

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: 93493135105487

Department of the

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- ▶ Do not enter social security numbers on this form as it may be made public
- ▶ Information about Form 990 and its instructions is at www IRS gov/form990

Return of Organization Exempt From Income Tax

Intern	,	enue Serv	ice	<u></u>		7,10,111,000		Inspection
A F	or the	2015 ca	alendar year, or tax year begin	ning 07-01-2015 , and ending 06-30-201	L6			
B Ch	eck ıf a	pplicable	C Name of organization ASBURY COLLEGE			D Emplo	oyer id	entification number
		change			61-0	4583	55	
_	ame ch	-	Doing business as					
Fi Fi	ntial ret	turn	ASBURY UNIVERSITY			E Teleph	one nu	mhor
	ilai /termin	nated	Number and street (or P O box in 1 MACKLEM DRIVE	f mail is not delivered to street address) Room/su	iite			
An	nended	return				(859) 858-	3511
ПАр	plicatio	n pending	City or town, state or province, o WILMORE, KY 40390	ountry, and ZIP or foreign postal code				
			·		T	G Gross	receipts	\$ \$ 68,397,066
			F Name and address of prin SANDRA C GRAY	cipal officer		s this a grou		
			1 MACKLEM DRIVE			ubordınates 7 No	•	Yes 🗸
			WILMORE, KY 40390			re all subord	linates	□Yes □ No
I Ta	x-exen	npt status	✓ 501(c)(3)	◀ (insert no) 4947(a)(1) or 527		ncluded?		
J W	ebsite	e:► WV	VW ASBURY EDU			·		(see instructions)
					<u> </u>	Group exemp of formation 1		
K For	n of or	ganızatıor	Corporation Trust Asso	ociation Other >	L Tear	or formation 1	904 1	M State of legal domicile K
Pa	rt I	Sun	ımary					
				on or most significant activities				
	Α	CHRIS	TIAN LIBERÁL ARTS UNIVER	RSITY COMMITTED TO ACADEMIC EXC		E AND SPIR	ITUAL	VITALITY,
œ.	<u>F</u>	QUIPPI	NG STUDENTS FOR A LIFET.	IME OF LEARNING, LEADERSHIP AND	SERVICE			
<u>€</u>	_							
Ě								
<u>چ</u>	2 (Check tl	his box 🕨 🥅 if the organization	$\ \hbox{discontinued its operations or disposed}$	of more th	an 25% of it	s net a	assets
<u>ن</u> حر							1 -	1
χ. γ.			-	rning body (Part VI, line 1a)			3	19
Activities & Governance			of independent voting member		5	19		
Ę		Total number of individuals employed in calendar year 2015 (Part V, line 2a)						1,419
⋖			,	• •			6	19
				Part VIII, column (C), line 12			7a	38,278
	D N	et unrei	ated business taxable income	from Form 990-T, line 34	1		7b	
		C t		, line 1h)	-	Prior Year	<u> </u>	Current Year
<u>Qr</u>	8			18,141 42,621	-	12,011,518		
ën uë Aë	9 10	Program service revenue (Part VIII, line 2g)						43,890,653
Ŗ	11		•	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		1,764		1,195,810
	12			11 (must equal Part VIII, column (A), lin		· · · · · · · · · · · · · · · · · · ·		
	12	12)	revenue add inies o tinough	ii (muse equal) are viii, column (A), m		63,528	,875	57,764,48
	13	Grant	s and similar amounts paid (Pa	art IX, column (A), lines 1-3)		13,643	,858	14,291,49
	14	Benef	fits paid to or for members (Pai	t IX, column (A), line 4)			0	1
46	15	Salar	ies, other compensation, emplo	oyee benefits (Part IX, column (A), lines		21,881	965	22,346,50
Expenses		5-10						
9	16a			IX, column (A), line 11e)	•		0	(
五	b		undraising expenses (Part IX, column					
	17), lines 11a-11d, 11f-24e)	•	15,530		13,709,16
	18			nust equal Part IX, column (A), line 25)		51,056	-	50,347,16
, <i>u</i> r	19	Revei	nue less expenses. Subtract lii	ne 18 from line 12	•	12,472	,839	7,417,32
Net Assets or Fund Balances					Beginni	ng of Current	Year	End of Year
sset	20	Total	assets (Part X, line 16)			127,157	,972	131,296,210
Ž₩.	21	Total	liabilities (Part X, line 26) .			16,381	,001	16,109,950
žĪ	22	Neta	ssets or fund balances Subtra	ct line 21 from line 20		110,776	,971	115,186,260
Pai	rt II	Sigr	nature Block					
my k	nowle	dge and	belief, it is true, correct, and c	examined this return, including accompar omplete Declaration of preparer (other the				
prepa	arer ha	as any k	nowledge					
		***	**			2017-05-15		
Sigr	1	Sign	ature of officer			Date		
Her		GLE	NN R HAMILTON VP BUSINESS AFFAIF	RS/TREASURER				
		Тур	e or print name and title					
			Print/Type preparer's name JOSHUA D MEYER CPA	Preparer's signature JOSHUA D MEYER CPA	ate	Check I if	PTIN P012	29485
Paid	d					self-employed		
Pre	pare	?r ⊢	Firm's name EBELHAR WHITEHER Eirm's address 100 WEST THIRD ST			Firm's EIN ► 2		
	On		Firm's address ► 100 WEST THIRD ST			Phone no (27	uj 926-	Z3ZZ
			OWENSBORO, KY 4	2303				

Par	t 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)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 9	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	to the state of the	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	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, VIII, VIII, IX, or X as applicable			
	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	
	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	
	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	11 c		No
	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 2	11 d		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	11 f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12 a	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	12 b		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		No
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		No
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? <i>If</i> "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		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? 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
	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	rt IV	Checklis	t of Req	uired S	hedu	es (con	tınued)				
21	Did th	ne organızat	on report r						•	_	ızatıon d

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

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 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . .

