 2 Χ 0 0 ...... Board Member (23) Jane Whitt Sellers 2 Χ 0 0 Board Member

2

Х

0

0

0

(24) J Scott Mayer

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (A) (B) (D) (F) Name and Title Average Position (do not check Reportable Reportable Estimated amount hours per more than one box, unless compensation compensation of other week (list person is both an officer from the from related compensation any hours organization (Wand a director/trustee) organizations (Wfrom the for related 2/1099-MISC) 2/1099-MISC) organization and Highest employe Former <u>8</u>0€ Individual trustee or director organizations related Institutional Trustee below emplo)ee organizations dotted line) t compensated ee (76) Dr Robert F Pace 2 Χ 0 0 ..... Board Member (1) Don Griffis 2 Χ 0 0 0 Board Member (2) John Hill 2 Χ 0 0 (3) Peter Eaton 2 0 0 0 Х Board Member (4) Alberto Cutie 2 Х 0 0 0 Board Member (5) Alyson Crouch Hardin 2 0 0 0 ..... Board Member (6) Robert Holloway Moore 2 Χ 0 0 0 ..... ...... Board Member (7) Dabney T Smith 2 Х 0 0 0 Board Member 2 (8) Nathan Speck-Ewer Χ 0 0 0 ...... Board Member (9) Karen O Patterson 2 Χ 0 0 0 ..... Board Member (10) Gregory A Hearing 2 Х 0 0 0 Board Member (11) John C Bauerschmidt 2 Χ 0 0 0 Board Member (12) Canon Gene Manning 2 Χ 0 0 ..... ........ Board Member (13) H E Miller Jr 2 0 0 Х 0 Board Member (14) W A Stringer 2 Χ 0 0 0 Board Member (15) C Andrew Doyle 2 Χ 0 0 Board Member 2 (16) Dena Harrison Χ 0 0 0 ...... Board Member (17) Jeff W Fisher 2 Х 0 0 0 Board Member (18) William C Treadwell 2 Χ 0 0 0 Board Member (19) Sandra Pratt Wilkens 2 0 Χ 0 0 ..... (20) Seth Hinkley 2 0 0 0 Х Board Member (21) Andrew Waldo 2 0 0 0 Χ Board Member (22) Robert L Brown Χ 0 0 ...... Board Member (23) William Porcher DuBose III 2 Χ 0 0 0 Board Member (24) Mildred Lee Tanner 2

Х

Board Member

0

0

0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (A) (B) (D) (F) Name and Title Average Position (do not check Reportable Reportable Estimated amount hours per more than one box, unless compensation compensation of other week (list person is both an officer from the from related compensation any hours organization (Wand a director/trustee) organizations (Wfrom the for related 2/1099-MISC) 2/1099-MISC) organization and Highest employe Former Individual trustee or director organizations related Institutional Trustee below emplo)ee organizations dotted line) t compensated ee (101) Don E Johnson 2 Χ 0 0 ..... Board Member (1) Joe Porter 2 Χ 0 0 0 Board Member (2) Bill Nichol 2 Χ 0 0 (3) Sally Cassady Lyon 2 0 0 0 Х Board Member (4) Gary R Lillibridge 2 Х 0 0 0 Board Member (5) David Mitchell Reed 2 0 0 0 ..... ..... Board Member (6) Ben Nelson 2 Χ 0 0 0 ..... ...... Board Member (7) Dianne Pape 2 Х 0 0 0 Board Member 2 (8) William Campbell Χ 0 0 0 Board Member (9) Jacob W Owensby 2 Χ 0 0 0 ..... Board Member (10) Paul D Martin 2 Х 0 0 0 Board Member (11) Andrea Marie Petrosh 2 Χ 0 0 0 Board Member (12) Philip C Earhart 2 Χ 0 0 ...... ........ Board Member 2 (13) G Porter Taylor 0 0 Х 0 Board Member (14) Lawrence Britt 2 Χ 0 0 0 Board Member (15) Kemper Williams Brown 2 Χ 0 0 ...... Board Member 2 (16) Bill Stiefel Jr Χ 0 0 0 ...... Board Member (17) Michael Farr 2 Х 0 0 0 Board Member (18) David Juge 2 Χ 0 0 0 Board Member 2 (19) Mark Lawrence 0 0 Χ 0 (20) G Mark Phillips 2 0 0 0 Χ Board Member (21) Nancy Pile-Laney 2 0 0 0 Χ Board Member (22) William W Summerour Χ 0 0 ...... Board Member 2 (23) Howard Glen Castleberry Χ 0 0 Board Member

2

Х

0

0

0

(24) Julie Elizabeth Curd

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (A) (B) (D) (F) Name and Title Average Position (do not check Reportable Reportable Estimated amount hours per more than one box, unless compensation compensation of other week (list person is both an officer from the from related compensation any hours organization (Wand a director/trustee) organizations (Wfrom the for related 2/1099-MISC) 2/1099-MISC) organization and Highest employe Former <u>8</u>0€ Individual trustee or director organizations related Institutional Trustee below employee organizations dotted line) t compensated ee (126) Reid Funston 2 Χ 0 0 0 Board Member 2 (1) Michael Payne Χ 0 0 0 Board Member 2 (2) Anna Spencer Χ 0 0 (3) Ann Patterson Willett 2 0 0 0 Х Board Member (4) James P Wilson III 2 Х 0 0 0 Board Member (5) Rick Ball 2 0 0 0 Board Member (6) Joshua Bowron 2 Χ 0 0 0 ..... ...... Board Member (7) Suzanne Dansby 2 Х 0 0 0 Board Member 2 (8) M Jane Eaves Χ 0 0 0 Board Member (9) Everett Puri 2 Χ 0 0 0 Board Member (10) Sylar Holmes 40 Х 0 0 0 Board Member (11) Anne Gray Thornburg 40 Χ 0 0 0 Board Member (12) Rob MacSwain 40 Χ 58,568 0 16,134 Board Member 40 (13) Vırgınıa Craıghıll Х 61,292 0 14,386 Board Member (14) S Dixon Myers 40 Χ 65,641 0 46,227 Board Member (15) Chris McDonough 40 Χ 95,022 0 42,802 Board Member 2 (16) Samuel Johnson Howard Χ 0 0 0 ...... Board Member (17) Nickie Peardon 40 Х 28,087 0 17,138 Board Member (18) Aelred Dean 40 Χ 481 0 Board Member (19) John M McCardell Jr 40 Х 523,515 0 86,740 Vice-Chancellor/President (20) John Swallow 40 Х 217,048 0 49.361 Provost (21) Jett Fisher 40 Χ 0 171,920 76,409 VP of Advancement (22) Lee Ann Backlund 40 Х 162,002 0 31,968 ...... Dean of Admissions

40

40

Χ

Χ

161,923

154,533

0

0

49,590

39,582

(23) Donna Pierce

Dean of School of Theology

Legal Counsel (24) Neil Alexander Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	Posit more th persoi and a	ion (d nan o n is b	ne b	ox, u an of	nless ficer		( <b>D)</b> Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
(151) Eric Hartman  Dean of Students	40			х				132,002	0	62,962
(1) Paul Wiley Registrar	40			х				113,398	0	34,378
(2) John Gatta  Dean of College	40			х				201,247	0	41,294
(3) Francis Gladu  VP of Administration	40				х			168,873	0	49,641
(4) Sarah Sutherland Treasurer	40				х			135,421	0	24,817
(5) Linda Lankewicz Provost	40				х			129,348	0	47,048
(6) Gerald L Smith Professor	40					х		144,806	0	72,590
(7) Eugene Prunty Professor & Conf Director	40					х		183,335	0	61,174
(8) Frederick Croom Professor	40					х		159,456	0	38,249
(9) Joel Cunningham Professor	40					х		156,825	0	37,622
(10) Jon Meacham Professor	40					х		250,000	0	1,500

## **TY 2014 Reasonable Cause Explanation**

Name: The University of the South

**EIN:** 62-0475697

**Software ID:** 14000267

**Software Version:** v1.00

**Explanation:** Extension filed and approved. Due date is May 16th.

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493137023366

### **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

		<b>ne organization</b> y of the South				ation number							
THE U	HIVEISILY	y of the south					62-0475697						
Pa	rt I	Reason for Publi	c Charity S	Status (All organiza	itions must co	mplete this r		ns.					
		zation is not a private f											
1	Ī	•		· ·	= -	•	•						
2	Ī	A church, convention of churches, or association of churches described in <b>section 170(b)(1)(A)(i).</b> A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E)											
3	, _	A hospital or a cooper	=		· ·	tion 170(b)(1)	(Δ)(iii)						
4	<u>'</u>	A medical research or		=				) Enter the					
7	'	hospital's name, city,		erated in Conjunction v	vicii a nospitai u	lescribed iii <b>se</b>		J. Linter the					
5	Γ	An organization opera	ted for the ber	nefit of a college or uni	versity owned o	r operated by	a governmental unit d	escribed in					
		section 170(b)(1)(A)											
6	Г	A federal, state, or loc			described in <b>se</b>	ection 170(b)(	L)(A)(v).						
7	,	An organization that n						ieneral public					
	,	described in section 1				a g		, р					
8	Γ	A community trust de	scribed in <b>sec</b>	tion 170(b)(1)(A)(vi)	(Complete Par	tII)							
9	Γ	An organization that n	ormally receiv	ves (1) more than 33:	1/3% of its supp	ort from contri	butions, membership	fees, and gross					
		receipts from activitie	s related to it	s exempt functions—s	ubject to certai	n exceptions, a	and (2) no more than 3	331/3% of					
		ıts support from gross	ınvestment ır	ncome and unrelated b	usıness taxable	e income (less	section 511 tax) from	businesses					
		acquired by the organ	ızatıon after Jı	une 30, 1975 See <b>sec</b>	tion 509(a)(2).	(Complete Pa	rt III)						
10	Γ	An organization organ	ized and opera	ated exclusively to tes	t for public safe	ty See <b>sectio</b> i	n 509(a)(4).						
11	Γ	An organization organ	n organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of										
		one or more publicly s											
_	_	the box in lines 11a th											
а	ı	<b>Type I.</b> A supporting of supported organization											
		organization You mus				cy of the direct	ors or crustees or the	supporting					
b	Γ	Type II. A supporting				with its suppo	rted organization(s), l	by having control or					
				rganızatıon vested ın the same persons that control or manage the supported organızatıon(s) <b>Yo</b>									
	_	must complete Part I		ections A and C.  grated. A supporting organization operated in connection with, and functionally integrated with, its									
С	ı							grated with, its					
d	Г			see instructions) You must complete Part IV, Sections A, D, and E.  ntegrated. A supporting organization operated in connection with its supported organization(s) that is									
	,	not functionally integr											
	_	(see instructions) Yo											
е	-	Check this box if the					s a Type I, Type II, T	ype III functionally					
f		integrated, or Type II Enter the number of s											
_		Provide the following i											
g		Trovide the following i	mormation ab	out the supported orga	inizacion(3)								
	(i)N=	ame of supported	(ii) EIN	(iii) Type of	(iv) Is the org	nanization	(v) A mount of	(vi) A mount of					
		organization	(, -1	organization	listed in your	governing	monetary support	other support (see					
		-		(described on lines	docume	nt?	(see instructions) instructions)						
				1 - 9 above or IRC									
			section (see instructions))										
				mstructions))	Yes	No							

Sch	edule A (Form 990 or 990-EZ) 2014						Page <b>2</b>
Pa	Support Schedule for (Complete only if you c	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation failed	to qualify under
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	ipiete Part I	11.)
	endar year (or fiscal year beginning	(-) 2010	(1) 2011	(-) 2012	(4) 2012	(-) 201	(6) T. t. l
	in) 🟲	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual						
	grants ")						
2	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its						
3	behalf The value of services or facilities						
,	furnished by a governmental unit to						
	the organization without charge						
4	<b>Total.</b> Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	<b>Public support.</b> Subtract line 5 from line 4						
S	ection B. Total Support	1	l			1	
	endar year (or fiscal year beginning	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
	in) ►	(a) 2010	(0) 2011	(6) 2012	(d) 2013	(e) 2014	(I) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
	business activities, whether or not the business is regularly carried						
	on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI )						
11	<b>Total support</b> Add lines 7 through 10						
12	Gross receipts from related activities	es, etc (see inst	ructions)		•	12	<u> </u>
13	First five years. If the Form 990 is f	or the organizati	on's first, second	l, thırd, fourth, or	fifth tax year as a	section 501	(c)(3)
	organization, check this box and sto				<del></del>	<u> </u>	<u> </u>
	ection C. Computation of Pub			4.4 1 (5)		<del> </del>	
14	Public support percentage for 2014	· ·		11, column (f))		14	
15	Public support percentage for 2013	•	•			15	
16a	<b>33 1/3% support test—2014.</b> If the				line 14 is 33 1/3%	∕o or more, ch	
h	and stop here. The organization qua 33 1/3% support test—2013. If the				and line 15 is 3	3 1/3% or mo	re check this
	box and <b>stop here.</b> The organization				, and fine 13 is 3.	3 1/3/0 01 1110	re, check this ▶□
17a	10%-facts-and-circumstances test-	<b>-2014.</b> If the org	anızatıon dıd not	check a box on li			,
	is 10% or more, and if the organizat						
	in Part VI how the organization mee	ts the "facts-and	d-circumstances'	test The organi	zation qualifies as	s a publicly s	
h	organization 10%-facts-and-circumstances test-	-2013. If the ora	anization did not	check a hov on li	ne 13 16a 16b	or 17a and b	<b>▶</b> ┌
	15 is 10% or more, and if the organ						
	Explain in Part VI how the organizat						ublicly
	supported organization				471		<b>▶</b> ┌
18	<b>Private foundation.</b> If the organizations	on ala not check	ca box on line 13	, 16a, 16b, 1/a,	or 1 / b, check this	s pox and see	• <b>▶</b> □

Schedule A (Form 990 or 990-EZ) 2014 Page 3 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 (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2013 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17 Investment income percentage from 2014 (line 10c, column (f) divided by line 13, column (f))

18 Investment income percentage from 2013 Schedule A, Part III, line 17

18

19a 33 1/3% support tests—2014. 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%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V  $\,)$ 

Section A. All Supporting Organizations
-----------------------------------------

Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or $(2)$ ? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section $509(a)(1)$ or $(2)$ .	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If</i> "Yes," provide detail in <b>Part VI</b> .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
l1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below,			
	the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

11c

Pa	rt IV Supporting Organizations (continued)			
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see  The organization satisfied the Activities Test Complete line 2 below  The organization is the parent of each of its supported organizations. Complete line 3 below  The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions.			
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3				
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each		1 1	

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

### Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

### Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furthexcess of income from activity	ers exempt purposes of supp	ported organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	nured)		
6 Other distributions (describe in Part VI) See instru	JCTIONS		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2014 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		(::)	(:::)
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014			
<b>a</b> From 2009			
<b>b</b> From 2010			
<b>c</b> From 2011			
d From 2012			
<b>e</b> From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount  i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
A pplied to underdistributions of prior years			
<b>b</b> Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2015.</b> Add lines 3j and 4c			
8 Breakdown of line 7			
<b>a</b> From 2010			
<b>b</b> From 2011			
<b>c</b> From 2012			
d From 2013			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2014

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

#### DLN: 93493137023366

# OMB No 1545-0047

Open to Public

# **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

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

Information about Schedule D (Form 990) and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a>.