member of any of these persons? If "Yes," complete Schedule L, Part III

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "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? If "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

Yes

Yes

Yes

21

22

23

24a

24b

24c

24d

25a

25b

26

27

28a

28h

28c

29

30

31

32

33

34

35a

35b

36

37

38

Yes

Form 990 (2015)

Yes

Yes

Ρ	a	g	e

Νo

Nο

Νo

Νo

Νo

Nο

Nο

Νo

Νo

Νo

Νo

Nο

Νo

Νo

Νo

Νo

Nο

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

Pai	rt V	Statements Regarding Other IRS Filings and Tax Compliance		N/			_
		Check if Schedule O contains a response or note to any line in this	Part	<u>v</u>	· ·	Yes	No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	2,445			
b	Enter	the number of Forms W-2G included in line 1a Enter -0 - if not applicable	1b	0			
c		e organization comply with backup withholding rules for reportable payments to ig (gambling) winnings to prize winners?	vend	dors and reportable	1c	Yes	
2a	Enter	the number of employees reported on Form W-3, Transmittal of Wage and statements, filed for the calendar year ending with or within the year covered	•				
b	If at le	s return			2b	Yes	
22		If the sum of lines 1a and 2a is greater than 250, you may be required to e-file ne organization have unrelated business gross income of \$1,000 or more during	,	ŕ	3a	Yes	
		s," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation			3b	Yes	
	At any	y time during the calendar year, did the organization have an interest in, or a si- a financial account in a foreign country (such as a bank account, securities acc int)?	gnatu	re or other authority	4a	7 03	No
b	If "Ye: See in (FBAR	es," enter the name of the foreign country	and	Financial Accounts			
5a	Was tl	he organization a party to a prohibited tax shelter transaction at any time durin	g the	tax year?	5a		Νo
b	Dıd ar	ny taxable party notify the organization that it was or is a party to a prohibited t	ax sh	elter transaction?	5b		No
c	If"Ye	s," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a		the organization have annual gross receipts that are normally greater than \$10 ization solicit any contributions that were not tax deductible as charitable cont			6a		No
b	If"Ye	s," did the organization include with every solicitation an express statement th not tax deductible?			6b		
7	Organ	nizations that may receive deductible contributions under section 170(c).					
а		ne organization receive a payment in excess of \$75 made partly as a contribution can be provided to the payor?		d partly for goods and	7a		No
		s," did the organization notify the donor of the value of the goods or services pi			7b		
	file Fo	ne organization sell, exchange, or otherwise dispose of tangible personal proper orm 8282?	•	which it was required to	7 c		No
d	If"Ye	es," indicate the number of Forms 8282 filed during the year	7d				
е	Did th	ne organization receive any funds, directly or indirectly, to pay premiums on a p	erson	al benefit contract?	7e		No
f	Did th	ne organization, during the year, pay premiums, directly or indirectly, on a perso	nal b	enefit contract?	7f		No
g	If the require	organization received a contribution of qualified intellectual property, did the ored?	rganız • •	ration file Form 8899 as	7 g		
h		organization received a contribution of cars, boats, airplanes, or other vehicles 1098-C?	, dıd	the organization file a	7h		
8	Did a	soring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess bus g the year?	sines:	s holdings at any time	8		
9a	Did th	ne sponsoring organization make any taxable distributions under section 49663			9a		
b	Did th	ne sponsoring organization make a distribution to a donor, donor advisor, or rela	ited p	erson?	9 b		
10	Section	on 501(c)(7) organizations. Enter					
а	Initiat	tion fees and capital contributions included on Part VIII, line 12	10a				
b	Gross facılıtı	receipts, included on Form 990, Part VIII, line 12, for public use of club les	10b				
11	Section	on 501(c)(12) organizations. Enter					
		s income from members or shareholders	11a				
b		s income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them)	11b				
		on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	ın lıe	u of Form 1041?	12a		
b	If "Ye: year	es," enter the amount of tax-exempt interest received or accrued during the	12b				
13	Section	on 501(c)(29) qualified nonprofit health insurance issuers.					
а		organization licensed to issue qualified health plans in more than one state? N onal information the organization must report on Schedule O	ote. S	ee the instructions for	13 a		
b		the amount of reserves the organization is required to maintain by the states ch the organization is licensed to issue qualified health plans	13b				
С	Enter	the amount of reserves on hand	13c				
		ne organization receive any payments for indoor tanning services during the tax	•		14a		No
b	If"Ye	es," has it filed a Form 720 to report these payments? If "No," provide an explana	tion ir	Schedule O	14b		

Form 990 (2015) Page 6 Governance, Management, and Disclosure Part VI For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax **1**a 19 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 Enter the number of voting members included in line 1a, above, who are ındependent 1b 19 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any 2 Νo Did the organization delegate control over management duties customarily performed by or under the direct 3 Νo supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was 4 Νo 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Νo Did the organization have members or stockholders? 6 Νo 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a Νo Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Νo Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? Yes **b** Each committee with authority to act on behalf of the governing body? Yes Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 organization's mailing address? If "Yes," provide the names and addresses in Schedule O Nο Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Νo

10a Did the organization have local chapters, branches, or affiliates? . . **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing 11a Nο **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Yes b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12h Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe **12**c Yes 13 Yes Did the organization have a written document retention and destruction policy? . . . 14 Yes Did the process for determining compensation of the following persons include a review and approval by

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed

a The organization's CEO, Executive Director, or top management official

f b Other officers or key employees of the organization $\ldots \ldots \ldots \ldots$

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)

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

independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

- Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ►UNIVERSITY PERSONNEL 1 MACKLEM DRIVE WILMORE, KY 40390 (859) 858-3511

15a

15b

16a

16b

Yes

Yes

Νo

Part VII

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key 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

(A) Name and Title	(B) A verage hours per week (list any hours for related	unle	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
(1) LARRY D BROWN BOARD CHAIR	4 00	х		×				0	0	0
(2) MARK H WHITWORTH VICE CHAIR	4 00	х		×				0	0	0
(3) RONALD W TARRANT SECRETARY	4 00	х		×				0	0	0
(4) AARON AMMERMAN TRUSTEE	2 00	х						0	0	0
(5) RONALD BALL TRUSTEE	2 00	х						0	0	0
(6) DAVID BRAZELTON TRUSTEE	2 00	х						0	0	0
(7) LARRY W GREEN TRUSTEE	2 00	х						0	0	0
(8) DEBORAH KAY HAYDEN TRUSTEE	2 00	х						0	0	0
(9) MORRIS E HINTZMAN TRUSTEE	2 00	х						0	0	0
(10) GREGORY B ISAACS TRUSTEE	2 00	х						0	0	0
(11) DENISE L ROBINSON JONES TRUSTEE	2 00	х						0	0	0
(12) MARGARET G KIM TRUSTEE	2 00	х						0	0	0
(13) SARAH LUCE TRUSTEE	2 00	х						0	0	0
(14) NATHAN R MOWERY TRUSTEE	2 00	х						0	0	0

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

(A) Name and Title	(B) A verage hours per week (list any hours for related	m unle	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
(15) TIMOTHY A SHELL	2 00	х						0	0	
TRUSTEE		^							٠ ا	
(16) DAVID L STEVENS MD	2 00	.,								
TRUSTEE		X						0	0	١
(17) ROBERT F WILEY	2 00							_	_	
TRUSTEE		Х						0	0	C
(18) MELVIN BOWDAN JR	2 00									
TRUSTEE		Х						0	0	C
(19) E SUE SWANSAN	2 00							_	_	_
TRUSTEE		Х						0	0	C
(20) SANDRA C GRAY	40 00								_	
PRESIDENT				X				233,834	0	31,320
(21) JONATHAN S KULAGA	40 00									
PROVOST				X				130,210	0	27,322
(22) MARK J TROYER	40 00									
VP FOR ENROLLMENT MANAGEMENT				X				110,898	0	20,397
(23) GLENN HAMILTON	40 00									
VP FOR BUSINESS AFFAIRS & TREASURY				X				93,768	0	20,931
(24) SARAH BALDWIN	40 00									
VP FOR STUDENT DEVELOPMENT				X				81,629	0	20,839
(25) CHARLES SHEPARD II	40 00									
VP FOR INSTITUTIONAL ADVANCEMENT				X				113,517	0	23,159
1b Sub-Total			<u> </u>	<u>▶</u>	I					l
c Total from continuation sheets to Part VII				•						
d Total (add lines 1b and 1c)	•			▶ ↾			71	63,856	0	143,968

\$100,000 of reportable compensation from the organization > 4

3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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 I for such individual			
	muvicual	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 J for such person	E		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.

compensation from the organization Report Compensation for the calendar year ending	with or within the organizations	stax year
(A) Name and business address	(B) Description of services	(C) Compensation
PIONEER COLLEGE CATERERS	FOOD SERVICE	2,125,253
12351 WEST 96TH TERRACE SUITE 204 LENEXA, KS 66215		
ROOF SERVICES LLC	CONSTRUCTION	462,135
4475 ROCKWELL ROAD WINCHESTER, KY 40391		
WOODFORD BUILDERS	CONSTRUCTION	299,867
PO BOX 12977 LEXINGTON, KY 40583		
CLAY CORMAN EXCAVATING INC	CONSTRUCTION	253,750
1151 JESSAMINE STATION RD NICHOLASVILLE, KY 40356		
RIDELL BOILER SERVICE LLC	HVAC	190,370
1050 ELIZABETH STREET UNIT 5 NICHOLASVILLE, KY 40356		

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 11

Yes

No

Form 99								Page 9
Part V	/##	Statement of						_
		Check If Sched	ule O contains a respo	nse or note to any lir	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
· · · ·	1a	Federated cam	paigns 1a	·				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership du	ıes 1 b					
Gr.	С	Fundraising ev	ents 10	:				
fts. ir A	d	Related organiz	zations 1d					
ni Gi	e	Government grant						
Sir	f	-	ons, gifts, grants, and 1f			-		
uti	'	similar amounts no	ot included above					
	g	Noncash contributi 1a-1f \$	ons included in lines	236,640				
Con	h	Total. Add line	s 1a-1f		12,011,518			
				Business Code				
Program Service Revenue	2a	TUITION & FEES		611600	37,336,386	37,336,386		
Ę.	ь	AUXILIARY INCOM	E	611710	6,554,267	6,554,267		
2	С							
¥.	d							
Ē	е							
ogra	f	All other progra	am service revenue					
<u>Ā</u>	g	Total. Add line	s 2a-2f		43,890,653			
	3		ome (including divider ar amounts)		657,843		-829	658,672
	4		stment of tax-exempt bond		·			<u> </u>
	5	Royalties .		🕨				
			(ı) Real	(11) Personal				
	6a	Gross rents	247,042					
	ь	Less rental expenses	120,361					
	С	Rental income	126,681					
	d	or (loss) Net rental inco	me or (loss)	•	126,681			126,681
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	10,436,477	31,000				
	ь	Less cost or other basis and	10,445,086	13,728				
		sales expenses Gain or (loss)	-8,609	17,272				
	c d		ss)		8,663			8,663
a n	8a	5 (rom fundraising					
Other Revenue		\$of contributions See Part IV , lir	s reported on line 1c) ne 18					
her	ь	Less direct ex	penses b					
ŏ	С		(loss) from fundraising					
	9a		from gaming activities ne 19 a					
	b	Less direct ex	penses b					
	С	Net income or	(loss) from gamıng act	ivities				
	10a	Gross sales of returns and allo	owances .	131,102				
	ь	Less costofa	oods sold b	53,404				
	c	_	(loss) from sales of inv		77,698	77,698		
		Mıscellaneou	s Revenue	Business Code				
	11a	CONTRACTS		900099	952,324	952,324		
	b	EXCHANGE TE		713940	39,107		39,107	
	c		<u>: </u>					
	d	All other reven	ue					
	е	Total. Add line	s 11a-11d	•	991,431			
	12	Total revenue.	See Instructions .		·	44 020 675	חבר חב	794,016
					57,764,487	44,920,675	38,278	/94,016