Inspection

Name of the organization The University of the South				Employer identification number			
ne on	versity of the south			62-04756	97		
Part		ised Funds or Oth	er Similar Fu	inds or Ac	counts. Comple	te if the	
	organization answered "Yes" to Form 990,	Part IV, line 6. (a) Donor advis	ed funds	(b) Fur	nds and other acco	unte	
То	tal number at end of year	(a) Dollor advis	eu iulius	(b) Ful	ius and other acco	unts	
	gregate value of contributions to (during year)						
_	gregate value of grants from (during year)						
_	gregate value at end of year						
Dı	d the organization inform all donors and donor advison nds are the organization's property, subject to the org			or advised	☐ Yes	□ No	
Dı us	d the organization inform all grantees, donors, and do ed only for charitable purposes and not for the benefi inferring impermissible private benefit?	- onor advisors in writing t	:hat grant funds		ose <b>Tyes</b>	□ No	
	I Conservation Easements. Complete if	the organization ans	wered "Yes" to	Form 990,	Part IV, line 7.		
प प प	Preservation of open space	or education) Pro	eservation of an eservation of a c	ertified histo	rıc structure		
	omplete lines 2a through 2d if the organization held a isement on the last day of the tax year	qualified conservation	contribution in th	ne form of a c	onservation		
_			_	Hel	d at the End of the		
	otal number of conservation easements		-	2a		2	
	otal acreage restricted by conservation easements		/- \ <b>-</b>	2b		3,208	
	umber of conservation easements on a certified histo		` ′ ⊢	2c		0	
his	umber of conservation easements included in (c) acq storic structure listed in the National Register		L	2d		0	
	umber of conservation easements modified, transferrore tax year 🛌 <u>0</u>	ed, released, extinguish	ed, or terminated	d by the orga	nızatıon durıng		
Nι	umber of states where property subject to conservation	on easement is located	<u> </u>				
	oes the organization have a written policy regarding t iforcement of the conservation easements it holds?	he periodic monitoring,	inspection, hand	ling of violati	ons, and	┌ No	
St ►	aff and volunteer hours devoted to monitoring, inspec 450	ting, and enforcing con	servation easem	ents during t	he year		
	mount of expenses incurred in monitoring, inspecting \$10,480	, and enforcing conserva	ation easements	during the ye	ear		
	oes each conservation easement reported on line 2(d id section 170(h)(4)(B)(ii)?	) above satisfy the requ	urements of sect	tion 170(h)(4	·)(B)(ı)	┌ No	
ba	Part XIII, describe how the organization reports con lance sheet, and include, if applicable, the text of the e organization's accounting for conservation easeme	footnote to the organiz					
rt I	Organizations Maintaining Collections Complete if the organization answered "Ye			or Other Si	imilar Assets.		
wo	the organization elected, as permitted under SFAS 1 orks of art, historical treasures, or other similar asseted in the footnote to the footnote to	16 (ASC 958), not to re s held for public exhibit	port in its reven ion, education, c	r research in	furtherance of pub		
wo	the organization elected, as permitted under SFAS 1 orks of art, historical treasures, or other similar asset rvice, provide the following amounts relating to these	s held for public exhibit				olic	
(i)	Revenue included in Form 990, Part VIII, line 1			<b>&gt;</b> 9	<b></b>		
(ii	Assets included in Form 990, Part X			<b>.</b>	\$		
Ιf	the organization received or held works of art, histori llowing amounts required to be reported under SFAS						
Re	evenue included in Form 990, Part VIII, line 1			<b> -</b> 9	5	0	
	, ,			. 1	_		

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

Part	Organizations Maintaining Co	llections of Art,	Histo	rical Tr	easur	es, or Oth	<u>er Similar As</u>	sets (contin	nued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other records	s, che	ck any of tl	he follo	wing that are	a significant use	of its	
а	Public exhibition		d	Loan c	rexch	ange program	ıs		
b	Scholarly research		e	Other					
C	Preservation for future generations								
4	Provide a description of the organization's c Part XIII	ollections and explain	howt	hey furthe	r the or	rganızatıon's e	exempt purpose	n	
5	During the year, did the organization solicit						mılar		
Dav	assets to be sold to raise funds rather than to the sold to raise funds rather than to the sold to the	•					Vac" to Form (	, ,	No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an ar					answered	res to ronni s	190,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					r other assets	s not	┌ Yes ┌	No
b	If "Yes," explain the arrangement in Part XI	I and complete the fo	ollowir	g table					
							An	nount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e	-		
f	Ending balance					1f	-		
2a	Did the organization include an amount on Fe	orm 990, Part X, line 2	21, fo	r escrow o	rcusto	dıal account l	iability?	┌ Yes ┌	No
ь	If "Yes," explain the arrangement in Part XI	I Check here if the e	xplan	atıon has b	oeen pr	ovided in Par	t XIII		
Pa	rt V Endowment Funds. Complete							. >=	
1a	Beginning of year balance	(a)Current year 374,301,967		or year <b>l</b> 36,524,119		318,951,183	Three years back 318,709,539	(e)Four years 272,48	
ь	Contributions	10,710,941		5,039,090		8,617,720	10,044,584	•	33,969
c	Net investment earnings, gains, and losses			-,,		-,,,			
_		9,749,367		47,073,055		22,614,726	3,315,401		23,352
d	Grants or scholarships	7,806,830		6,142,028		5,853,531	5,533,669	5,69	98,947
е	Other expenditures for facilities and programs	9,133,461		8,192,269		7,805,979	7,584,672	7,33	36,318
f	Administrative expenses	0		0		0	0		0
g	End of year balance	377,821,984	3	74,301,967		336,524,119	318,951,183	318,70	)9,539
2	Provide the estimated percentage of the cur	rent year end balance	(line	1g, columr	n (a)) h	eld as			
а	Board designated or quasi-endowment 🕨	21 %							
b	Permanent endowment ► 41 %								
c	Temporarily restricted endowment ► 3	8 %							
	The percentages in lines 2a, 2b, and 2c sho	uld equal 100%							
За	Are there endowment funds not in the posse	ssion of the organizat	ion th	at are held	and ac	dministered fo	r the		
	organization by							Yes N	<u>o</u>
	(i) unrelated organizations		•				3a( 3a(		
ь	(ii) related organizations			edule R?			Sa(	<del></del>	<del>-</del>
4	Describe in Part XIII the intended uses of the	·							—
Par	t VI Land, Buildings, and Equipme				answ	ered 'Yes' to	o Form 990, Pa	rt IV, line	
	11a. See Form 990, Part X, line	10.					·		
	Description of property			(a) Cost or o asıs (ınvestn		( <b>b)</b> Cost or other basıs (other)	(c) Accumulated depreciation	(d) Book va	alue
1a	Land			1,663	3,416	18,702,16	4	20,36	5,580
b	Buildings			196	5,779	193,805,21	7 51,702,073	3 142,29	9,923
c	Leasehold improvements		. [		0		0 (	)	0
d I	Equipment		. [		0	44,849,690	35,968,703	8,88	0,987
	Other				0	12,286,360			6,360
Tota	I. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part X,	colum	n (B), line i	10(c).)			183,83	2,850
							Schedule [	(Form 990)	2014

<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b)Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value
(1)Financial derivatives		F
(2)Closely-held equity interests		F
(3)Other (A) Equities	309,895,636	F
(B) Bonds	39,024,252	F
(C) Cash Value of Insurance	1,396,353	F
(D) Assets Held By Trustee	23,761,702	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	<b>▶</b> 374,077,943	
Part VIII Investments—Program Related. Conservation See Form 990, Part X, line 13.	omplete if the organization	answered 'Yes' to Form 990, Part IV, line 11c.
(a) Description of investment	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<b>•</b>	
Part IX Other Assets. Complete if the organization (a) Description		Part IV, line 11d See Form 990, Part X, line 15  (b) Book value
(a) Descri	приоп	(b) Book Value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1	15.)	
Part X Other Liabilities. Complete if the organized Form 990, Part X, line 25.	anization answered 'Yes' to	Form 990, Part IV, line 11e or 11f. See
1 (a) Description of liability	(b) Book value	
Federal income taxes		
Refundable Advances	2,697,579	
Post Retirement Benefit Obligation	4,497,527	
	+	
	]	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	7,195,106	
2. Liability for uncertain tax positions. In Part XIII, provid		a organization's financial statements that reports the