Part IX Statement of Functional Expenses

Section $501(c)(3)$ and $501(c)(4)$) organizations must complete al.	I columns All other organizations	must complete column (A

Check	ıf Schedule O	contains	a response or n	ote to any	line in this F	Part IX							

	Γ ΄				
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) 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	14,291,490	14,291,490		
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	860,241	184,308	561,066	114,867
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	16,251,589	12,932,392	2,686,347	632,850
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	729,019	543,346	132,203	53,470
9	Other employee benefits	3,349,016	2,279,023	798,450	271,543
10	Payroll taxes		055 4	242.45	
		1,156,641	855,167	213,188	88,286
11	Fees for services (non-employees)				
a	Management	42.475		42.475	
b	Legal	42,475		42,475	
C	Accounting	121,039		121,039	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	180,892	170,027	435	10,430
12	Advertising and promotion	515,759	316,654	149,732	49,373
13	Office expenses	569,489	416,337	122,691	30,461
14	Information technology	460,034	336,998	94,255	28,781
15	Royalties				
16	Occupancy	2,195,339	2,042,187	122,691	30,461
17	Travel	767,977	548,654	106,370	112,953
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	76,523	65,863	4,126	6,534
20	Interest	326,969	305,444	21,525	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,178,033	2,927,619	250,414	
23	Insurance	242,010	186,812	55,198	
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	AUXILLIARY SERVICES	1,926,091	1,926,091		
b	STUDENT SERVICES	949,149	949,149		
c	LIBRARY SERVICES	382,898	382,898		
d					
e	All other expenses	1,774,490	89,996	1,494,180	190,314
25	Total functional expenses. Add lines 1 through 24e	50,347,163	41,750,455	6,976,385	1,620,323
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)				

(B)

End of year

2,439,708

7.501.273

10,994,152

905,142

2.513.090

300,483

53,900

57,626,457

30,001,179

14,571,759

4 389 073

2,167,666

7,020,984

3,243,549

3,677,751

16,109,950

56,675,324

21,966,324

36,544,618

115,186,266

131,296,216 Form 990 (2015)

131,296,216

(A)

Beginning of year

1,831,503

2.789.568

8.649.242

2,438,054

2.567.691

57,402,616

31,863,652

14,218,144

5 023 775

2.014.734

7,277,643

3,345,847

3,742,777

16,381,001

56,738,623

18,955,249

35,083,099

110,776,971

127, 157, 972

127, 157, 972

117 058 675

59,432,218

276,618

97,109

1

2

3

4

5

7

8

9

10c

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

34

Part X	balance Sne
	Chack if Schadu

1

2

3

4

5

6

7

8

9

10a

b

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

34

Net Assets or Fund Balances

Form 990 (2015) t Check if Schedule O contains a response or note to any line in this Part X

10a

10b

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part

Cash-non-interest-bearing

Savings and temporary cash investments

Notes and loans receivable, net . .

Prepaid expenses and deferred charges

Investments—publicly traded securities .

Other assets See Part IV, line 11 . .

Accounts payable and accrued expenses

Land, buildings, and equipment cost or other basis

Investments—other securities See Part IV, line 11

Investments-program-related See Part IV, line 11

Total assets. Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability Complete Part IV of Schedule D .

key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow SFAS 117 (ASC 958), check here ▶

Organizations that do not follow SFAS 117 (ASC 958), check here ▶

Retained earnings, endowment, accumulated income, or other funds

Paid-in or capital surplus, or land, building or equipment fund

and other liabilities not included on lines 17-24)

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total liabilities. Add lines 17 through 25

lines 27 through 29, and lines 33 and 34.

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

complete lines 30 through 34.

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Pledges and grants receivable, net

Accounts receivable, net . .

Schedule L .

II of Schedule L

Grants payable

Deferred revenue .

Tax-exempt bond liabilities

Complete Part X of Schedule D

Unrestricted net assets

Inventories for sale or use

Complete Part VI of Schedule D

Less accumulated depreciation .

Intangible assets

Part X	Bal	an	ce	Sł	۱e	e

Total expenses (must equal Part IX, column (A), line 25)	2	
Revenue less expenses Subtract line 2 from line 1	3	
Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	
Net unrealized gains (losses) on investments	5	
Donated services and use of facilities	6	

column (B))

Other changes in net assets or fund balances (explain in Schedule O) . 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII

Total revenue (must equal Part VIII, column (A), line 12)

Investment expenses

Prior period adjustments .

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Both consolidated and separate basis

Separate basis Consolidated basis **b** Were the organization's financial statements audited by an independent accountant?

1 Accounting method used to prepare the Form 990

basis, consolidated basis, or both

Separate basis

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight

Schedule O

Consolidated basis

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

Single Audit Act and OMB Circular A-133?

If the organization changed either its oversight process or selection process during the tax year, explain in

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Both consolidated and separate basis

Cash Accrual Other

of the audit, review, or compilation of its financial statements and selection of an independent accountant?

2b

2a

2c

3a

3b

Page **12**

57,764,487

50,347,163

7,417,324

110,776,971

-2,050,867

-957,162

No

Νo

115,186,266

Yes

Yes

Yes

Yes

Yes Form 990 (2015)

1

7

8

9

10

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE A

hospital's name, city, and state

170(b)(1)(A)(iv). (Complete Part II)

described in section 170(b)(1)(A)(vi). (Complete Part II)

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

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

A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)

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.