Sche	date D (1 01111 ) 300) 2014		Page •
Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per the organization answered 'Yes' to Form 990, Part IV, line 12a.	er Re	<b>turn</b> Complete ıf
1	Total revenue, gains, and other support per audited financial statements	1	107,083,560
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments   2a   -4,621,765		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	-30,996,004
3	Subtract line <b>2e</b> from line <b>1</b>	3	138,079,564
4	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 0		
b	Other (Describe in Part XIII )		
c	Add lines <b>4a</b> and <b>4b</b>	4c	-7,967,828
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12 )	5	130,111,736
Par	XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per l	<b>Return.</b> Complete
	ıf the organization answered 'Yes' to Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	103,180,929
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	7,967,828
3	Subtract line <b>2e</b> from line <b>1</b>	3	95,213,10
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 0		
b	Other (Describe in Part XIII )		
c	Add lines <b>4a</b> and <b>4b</b>	4c	26,374,239

## Part XIII Supplemental Information

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 ınformatıon

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) .

Return Reference	Explanation
Schedule D, Part II, Line 5	THE LAND TRUST MONITORS EACH PROPERTY AT LEAST ANNUALLY TO ENSURE THAT THE TERMS OF THE EASEMENT ARE BEING MET
Schedule D, Part II, Line 9	CONSERVATION EASEMENT(S) ARE NOT REFLECTED IN THE BALANCE SHEET, INCIDENTAL EXPENSES REFERENCED IN SCHEDULE D PART II, LINE 7 FLOW THROUGH ON THE STATEMENT OF ACTIVITIES
Schedule D, Part III, Line 1	THE UNIVERSITY DOES NOT INCLUDE EITHER THE COST OR THE VALUE OF ITS COLLECTIONS ON THE STATEMENT OF FINANCIAL POSITION, NOR DOES IT RECOGNIZE GIFTS OF COLLECTION ITEMS AS REVENUES IN THE STATEMENT OF ACTIVITIES THE PROCEEDS FROM ITEMS DISPOSED OF ARE REPORTED AS INCREASES IN THE APPROPRIATE CLASS OF NET ASSETS IN THE STATEMENT OF ACTIVITIES CONTRIBUTED WORKS OF ART, HISTORICAL TREASURES, AND SIMILAR ASSETS THAT ARE NOT ADDED TO COLLECTIONS ARE REPORTED AS ASSETS HELD FOR SALE ON THE STATEMENTS OF FINANCIAL POSITION AT THEIR FAIR MARKET VALUES AT THE DATE OF THE GIFT
Schedule D, Part III, Line 4	THE UNIVERSITY COLLECTS WORKS OF ART, HISTORICAL TREASURES, AND SIMILAR ASSETS WHICH REFLECT THE HISTORY OF THE INSTITUTION AND/OR SUPPORT ITS EDUCATIONAL PURPOSE THE COLLECTIONS ARE MAINTAINED FOR PUBLIC EXHIBITION, EDUCATION AND RESEARCH IN FURTHERANCE OF PUBLIC SERVICE RATHER THAN FOR FINANCIAL GAIN COLLECTIONS ARE PROTECTED, KEPT UNENCUMBERED, CARED FOR, AND PRESERVED AS A MATTER OF POLICY, THE PROCEEDS OF ITEMS IN COLLECTIONS THAT ARE SOLD ARE USED TO ACQUIRE OTHER ITEMS FOR COLLECTIONS
Schedule D, Part V, Line 4	ENDOWMENT FUNDS ARE HELD IN PERPETUITY AND THE EARNINGS ARE USED FOR PURPOSES DESIGNATED BY DONORS IN GIFT AGREEMENTS THESE PURPOSES INCLUDE, BUT ARE NOT LIMITED TO STUDENT FINANCIAL AID, INTERNSHIPS, FACULTY SUPPORT, FACILITIES, MAINTENANCE, AND OPERATIONS
Schedule D, Part X, Line 2	THE UNIVERSITY ACCOUNTS FOR THE EFFECT OF ANY UNCERTAIN TAX POSITIONS BASED ON A MORE LIKELY THAN NOT THRESHOLD TO THE RECOGNITION OF THE TAX POSITIONS BEING SUSTAINED BASED ON THE TECHNICAL MERITS OF THE POSITION UNDER EXAMINATION BY THE APPLICABLE TAXING AUTHORITY IF A TAX POSITION OR POSITIONS ARE DEEMED TO RESULT IN UNCERTAINTIES OF THOSE POSITIONS, THE UNRECOGNIZED TAX BENEFIT IS ESTIMATED BASED ON A CUMULATIVE PROBABILITY ASSESSMENT THAT AGGREGATES THE ESTIMATED TAX LIABILITY FOR ALL UNCERTAIN TAX POSITIONS TAX POSITIONS FOR THE UNIVERSITY INCLUDE, BUT ARE NOT LIMITED TO, THE TAX EXEMPT STATUS AND DETERMINATION OF WHETHER INCOME IS SUBJECT TO UNRELATED BUSINESS INCOME TAX, HOWEVER, THE UNIVERSITY HAS DETERMINED THAT SUCH TAX POSITIONS DO NOT RESULT IN AN UNCERTAINTY REQUIRING RECOGNITION
Schedule D, Part XI, Line 2d	OTHER ADJUSTMENTS SCHOLARSHIPS - CONTRA REVENUE -26,374,239

5

121,587,340

	Tage 2				
Part XIII Supplemental Information (continued)					
Return Reference	Explanation				
Schedule D, Part XI, Line 4b	Investment earnings Net gains (losses) on endowment and other investments, net of amount appropriated for endowment spending payout -7,632,396 Change in value of split-interest agreements -335,432				
Schedule D, Part XII, Line 2d	Investment earnings Net gains (losses) on endowment and other investments, net of amount appropriated for endowment spending payout 7,632,396 Change in value of split-interest agreements 335,432				
Schedule D, Part XII, Line 4b	OTHER ADJUSTMENTS SCHOLARSHIPS - CONTRA REVENUE 26,374,239				

Schedule D (Form 990) 2014

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493137023366

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

**SCHEDULE E** 

(Form 990 or 990-EZ)

# **Schools**

▶Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. ► Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

ame of the organization he University of the South		Employer identification number			
iic Oi	·	62-0475697			
Part I				YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in in other governing instrument, or in a resolution of its governing body?	ts charter, bylaws,	1	Yes	
2				Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media the period of solicitation for students, or during the registration period if it has no solicitation program, in a vithat makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No please explain If you need more space use Part II		3	Yes	
			- - -		
4	Does the organization maintain the following?		4-	   	
	Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscrim basis?		4a 4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the pu with student admissions, programs, and scholarships?	ıblıc dealıng	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?		4d	Yes	
_	If you answered "No" to any of the above, please explain If you need more space, use Part II		   		
	Does the organization discriminate by race in any way with respect to Students' rights or privileges?		5a		Νo
b	Admissions policies?		5b		Νo
c	Employment of faculty or administrative staff?		5c		Νo
	Scholarships or other financial assistance?		5d		Νo
	Educational policies?		5e		Νo
	Use of facilities?		5f		No 
_	Athletic programs?		5g		No.
n	Other extracurricular activities?  If you answered "Yes" to any of the above, please explain If you need more space, use Part II		<u>5h</u>		No
	Does the organization receive any financial aid or assistance from a governmental agency?  Has the organization's right to such aid ever been revoked or suspended?		6a 6b	Yes	No
	If you answered "Yes" to either line 6a or line 6b, explain on Part II  Does the organization certify that it has complied with the applicable requirements of sections 4 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Pa		7	Yes	

Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable Also provide any other additional information (see instructions)

Return Reference	Explanation
Schedule E, Part I, Line 3	THE UNIVERSITY DRAWS A LARGE PERCENTAGE OF ITS STUDENTS FROM A LARGE GEOGRAPHIC SECTION THE UNIVERSITY FOLLOWS A RACIALLY NONDISCRIMINATORY POLICY AND INCLUDES APPROPRIATE STATEMENTS IN ITS RECRUITING, ADMISSIONS, AND SCHOLARSHIP BROCHURES AND CATALOGES
Schedule E, Part I, Line 6	FUNDS FOR FINANCIAL AID TO STUDENTS ARE RECEIVED FROM THE US DEPARTMENT OF EDUCATION FOR COLLEGE WORK STUDY, SUPPLEMENTAL EDUCATION OPPORTUNITY GRANTS, AND PELL GRANTS PERKINS LOANS CONTINUE TO BE DISBURSED FROM THE REVOLVING LOAN FUND FEDERAL DIRECT LOAN PROCEEDS ARE RECEIVED FROM THE US DEPARTMENT OF EDUCATION AND CREDITED TO STUDENTS' ACCOUNTS RECEIVABLE

Schedule E (Form 990 or 990-EZ) (2014)

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493137023366

SCHEDULE F (Form 990)

## **Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. 2014

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990.

► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

	of the organization Iniversity of the South				Employer ident	ification number
i iic c	miversity of the South				62-0475697	
Pai	rt I General Information "Yes" to Form 990, Pai			ne United States. Co	omplete if the organiz	ation answered
1	For grantmakers. Does the d	organization m	aıntaın record	s to substantiate the a	amount of its grants	
	and other assistance, the gra					
	used to award the grants or a	assistance?				▼ Yes    No
2	<b>For grantmakers.</b> Describe in assistance outside the United	ng the use of its gran	ts and other			
3	Activites per Region (The follow	ing Part I, line 3	table can be d	uplicated if additional spa	ce is needed )	
	<b>(a)</b> Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)	Central America and the Caribbean	0	0	Investments		45,463,037
( 2)	Central America and the Caribbean	0	2	Program Services	Study abroad program	23,996
(3)	South Asia	0	1	Program Services	Study Abroad program	73,696
(4)	East Asia and the Pacific	0	3	Program Services	Study abroad program	73,481
(5)	Europe (including Iceland and Greenland)	1	9	Program Services	Study abroad program	455,813
	Sub-total					
b	Total from continuation sheets to Part I					
c	Totals (add lines 3a and 3b)	1	15			46,090,023

Schedule F (Form 990) 2014

Pa				izations or Entitie ved more than \$5,0		•	9		to Form 990,
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	( <b>d)</b> Purpose of grant	(e) A mount of cash grant	<b>(f)</b> Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(	1)								
(	2)								
(	3)								
(	4)								
2				ed above that are ro or counsel has pro					
3	Enter total num	nber of other or	ganizations or ent	ities					

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

Part III can b	<u>e duplicated ir additio</u>	<u>nai space is n</u>	eeaea.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)
(1) Scholarship	Central America and the Caribbean	7		Credit to Students' Accounts Receivable	0		
(2) Scholarship	South Asıa	4		Credit to Students' Accounts Receivable	0		
(3) Scholarship	East Asia and the Pacific	5		Credit to Students' Accounts Receivable	0		
(4) Scholarship	Europe (including Iceland and Greenland)	11		Credit to Students' Accounts Receivable	0		
(5)							
( 6)							
(7)							
(8)							
(9)							
(10)							
(11)							
( 12)							
(13)							
(14)							
( 15)							
(16)							
( 17)							
( 18)							
		<u> </u>				Schedi	lle F (Form 990) 2014

## Part IV Foreign Forms

1	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	দ	Yes	Γ	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Γ	Yes	ঘ	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Γ	Yes	্	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Γ	Yes	ঘ	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Γ	Yes	্ব	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Г	Yes	<b>√</b>	Νo

Schedule F (Form 990) 2014

Schedule F (Form 990) 2014 Page **5** 

#### Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

#### 990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F, Part I, Line 2	SCHOLARSHIP AWARDS ARE CREDITED TO THE STUDENTS' ACCOUNTS RECEIVABLE AT THE UNIVERSITY OF THE SOUTH CREDIT IS APPLIED DIRECTLY AGAINST TUITION AND FEES CHARGED TO THE STUDENT FOR SUMMER ABROAD PROGRAMS AND ONE SEMESTER ABROAD PROGRAM

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493137023366 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Attach to Form 990. Open to Public Department of the Treasury **Inspection** Internal Revenue Service Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization Employer identification number The University of the South 62-0475697 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. 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. (c) IRC section (a) Name and address of **(b)** EIN (d) Amount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable valuation non-cash assistance or assistance grant cash or government assistance (book, FMV, appraisal, other)

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

Enter total number of other organizations listed in the line 1 table . . . . . . . . . . . . . . . .

Part III Grants and Other Assistance to Domestic Individuals. 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>(b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Scholarships to students enrolled at the University of the South	1430	26,630,189			

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.							
Return Reference	Explanation						
Schedule I, Part I, Line 2	MERIT BASED SCHOLARSHIPS AND NEED BASED SCHOLARSHIPS AWARDED TO ENROLLED STUDENTS ARE CREDITED TO STUDENTS' ACCOUNT TO COVER TUITION AND FEES GRADE REPORTS ARE GENERATED FOR EACH TERM AND EACH INDIVIDUAL STUDENT IS REVIEWED TO INSURE THEY ARE MAKING SATISFACTORY ACADEMIC PROGRESS TO MAINTAIN THEIR GRANT OR SCHOLARSHIP FUNDING NOTIFICATIONS ARE SENT BY THE DEAN OF THE COLLEGE TO ALERT DEPARTMENTS OF WITHDRAWALS ALSO, FINANCIAL AID RUNS ENROLLMENT REPORTS EACH TERM TO CHECK THE NUMBER OF CREDIT HRS FOR EACH STUDENT THIRD PARTY SOFTWARE IS ALSO CODED TO PREVENT THE CREDIT OF FUNDS TO A STUDENT WITHOUT ENROLLED HOURS						

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

#### DLN: 93493137023366

## OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

**Compensation Information** 

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization The University of the South

**Employer identification number** 62-0475697

Pa	rt I	Questions Regarding Compensation				
			_		Yes	No
.a		eck the appropiate box(es) if the organization provided any of the D, Part VII, Section A, line 1a Complete Part III to provide any				
	Γ	First-class or charter travel	g allowance or residence for personal use			
		Travel for companions	nts for business use of personal residence			
		Tax idemnification and gross-up payments	or social club dues or initiation fees			
	Γ	Discretionary spending account  Person	al services (e g , maid, chauffeur, chef)			
b		ny of the boxes in line 1a are checked, did the organization follo nbursement or provision of all of the expenses described above?	TENNIA II AANANIAKA DANKIIT KA AMANIANA	1b	Yes	
2		the organization require substantiation prior to reimbursing or a ctors, trustees, officers, including the CEO/Executive Director,		2	Yes	
3	orga	icate which, if any, of the following the filing organization used to anization's CEO/Executive Director Check all that apply Do no d by a related organization to establish compensation of the CE	t check any boxes for methods			
	$\Gamma$	Compensation committee	employment contract			
	Γ	Independent compensation consultant	nsation survey or study			
	Γ	Form 990 of other organizations	al by the board or compensation committee			
١		ing the year, did any person listed in Form 990, Part VII, Sectic related organization	n A, line 1a with respect to the filing organization			
а	Rece	eive a severance payment or change-of-control payment?		4a		No
b	Parti	ticipate in, or receive payment from, a supplemental nonqualified	d retirement plan?	4b		Νo
C		ticipate in, or receive payment from, an equity-based compensa		4c		Νo
	If"Y	Yes" to any of lines 4a-c, list the persons and provide the applic	able amounts for each item in Part III			
	Only	y 501(c)(3), 501(c)(4), and 501(c)(29) organizations must com	plete lines 5-9.			
5	Forp	persons listed in Form 990, Part VII, Section A, line 1a, did the appensation contingent on the revenues of				
а	The	organization?	<u>.</u>	5a		Νo
b	Any	related organization?	<u>!</u>	5b		Νo
	If"Y	Yes," to line 5a or 5b, describe in Part III				
•		persons listed in Form 990, Part VII, Section A, line 1a, did the apensation contingent on the net earnings of	organization pay or accrue any			
а	The	organization?		6a		No
b	Any	related organization?	T e	6b		Νo
	If"Y	Yes," to line 6a or 6b, describe in Part III				
•		persons listed in Form 990, Part VII, Section A, line 1a, did the ments not described in lines 5 and 6? If "Yes," describe in Part		7		No
3	Were	re any amounts reported in Form 990, Part VII, paid or accured	pursuant to a contract that was			
	subj	ject to the initial contract exception described in Regulations se				
	ın Pa	art III		8		No
)		Yes" to line 8, did the organization also follow the rebuttable pre tion 53 4958-6(c)?	-	9		