Open to Public Inspection

DLN: 93493135105487 OMB No 1545-004

Employer identification number

61-0458355

Treasury Internal Revenue Service Name of the organization

(Form 990 or

990EZ)

Department of the

ASBURY COLLEGE

✓

Part I

1

2

3

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

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

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization that normally receives a substantial part of its support from a governmental unit or from the general public

An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 Seesection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (i) (ii)EIN (iii) (iv) (v) (vi) Name of supported organization Type of Is the organization A mount of A mount of other listed in your governing organization monetary support support (see (described on lines document? (see instructions) instructions) 1-9 above (see instructions)) Yes No Total Cat No 11285F For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ. Schedule A (Form 990 or 990-EZ) 2015

	edule A (Form 990 of 990-EZ) 2013						Page Z
Pā	Support Schedule fo						
	(Complete only if you of Part III. If the organization						
S	ection A. Public Support	acion falls to qu	iamy under the	tests listed bei	ow, piedse con	ipiete Fait III.)
	Calendar year						1
(or	fiscal year beginning in)	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) Total
•	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 behalf						
3	The value of services or facilities						
•	furnished by a governmental unit						
	to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public support. Subtract line 5						
	from line 4						
5	ection B. Total Support		Τ	Т	ı	T	
/or	Calendar year fiscal year beginning in) ▶	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) ⊤otal
7	Amounts 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)						
L1	Total support. Add lines 7						
12	through 10 [Gross receipts from related activiti	es etc (see inst	ructions)			12	
13	First five years.If the Form 990 is		•	thurd fourth or t	fifth tay year ac a		3) organization
	check this box and stop here	3	•		•	``	5) organización,
S	ection C. Computation of Pul	olic Support F	Percentage				
14	Public support percentage for 2015			11, column (f))		14	
15	Public support percentage for 2014	1 Schedule A , Pa	rt II, line 14			15	
L6a	33 1/3% support test—2015. If the	organization did	not check the box	on line 13, and l	line 14 is 33 1/3%		this box
	and stop here. The organization qua	-		•	•	•	▶□
b	33 1/3% support test—2014. If the				, and line 15 is 3	3 1/3% or more, o	heck this
	box and stop here. The organizatio						▶┌
L7a	10%-facts-and-circumstances test	_				•	
	is 10% or more, and if the organiza						
	in Part VI how the organization mee	eis the "facts-an	u-circumstances	test The organi	ızatıon qualifies a	s a publicly supp	- -
h	organization 10%-facts-and-circumstances test		anization did nat	shock a how on lin	0 12 16 3 16 4	or 17a and line	▶
U	15 is 10% or more, and if the organ						
	Explain in Part VI how the organiza				,	•	clv
	supported organization						▶ [
18	Private foundation. If the organizat	ion did not check	a box on line 13	, 16a, 16b, 17a, c	or 17b, check thi	s box and see	
	instructions				•		▶┌
							'

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e)2015	(f) ⊤otal
•	iscal year beginning in)	(4)2011	(5)2012	(6)2010	(4)2011	(0)2010	(1)10001
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						
2	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						
3	Gross receipts from activities						
	that are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
•	furnished by a governmental unit						
	to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2,						
	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and						
	3 received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6)						
Se	ction B. Total Support				1		I
	Calendar year			1	I	I	
(or f	iscal year beginning in)	(a) 2011	(b) 2012	(c)2013	(d) 2014	(e) 2015	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable						
	income (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 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						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	VI)						
13	Total support. (Add lines 9, 10c,						
14	11, and 12) First five years.If the Form 990 is f	or the organization	n's first second	thurd fourth or	fifth tay year ac a	section 501/c	V3) organization
14	•	or the organization	on s mist, second	, tillia, louitii, oi	ilitii tax yeal as a	1 5600001 501(0)(3) organization, ▶ □
	check this box and stop here	lia Cunnant D					
	ction C. Computation of Pub						
15	Public support percentage for 2015	(line 8, column	(f) divided by line	: 13, column (f))		15	
16	Public support percentage from 201	l 4 Schedule A, P	art III, line 15			16	
Se	ction D. Computation of Inv	estment Inco	me Percenta	ae			
17	Investment income percentage for				nn (f))	14-1	
	· · · · · · · · · · · · · · · · · · ·	•		•	···· (1 <i>))</i>	17	
18	Investment income percentage from	n 2014 Schedule	A, Part III, line	1 /		18	
19a	33 1/3% support tests—2015. If the	organization did	not check the bo	ox on line 14, and	l line 15 is more t	than 33 1/3%, a	ind line 17 is not
	more than 33 1/3%, check this box	and stop here. T	he organization q	ualıfıes as a publ	icly supported or	ganızatıon	▶┌
b	33 1/3% support tests—2014. If the	organization did	not check a box	on line 14 or line	19a, and line 16	ıs more than 3	3 1/3% and line
	18 is not more than 33 1/3%, check	this box and st	op here. The orga	nızatıon qualıfıes	as a publicly sup	ported organiz	ation 🕨 🗍
20	Private foundation. If the organizati	on did not check	a box on line 14	. 19a. or 19b. ch	eck this box and	see instruction	s ▶⊤ˈ

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, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and complete Part V.)

	I, complete Sections A and D, and complete Part V)			
Se	ction A. All Supporting Organizations			
	Averally of the community of community of community of community of the community of community o		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI 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 Part VI how the organization determined that the supported organization was described in section	2		
	509(a)(1) or (2)			<u> </u>
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
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 Part VI 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?	3 c		
4a	If "Yes," explain in Part VI what controls the organization put in place to ensure such use Was any supported organization not organized in the United States ("foreign supported organization")?			l
	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?	4b		
	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			
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) ? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported	4c		
	organization was used exclusively for section 170(c)(2)(B) purposes			l
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	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in	5b		
c	the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	J.		
	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 Part VI .	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 Part VI .	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? If "Yes," provide detail in Part VI .	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 Part VI .	9 c		
0a	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)	10 b		
1	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?	11 a		
	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	11 c		