## 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)(1)-(111) 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>(B)</b> Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	( <b>D)</b> Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	<b>(F)</b> Compensation in
	(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation			column(B) reported as deferred in prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2014

### Part III Supplemental Information

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

Return Reference	Explanation
,	THE UNIVERSITY PROVIDES HOUSING AND CERTAIN CUSTODIAL SERVICES FOR THE VICE CHANCELLOR AS A CONDITION OF EMPLOYMENT SO THAT HE CAN PERFORM ESSENTIAL UNIVERSITY BUSINESS AND ACTIVITIES AT THE HOME THE PORTION OF THE STRUCTURE ALLOCABLE TO THE PERSONAL LIVING QUARTERS AND THE RELATED SERVICES FOR SUCH QUARTERS ARE INCLUDED IN HIS NON-TAXABLE BENEFITS REPORTED ON SCHEDULE J PART II, COLUMN (D)

Schedule J (Form 990) 2014

#### **Additional Data**

**Software ID:** 14000267

**Software Version:** v1.00

**EIN:** 62-0475697

Name: The University of the South

## Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	C	(i) Base Compensation	W-2 and/or 1099-MIS (ii) Bonus & Incentive compensation	C compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
John M McCardell Jr, Vice- Chancellor/President	(ı) (ıı)	505,253 0	0 0	18,262 0	39,000 0	43,704 0	606,219 0	0 0
John Swallow, Provost	(ı) (ıı)	216,988 0	0	60 0	21,000 0	2,128 0	240,176 0	0 0
Jett Fisher, VP of Advancement	(ı) (ıı)	171,662 0	0	258 0	18,225 0	56,720 0	246,865 0	0 0
Lee Ann Backlund, Dean of Admissions	(I) (II)	161,744 0	0	258 0	16,895 0	14,961 0	193,858 0	0 0
Donna Pierce, Legal Counsel	(I) (II)	161,527 0	0	396 0	16,785 0	14,916 0	193,624 0	0 0
Neil Alexander, Dean of School of Theology	(I) (II)	153,741 0	0	792 0	33,480 0	28,041 0	216,054 0	0 0
Francis Gladu, VP of Administration	(I) (II)	250,000 0	0	0	0	13,278 0	263,278 0	0 0
Jon Meacham, Professor	(ı) (ıı)	168,477 0	0	396 0	17,400 0	0	186,273 0	0
Eugene Prunty, Professor & Conf Director	(ı) (ıı)	182,726 0	0	610 0	28,058 0	14,505	225,899 0	0
Frederick Croom, Professor	(ı) (ıı)	158,615 0	0	8 <b>4</b> 0 0	25,264 0	22,779 0	207,498 0	0
Joel Cunningham, Professor	(ı) (ıı)	156,007 0	0	818 0	24,460 0	16,882 0	198,167 0	0
John Gatta, Former Dean of College	(I) (II)	200,548 0	0	699 0	18,360	1,677 0	221,284 0	0 0

DLN: 93493137023366

Open to Public

OMB No 1545-0047

Schedule K (Form 990)

Department of the Treasury

Internal Revenue Service

**Supplemental Information on Tax Exempt Bonds** ► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990.

▶Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

**Inspection** 

	ne of the organization				Employer identification number										
	e University of the South												Mon na.	IIDEI	I
	art I Bond Issues									02	-04756	9 /			
	art I Bond Issues (a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date issued	(e) Issue	price	(f	F) Description	on of purpose	( <b>q</b> ) De	efeased	(h)	On	(i)	Pool
	(4) 100401	(2),133231	( <b>3)</b> 3322	(4, 5412 .5522	(3)		``	, 5 555	II OI PAIFEE	(9)	100000	beha	alfof		ncing
		ļ	1	'						\ <u>\</u>	T No.		uer		
	Franklin Co Health and	52-1282324	BS1353325	12-01-2005	13 30	90,188	Δcad	demic Buildin	ng and Dorm	Yes	No	Yes	No X	Yes	No X
<b>_</b>	Education Facilities Board							ovation						ı <u></u>	
В	Franklin Co Health and Education Facilities Board	52-1282324	353325DG5	11-08-2012	41,05	,		Dorm Renovation and New Dorm Construction			Х		Х		Х
c _	Franklın Co Health and Education Facilities Board	52-1282324	353325DH3	09-01-2014	27,32			Redemption of Prior Bonds and Deferred Maintenance			Х		х		Х
D	Franklin Co Health and Education Facilities Board	52-1282324	353325ED1	04-01-2015	7,03	31,896	Dormitory Constuctions			Х		Х		Х	
₽ŧ	art III Proceeds														
1					Α		$\Box$ $\downarrow$	В			С			D	
1_	A mount of bonds retired					13,190,	,188		565,000			0			0
_2							0	<u> </u>	0			0			0
3						13,390,	,188		41,051,769		27,32	1,337		7,	,031,896
4	Gross proceeds in reserve fui				<u> </u>		0	<u>.                                    </u>	0			0			0
5	Capitalized interest from proc						0		0			0			0
6	Proceeds in refunding escrow						0		14,011,274			0			0
7	Issuance costs from proceed					124,	,120			128,		8,250			91,535
8	Credit enhancement from pro-					168,	349 0				0			0	
9	Working capital expenditures					13,097,	,719 0				0			0	
10	Capital expenditures from pro	oceeds					0		38,110,195		9,77	3,423			34,485
11	Other spent proceeds						0		2,939,458			12,956,842			0
12	O ther unspent proceeds						0		2,116			2,822			,905,876
13	Year of substantial completio	n n			200	08		201	14						
					Yes	No		Yes	No	Yes	N	lo	Yes		No
14	Were the bonds issued as par	rt of a current refund	ing issue?		]	Х	$\perp$	X		X		$\perp$	Х		
15	Were the bonds issued as par	rt of an advance refu	nding issue?			Х		Х		Х			Х		
16	Has the final allocation of pro	oceeds been made?			×				Х		<del>  ,</del>	x			Х
17	Does the organization mainta allocation of proceeds?	ıın adequate books a	nd records to supp	oort the final	Х			Х		Х			Х		
Pa	Private Business U	Use													
1						A	$=$ $\downarrow$	_	В		Ç	$\longrightarrow$		D	
1					Yes	No	,	Yes	No	Yes	N	No	Yes		No

property financed by tax-exempt bonds?

financed property?