Part IV	Supporting	Organizations	(continued

I GIC IV		аррог	9	Oi guilleu	LIOIIS	(continue	ч,
Section	n R	Tyne	T Si	innorting	Orga	nization	_

			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 Part VI 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 Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		

Section C. Type II Supporting Organization	Section	C.	Type	II	Supporting	Organization	s
--------------------------------------------	---------	----	------	----	------------	--------------	---

			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 Part VI how contiol or management of the supporting organization was vested in the same persons			
	that controlled or managed the supported organization(s)	1		

			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 Part VI 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 Part VI the role the organization's supported organizations played in this regard	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satis	fy the Integral Part Test during the year (see instructions)

- 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

С		i ne orga instructi	nization supported a governmental entity. Describe in Part VI now you supported a government entity (see ons)	эe
2	<u>A ctivit</u>	ies Test	_Answer (a) and (b) below.	Y
а			all of the organization's activities during the tax year directly further the exempt purposes of the	

а	2a			
organization determined that these activities constituted substantially all of its activities 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 Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement				
3	Parent of Supported Organizations Answer (a) and (b) below.			

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of 3a each of the supported organizations? Provide details in Part VI
- **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			ructions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
i	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		
,	Other expenses (see instructions)	7		
;	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)
	Aggregate fair market value of all non-exempt-use assets (see	1		
_	instructions for short tax year or assets held for part of year)	—		
a L	A verage monthly value of securities	1a 1b		
b	A verage monthly cash balances			
C	Fair market value of other non-exempt-use assets	1c 1d		+
d	Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors	La		
e	(explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting	organization (see

Part V Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (co	ontinuea)
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 furthe excess of income from activity			
3 Administrative expenses paid to accomplish exemp			
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	quired)		
6 Other distributions (describe in Part VI) See instru	ictions		
· · · · · · · · · · · · · · · · · · ·	20010115		
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 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		T	T
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
<u>c</u>			
d From 2013			
e From 2014			
f Total of lines 3a through e g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013			
d From 2014			
e From 2015			
			(F 000 000 F7) /2.01 F

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

DLN: 93493135105487

SCHEDULE D

(Form 990)

Department of the

Treasury

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on 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 www.irs.gov/form990.

OMB No 1545-0047

Inspection

Internal Revenue Service **Employer identification number** Name of the organization ASBURY COLLEGE 61-0458355 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) **2**c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶_ Number of states where property subject to conservation easement is located ▶_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the A mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4) (B)(I) and section 170(h)(4)(B)(II)? ☐ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet

- works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
 - If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenue included on Form 990, Part VIII, line 1

 - (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the
- following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- Revenue included on Form 990, Part VIII, line 1
- Assets included in Form 990, Part X

308,511

Par	t III	Organizations Maintaining (continued)	Collections of	Art, Hi	storic	al Tr	reasures, or	Other Simila	r Asso	ets	
3		y the organization's acquisition, acc ction items (check all that apply)	ession, and other re	cords, c	heck a	ny of t	the following that	are a significan	it use of	fits	
а	✓	Public exhibition		d		Loan	or exchange pro	grams			
b	~	Scholarly research		e	Г	Othe	r				
c	✓	Preservation for future generations									
4	Provi Part >	de a description of the organization KIII	s collections and ex	kplain ho	w they	furthe	er the organizatio	n's exempt purp	ose in		
5		g the year, did the organization sol							Yes	√ No	•
Pa	rt IV	Escrow and Custodial Arra Complete if the organization Part X, line 21.		n Form	990, I	Part I	V, line 9, or re	ported an am	ount o	n Forn	n 990,
1 a		e organization an agent, trustee, cu ded on Form 990, Part X?	stodian or other inte	rmediar	y for co	ntrıbu	itions or other as		Yes	┌ No	•
b	If'	'Yes," explain the arrangement in P	art XIII and comple	te the fo	llowing	table			A moun	ıt	
c	Ве	ginning balance					10	c			
d	A d	ditions during the year					10	1			
е	Dis	stributions during the year					16	2			
f		ding balance					11	F			
2 a		ne organization include an amount o	on Form 990, Part X,	, line 21	, for es	crow o	r custodial acco	unt liability?	Yes	No)
b		es," explain the arrangement in Par						·		•	
Pa	rt V	Endowment Funds. Comple		ition an	swere	d "Ye	s" to Form 990	, Part IV, line	10.		
			(a)Current year	(b) Pn	or year	_	(c)Two years back	(d)Three years be			ars back
1 a	_	nning of year balance	48,870,376		47,598,8	_	40,865,331	37,696,		38	8,002,764
b	Conti •	ributions · · · · · · ·	1,773,932		2,143,0	094	1,511,744	2,259,	190		671,639
c	Net II Iosse	nvestment earnings, gains, and es	-1,412,118		518,7	759	6,231,523	2,101,	306		507,295
d		ts or scholarships • • • •	921,998		928,0	072	765,471	711,	375		
e		r expenditures for facilities irograms · · · · · · · ·	518,478		462,2	265	244,267	480,	259	:	1,485,229
f	A dmı	nistrative expenses									
g	End o	of year balance	47,791,714		48,870,3	376	47,598,860	40,865,	331	3	7,696,469
2	Provi	de the estimated percentage of the	current year end ba	lance (lı	ne 1g,	colum	n (a)) held as				
а	Board	i designated or quasi-endowment 🕨	17 670 %								
b	Perm	anent endowment ► 76 470 %									
c		orarily restricted endowment Forcertages on lines 2a, 2b, and 2c	5 860 %								
3a		here endowment funds not in the po	•		that ar	re held	d and administere	ed for the			
	_	iization by								Yes	No
		irelated organizations							3a(i)		No
h		elated organizations es" on 3a(ii), are the related organiz				da Da			3a(ii) 3b		No
ь 4		ribe in Part XIII the intended uses	·						30		
Pa	rt VI	Land, Buildings, and Equip		, endom	nene iai	143					
		Complete if the organization		Form 9	990, Pa	art IV	, line 11a.See	Form 990, Pa	rt X, lı	ne 10.	
		Description of property		С	(a ost or otl (investi	her bası	(b) Cost or other ba (other)	Accumula (c) deprecia		(d) Boo	k value
	Land					837,9	71 2,078,8	340			2,916,811
b	Buildin	ngs 			2	2,107,6!	50 78,686,3	36,44	0,033	44	4,353,953
c	Leasel	nold improvements		. 🗀		, ,,,,	7,282,		4,716		3,808,016
		nent		.			24,100,0		7,469		4,583,228
	Other						1,964,				1,964,449

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

57,626,457

See Form 990, Part X, line 12.			
(a) Description of security or category (including name of security)		(b)Book value	(c)Method of valuation Cost or end-of-year market valu
(1)Financial derivatives			
(2)Closely-held equity interests (3)Other			
(A) HEDGE FUNDS (NON-PUBLICLY TRADED)		14,571,759	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	>	14,571,759	
Part VIII Investments—Program Related.			
Complete if the organization answered (a) Description of investment	d 'Yes' on Form 990	, Part IV, line 11c. _{See}	Form 990, Part X, line 13.
(a) Description of investment		(b) Book value	Cost or end-of-year market valu
	I		
	▶ on answered 'Yes' on F	Form 990, Part IV, line 1	Ld See Form 990, Part X, line 15
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization (a) Desc	on answered 'Yes' on F	Form 990, Part IV, line 1	Ld See Form 990, Part X, line 15 (b) Book value
Part IX Other Assets. Complete if the organization	on answered 'Yes' on F	Form 990, Part IV, line 1	
Part IX Other Assets. Complete if the organization	on answered 'Yes' on F	Form 990, Part IV, line 1	
Part IX Other Assets. Complete if the organization	on answered 'Yes' on F	Form 990, Part IV, line 1	
Part IX Other Assets. Complete if the organization	on answered 'Yes' on F	orm 990, Part IV, line 1	
Part IX Other Assets. Complete if the organization	on answered 'Yes' on F	Form 990, Part IV, line 1	
Part IX Other Assets. Complete if the organization	on answered 'Yes' on F	Form 990, Part IV, line 1	
Part IX Other Assets. Complete if the organization	on answered 'Yes' on F	Form 990, Part IV, line 1:	
Part IX Other Assets. Complete if the organization	on answered 'Yes' on F	Form 990, Part IV, line 1	
Part IX Other Assets. Complete if the organization	on answered 'Yes' on F	Form 990, Part IV, line 1	
Part IX Other Assets. Complete if the organization (a) Described in the organization (a) Described in the organization (b) Described in the organization (c) Described in the organization (b) Described in the organization (c) Described in the or	on answered 'Yes' on F	Form 990, Part IV, line 1	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line. Part X Other Liabilities. Complete if the organization (a) Desc	on answered 'Yes' on Fription		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line. Part X Other Liabilities. Complete if the org. See Form 990, Part X, line 25.	on answered 'Yes' on Fription 15) anization answered		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line. Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25. (a) Description of liability	on answered 'Yes' on Fription		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line. Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25. (a) Description of liability	on answered 'Yes' on Fription 15) anization answered		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line. Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	on answered 'Yes' on Fription 15) anization answered	'Yes' on Form 990, Pa	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line. Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes ANNUITIES PAYABLE	on answered 'Yes' on Fription 15)	'Yes' on Form 990, Pa	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line. Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes ANNUITIES PAYABLE REFUNDABLE US GOVT STUDENT LOAN FUNDS	n answered 'Yes' on Fription 15)	'Yes' on Form 990, Pa	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line. Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes ANNUITIES PAYABLE REFUNDABLE US GOVT STUDENT LOAN FUNDS STUDENT FEES COLLECTED IN ADVANCE	anization answered (b) Book value 917,6 1,630,5		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line. Part X Other Liabilities. Complete if the org. See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes ANNUITIES PAYABLE REFUNDABLE US GOVT STUDENT LOAN FUNDS STUDENT FEES COLLECTED IN ADVANCE DEPOSITS HELD IN CUSTODY FOR OTHERS	anization answered (b) Book value 917,6 1,630,5 467,0 446,9		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line. Part X Other Liabilities. Complete if the org. See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes ANNUITIES PAYABLE REFUNDABLE US GOVT STUDENT LOAN FUNDS STUDENT FEES COLLECTED IN ADVANCE DEPOSITS HELD IN CUSTODY FOR OTHERS	anization answered (b) Book value 917,6 1,630,5		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line. Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes ANNUITIES PAYABLE REFUNDABLE US GOVT STUDENT LOAN FUNDS STUDENT FEES COLLECTED IN ADVANCE DEPOSITS HELD IN CUSTODY FOR OTHERS HEALTH PLAN RESERVE	anization answered (b) Book value 917,6 1,630,5 467,0 446,9		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line. Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes ANNUITIES PAYABLE REFUNDABLE US GOVT STUDENT LOAN FUNDS STUDENT FEES COLLECTED IN ADVANCE DEPOSITS HELD IN CUSTODY FOR OTHERS HEALTH PLAN RESERVE	n answered 'Yes' on Fription 15) anization answered (b) Book value 917,6 1,630,5 467,0 446,9 202,1		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line. Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25.	n answered 'Yes' on Fription 15) anization answered (b) Book value 917,6 1,630,5 467,0 446,9 202,1		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line. Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes ANNUITIES PAYABLE REFUNDABLE US GOVT STUDENT LOAN FUNDS STUDENT FEES COLLECTED IN ADVANCE DEPOSITS HELD IN CUSTODY FOR OTHERS HEALTH PLAN RESERVE	n answered 'Yes' on Fription 15) anization answered (b) Book value 917,6 1,630,5 467,0 446,9 202,1		(b) Book value