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

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

Χ

Χ

Χ

Χ

Χ

Χ

Χ

Julie	dule K (1 01111 990) 2014									Page Z
Par	Private Business Use (Continued)				_	_		_	1	_
			<i>P</i>			3	37	<u>C</u>		D
3a	Are there any management or service contracts that may result in private of bond-financed property?	business use	Yes	No X	Yes	No X	Yes	No X	Yes	No X
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or outside counsel to review any management or service contracts relating to property?									
С	Are there any research agreements that may result in private business use financed property?	e of bond-		Х		Х		Х		Х
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or outside counsel to review any research agreements relating to the finance									
4	Enter the percentage of financed property used in a private business use by other than a section $501(c)(3)$ organization or a state or local government			0 %		0 %		0 %		0 %
5	Enter the percentage of financed property used in a private business use as unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government			0 %		0 %		0 %		0 %
6	Total of lines 4 and 5			0 %		0 %		0 %	)	0 %
7	Does the bond issue meet the private security or payment test?			Х		Х		Х		Х
8a	Has there been a sale or disposition of any of the bond-financed property to nongovernmental person other than a 501(c)(3) organization since the bon issued?			Х		х		х		х
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or	disposed of						•		•
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations 1 141-12 and 1 145-2?	sections								
9	Has the organization established written procedures to ensure that all nond bonds of the issue are remediated in accordance with the requirements und Regulations sections 1 141-12 and 1 145-2?		Х		x		Х		x	
Par	t IV Arbitrage									
		Α			В		С		D	
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?	Yes	No X	Yes	No X	Ye	es	No X	Yes	No X
2	If "No" to line 1, did the following apply?									
<u>-</u> а	Rebate not due yet?		Х		Х	X			х	
b	Exception to rebate?	Х		X				Х	,,	X
С	No rebate due?		X		Х			X		X
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed									
3	Is the bond issue a variable rate issue?		Х		Х			Х		Х
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х		Х			Х		Х
b	Name of provider									
С	Term of hedge									
d	Was the hedge superintegrated?									
е	Was the hedge terminated?									

Part IV Arbitrage (Continue	Part IV	Arbitrage	(Continued
-----------------------------	---------	-----------	------------

Return Reference

		Α		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		x		x		x		X
b	b Name of provider								
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		x		x		x		X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		×		X	

## Part V Procedures To Undertake Corrective Action

	Α		В		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
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		Х		X		X	

Explanation

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Schedule K, Part IV, Line 2c-12/01/2005 13,390,188 Franklin Co Health and Education Facilities Board

Return Reference	Explanation
Schedule K, Part IV, Line 2c- 11/08/2012 41,051,769 Franklin Co Health and Education Facilities Board	501(c)3 Entity Bonds are to be spent within 18 months of issue

Return Reference	Explanation
Schedule K, Part IV, Line 2c- 09/01/2014 27,321,337 Franklin Co Health and Education Facilities Board	501(c)3 Entity Bonds are to be spent within 18 months of issue

Return Reference	Explanation
Schedule K, Part IV, Line 2c- 04/01/2015 7,031,896 Franklin Co Health and Education Facilities Board	501(c)3 Entity Bonds are to be spent within 18 months of issue

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

(Form 990)

Department of the Treasury

**Supplemental Information on Tax Exempt Bonds** 

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.

►Information about Schedule K (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

OMB No 1545-0047

DLN: 93493137023366

2014

Open to Public

lame of the organiza	ation								E	mployer	identific	ation numb		
he University of	the South								lε	2-0475	697			
Part I Bor	d Issues	•												
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	<b>(e)</b> Iss	ue price	<b>(f)</b> Des	scription of p	urpose	<b>(g)</b> Def	eased	(h) beha ıss	alfof	(i) Po financ	
									Yes	No	Yes	No	Yes	No
Part III Pro	ceeds													
	handa wakunad					A	l l	3		С		<u> </u>	D	
	bonds retired	u .										<u> </u>		
_	bonds legally defease	ea												
<u>-                                      </u>	eeds of issue													
<u> </u>	eeds in reserve funds													
5 Capitalize	d interest from proceed	ds												
6 Proceeds	n refunding escrows													
7 Issuance	costs from proceeds													
8 Credit enh	ancement from procee	eds												
<b>9</b> Working ca	apıtal expenditures fro	m proceeds												
10 Capıtal ex	penditures from proce	eds												
11 Otherspe	nt proceeds													
12 Other uns	pent proceeds													
13 Year of su	bstantial completion								ı					
					Yes	No	Yes	No	Yes		No	Yes		No
14 Were the b	onds issued as part of	f a current refunding i	issue?											
15 Were the b	onds issued as part of	f an advance refundın	ıg ıssue?											
16 Has the fir	nal allocation of procee	eds been made?												
allocation	of proceeds?		ecords to support the fin	al										
Part IIII Priv	ate Business Use	e												
					1	Δ.		3		С		1	D	

property financed by tax-exempt bonds?

financed property?

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

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

No

Yes

No

Yes

No

Yes

Yes

No

Part	Private Business Use (Continued)									
				4	ł	В		С		D
			Yes	No	Yes	No	Yes	No	Yes	No
3a 	Are there any management or service contracts that may result in private of bond-financed property?									
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or outside counsel to review any management or service contracts relating to property?									
С	Are there any research agreements that may result in private business use financed property?	e of bond-								
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or outside counsel to review any research agreements relating to the finance									
4	Enter the percentage of financed property used in a private business use b other than a section $501(c)(3)$ organization or a state or local government							•		
5	Enter the percentage of financed property used in a private business use a unrelated trade or business activity carried on by your organization, anothe 501(c)(3) organization, or a state or local government									
6	Total of lines 4 and 5									
7	Does the bond issue meet the private security or payment test?									
8a	Has there been a sale or disposition of any of the bond-financed property to nongovernmental person other than a 501(c)(3) organization since the bon issued?									
ь	If "Yes" to line 8a, enter the percentage of bond-financed property sold or	disposed of		•				•		•
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations 1 141-12 and 1 145-2?	sections								
9	Has the organization established written procedures to ensure that all none bonds of the issue are remediated in accordance with the requirements und Regulations sections 1 141-12 and 1 145-2?									
Par	t IV Arbitrage									
		Α			В		С		D	
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield	Yes	No	Yes	No		res	No	Yes	No
	Reduction and Penalty in Lieu of Arbitrage Rebate?									
2	If "No" to line 1, did the following apply?									
a	Rebate not due yet?									
b	Exception to rebate?									
c	No rebate due?									
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed									
3	Is the bond issue a variable rate issue?									
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?									
b	Name of provider									
С	Term of hedge								-	
d	Was the hedge superintegrated?									
e	Was the hedge terminated?									

Pa	rt IV Arbitrage (Continued)								•
	· •	А		В		С		D	,
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?								
b	Name of provider								
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?								
7	Has the organization established written procedures to monitor the requirements of section 148?								
Pa	rt V Procedures To Undertake Corrective Action								
		А		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
	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?								

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Schedule K (Form 990) 2014

DLN: 93493137023366

OMB No 1545-0047

#### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

The University of the South

## **Transactions with Interested Persons**

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

Open to Public Inspection

▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at Internal Revenue Service www.irs.gov/form990. Name of the organization

**Employer identification number** 

			62-0475697						
Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)									
	Complete if the organization a	nswered "Yes" on Form 990, Part IV, line	25a or 25b, or Form 990-EZ, Part V, lii	ne 40b					
1	(a) Name of disqualified person	(b) Relationship between disqualified	(c) Description of transaction	<b>(d)</b> Cor	rected?				
		person and organization		Yes	No				

2	2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section	
	4958	 _
3	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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of Ioan	(d) Loan t or from th organizatio	e	(e)O riginal principal amount	<b>(f)</b> Balance due	(g) In default?		(h) Approved by board or committee?		(i)Written agreement?	
			То	From			Yes	No	Yes	No	Yes	No
(1) Paul Wiley	Officer	College		Х	48,000	26,500		No	Yes		Yes	
(2) Paul Wiley	O fficer	Tuition		Х	35,000	14,000		No	Yes		Yes	

Total	<b>▶</b> \$		40,500	
	ssistance Benefiting In the organization answered		t IV, line 27.	·
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of assistance	(d) Type of assistance	e (e) Purpose of assistance
(1) Various	Board and Others	78,150	Merit Based	Room, Board, Tuition Assistnace
(2) Various	Board and Other Interested Parties	60,741	Need Based	Room, Baord, Tuition Assistance

Part IV Business Transactions Involving Interested Persons.						
Complete if the organization	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	<b>(c)</b> A mount of transaction	(d) Description of transaction	(e) Sha of organiz revent	ation's	
				Yes	No	

Part V	Supplemental Inforr	ormation					
Provide additional information for responses to questions on Schedule L (see instructions)							
Return Reference		Explanation					

Schedule L (Form 990 or 990-EZ) 2014

DLN: 93493137023366

OMB No 1545-0047

**SCHEDULE M** (Form 990)

Department of the Treasury

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

► Attach to Form 990.

▶Information about Schedule M (Form 990) and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a>.

**Noncash Contributions** 

Open to Public Inspection

Internal Revenue Service Name of the organization The University of the South **Employer identification number** 

Clay   Check		
Check applicable or items contribution applicable or items contributed or items contributed applicable or items contributed or items contributed applicable or items contributed o		
2 Art—Historical treasures X 4 0 NA 3 Art—Fractional interests	_	nts
3 Art—Fractional interests		
4 Books and publications 5 Clothing and household goods		
5 Clothing and household goods		
goods		
6		
8		
8 Intellectual property 9 Securities—Publicity traded . X 93 1,883,289 Quoted Stock Price 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, 12 Securities—Partnership, LLC, 13 Qualified conservation 14 Qualified conservation 15 Real estate—Residential . X 1 150,000 Real Estate 16 Real estate—Commercial . Real estate—Other 16 Collectibles 17 Pool inventory 18 Collectibles		
9 Securities—Publicly traded . X 93 1,883,289 Quoted Stock Price  10 Securities—Closely held stock . Securities—Partnership, LLC, or trust interests		
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—Commercial		
11 Securities—Partnership, LLC, or trust interests		
or trust interests  12 Securities—Miscellaneous .  13 Qualified conservation contribution—Historic structures .  14 Qualified conservation contribution—Other .  15 Real estate—Residential . X		
12 Securities—Miscellaneous		
contribution—Historic structures		
14 Qualified conservation contribution—Other		
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 ► (		
21 Taxidermy		
22 Historical artifacts		
23 Scientific specimens		
24 Archeological artifacts		
25 Other ► (		
dorse call Tuscany   26 Other ► (		
27 Other ►() 28 Other ► () 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement  29  30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 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		
27 Other ►() 28 Other ► () 29 Number of Forms 8 2 8 3 received by the organization during the tax year for contributions for which the organization completed Form 8 2 8 3, Part IV, Donee Acknowledgement 29  30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 2 8, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used		
Other ► ()  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		
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		
for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29  30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 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		
it must hold for at least three years from the date of the initial contribution, and which is not required to be used	<del></del> .	1
it must hold for at least three years from the date of the initial contribution, and which is not required to be used	Yes	No
To exemply purposes for the entire holding period '		
	$\longrightarrow$	No
<ul> <li>b If "Yes," describe the arrangement in Part II</li> <li>31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?</li> <li>31</li> </ul>	Yes	
	· • • 1	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
<b>b</b> If "Yes," describe in Part II		_ <del></del>
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		

32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contribution number of items received, or a combination of both. Also complete this part for any additional information				
Return Reference	Explanation			
Schedule M, Part I, Line 33	Revenues are not recognized for non-cash contributions (gifts-in-kind) when the related asset is not recognized on the balance sheet			

Schedule M (Form 990) (2014)

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

DLN: 93493137023366

OMB No 1545-0047

Open to Public Inspection

## **SCHEDULE 0** (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 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization The University of the South **Employer identification number** 62-0475697

Return Reference	Explanation
Form 990, Part VI, Section A, Line 7a	The dioceses elect or appoint lay trustees
Form 990, Part VI, Section A, Line 7b	The BOARD OF TRUSTEES HAS DESIGNATED THE BOARD OF REGENTS AS THE EXECUTIVE BODY OF THE UNI
	VERSITY THE BOARD OF REGENTS IS VESTED WITH ALL POWERS AND AUTHORITY GRANTED IN THE UNIVE RSITY'S CHARTER, EXCEPT SUCH POWERS EXPRESSLY RESERVED BY THE BOARD OF TRUSTEES
Form 990, Part VI, Section B, Line 11b	THE AUDIT COMMITTEE OF THE BOARD OF REGENTS REVIEWS THE 990 IN DETAIL BEFORE SUBMISSION
	HE BOARD OF REGENTS IS PROVIDED A COPY AT THE FIRST MEETING FOLLOWING SUBMISSION
Form 990, Part VI, Section B, Line 12c	IN ACCORDANCE WITH THE UNIVERSITY'S CONFLICT OF INTEREST POLICY, THE POLICY AND CONFLICT D
	ISCLOSURE FORMS SHALL BE CIRCULATED ANNUALLY BY MEMBERS OF THE EXECUTIVE OFFICES STAFF TO
	TRUSTEES, REGENTS, OFFICERS, AND OTHERS DESIGNATED BY THE VICE CHANCELLOR THE COMPLETED
	DISCLOSURE FORMS SHALL BE REVIEWED BY LEGAL COUNSEL OR HER/HIS DESIGNEE FOR THE PURPOSES O
	F MONITORING COMPLIANCE WITH THE POLICY AND DETERMINING WHAT ACTION, IF ANY, IS NEEDED REG ARDING DISCLOSED CONFLICTS
Form 990, Part VI, Section B, Line	THE CHAIR OF THE BOARD OF REGENTS, IN CONSULTATION WITH THE EXECUTIVE COMMITTEE (WHICH
15	ALS O ACTS AS THE COMPENSATION COMMITTEE) OF THE BOARD, REQUESTS AND RECEIVES
	COMPENSATION DAT  A FROM HUMAN RESOURCES WHEN THE BOARD IS CONSIDERING A CHANGE IN COMPENSATION THE
	CHAIR I NFORMS HR VIA LETTER OR EMAIL OF EACH YEAR'S COMPENSATION EVEN IF THERE IS NO CHANGE IN RA
	TE. THERE HAS BEEN NO INCREASE IN COMPENSATION FOR THE LAST TWO FISCAL YEARS, HOWEVER, WHE
	N A CHANGE IN PAY IS CONSIDERED, SALARY SURVEYS PROVIDED BY CUPA AND SALARY INFORMATION FR
	OM COMPARABLE INSTITUTIONS ARE USED THE EXECUTIVE COMMITTEE SHALL REVIEW COMPENSATION POL
	ICIES AND PRACTICES TO ENSURE THAT COMPENSATION OF THE UNIVERSITY'S OFFICERS AND KEY EMPLO
	YEES SUPPORTS AND ENHANCES THAT UNIVERSITY'S PURPOSE AND MISSION AND ATTRACTS AND RETAINS
	KEY EXECUTIVES EXECUTIVE COMPENSATION SHOULD BE (I) REASONABLE AND COMPETITIVE, (II)
	ECT THE INDIVIDUAL'S EXPERIENCE, SKILLS, EDUCATION AND PERFORMANCE, AND (III) GENERALLY CO NSISTENT WITH RELEVANT SURVEY DATA FROM COMPARABLE INSTITUTIONS FOR FUNCTIONALLY
	COMPARABL E POSITIONS TOTAL EXECUTIVE COMPENSATION IS DESIGNED TO BE FLEXIBLE IN ORDER TO ATTRACT
	H IGH CALIBER INDIVIDUALS, REWARD ACCOMPLISHMENTS, AND BALANCE THE NEED TO BE COMPETITIVE WI TH AVAILABLE RESOURCES
Form 990, Part VI, Section C, Line 19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILAB
19	LE TO THE PUBLICUPON REQUEST GOVERNING DOCUMENTS ARE ALSO AVAILABLE AT HTTP://ABOUT SEWA
	NEE EDU/TRUSTEES/DOCUMENTS