Schedule D (Form 990) 2015

1

2

b

40,518,372

	`		
e	Add lines 2a through 2d	2e	-2,954,625
3	Subtract line 2e from line 1	3	43,472,997
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	14,291,490
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	57,764,487
Par	XII Reconciliation of Expenses per Audited Financial Statements With Expense	s pei	Return.
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		T
1	Total expenses and losses per audited financial statements	1	36,109,077
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 2a through 2d	2e	53,404
3	Subtract line 2e from line 1	3	36,055,673
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		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	14,291,490
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	50,347,163
Par	t XIII Supplemental Information		
Part	vide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2 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 rmation		de any additional

Explanation

FOR EXHIBITION AND RESEARCH

ARTWORK IS DISPLAYED FOR ENRICHMENT OF EDUCATIONAL EXPERIENCE BOOKS,

PAPERS, ETC FROM THE WESLEY AND MACCLESFIELD COLLECTION ARE HELD IN ARCHIVES

2a

2b

2c

-2,050,867

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total revenue, gains, and other support per audited financial statements

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Net unrealized gains (losses) on investments . . .

Donated services and use of facilities . Recoveries of prior year grants . . .

Other (Describe in Part XIII)

Return Reference

PART III, LINE 4

OMB No 1545-0047

2015

Open to Public Inspection

SCHEDULE E (Form 990 or

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

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue

990-EZ)

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

Service Name of the organization **Employer identification number** ASBURY COLLEGE 61-0458355 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II 3 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? Yes 4a b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? Yes 4c \mathbf{d} Copies of all material used by the organization or on its behalf to solicit contributions? Yes 4d If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo b Admissions policies? 5b Νo c Employment of faculty or administrative staff? **5**c Νo d Scholarships or other financial assistance? 54 Νo e Educational policies? Νo 5e f Use of facilities? Νo g Athletic programs? 5g Νo h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a Does the organization receive any financial aid or assistance from a governmental agency? Yes 6a h Has the organization's right to such aid ever been revoked or suspended? 6b Νo If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II

Page 2

Schedule E (Form 990 or 990-EZ) (2015)

Schedule E (Form 990 or 990EZ) (2015)

Return Reference	Explanation
SCHEDULE E, PART I, LINE 3	BULLETIN AND SOLICITATION MATERIALS HAVE STATEMENTS REGARDING NONDISCRIMINATION

SCHEDULE E. PART I. LINE 6 THE ORGANIZATION RECEIVES FINANCIAL AID FOR STUDENTS FROM THE US DEPARTMENT OF EDUCATION

efile GRAPHIC print - DO NOT PROCESS | As Filed Data Schedule I
(Form 990) | Grants and C
Governments
Complete if the organize
Department of the
Treasury | Information about Schedule

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

Internal Revenue Service

Name of the organization

ASBURY COLLEGE

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

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2015

DLN: 93493135105487

Open to Public Inspection

Schedule I (Form 990) 2015

Employer identification number

						61-0458355	
Part I General Information	on on Grants an	d Assistance					
 Does the organization maintain the selection criteria used to a Describe in Part IV the organiz Part II Grants and Other Assist 	ward the grants or a ation's procedures f	ssistance? for monitoring the use	of grant funds in the Un	ited States		stance, and form 990, Part IV, line 2:	✓ Yes No
that received more than						om 550,1 are 14, mie 2.	., for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
2 Enter total number of section 5 3 Enter total number of other org						_	

Cat No 50055P

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

Schedule J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

DLN: 93493135105487 OMB No 1545-0047

2015

epartment of the reasury nternal Revenue Service			m 990	0) and its instructions is at <u>www.irs.gov/form990</u> .	pen t Insp	to Pub ectio	
Na	me of the organi			Employer identificat	ion nu	mber	
ASB	URY COLLEGE			61-0458355			
Pa	rt I Quest	ions Regarding Compensation					
						Yes	No
1a				ny of the following to or for a person listed on Form ride any relevant information regarding these items			
	First-clas	ss or charter travel		Housing allowance or residence for personal use			
	✓ Travel fo	rcompanions		Payments for business use of personal residence			
	√ Taxidem	nnification and gross-up payments		Health or social club dues or initiation fees			
	Discretion	onary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
ь 2	reimbursemen Did the organi	t or provision of all of the expenses desc zation require substantiation prior to rei	cribed mburs	ion follow a written policy regarding payment or i above? If "No," complete Part III to explain sing or allowing expenses incurred by all	1b	Yes	
	directors, trus	tees, officers, including the CEO/Execu	tive D	Director, regarding the items checked in line 1a?	2	Yes	
3	organization's	CEO/Executive Director Check all that	tapply	used to establish the compensation of the y Do not check any boxes for methods f the CEO/Executive Director, but explain in Part III			
	Compens	sation committee		Written employment contract			
	Independ	dent compensation consultant	√	Compensation survey or study			
	Form 990	of other organizations	√	Approval by the board or compensation committee			
4	During the yea or a related or		art V I	I, Section A, line 1a with respect to the filing organizatio	n		
а	Receive a sev	erance payment or change-of-control pa	ymen	nt?	4a		Νo
b	Participate in,	or receive payment from, a supplement	al non	iqualified retirement plan?	4b		Νo
c	Participate in,	or receive payment from, an equity-bas	ed co	mpensation arrangement?	4c		Νo
	If "Yes" to any	y of lines 4a-c, list the persons and prov	ıde th	ne applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizatio	ons mi	ust complete lines 5-9.			
5	•	sted on Form 990, Part VII, Section A, l contingent on the revenues of	ine 1a	a, did the organization pay or accrue any			
а	The organizati	on?			5a		Νo
b	Any related or	ganızatıon?			5b		Νo
	If "Yes," on lir	ne 5a or 5b, describe in Part III					
6	•	sted on Form 990, Part VII, Section A, l contingent on the net earnings of	ine 1a	a, did the organization pay or accrue any			
а	The organizati	on?			6 a		Νo
b	Any related or	ganızatıon?			6b		Νo
	If "Yes," on lir	ne 6a or 6b, describe in Part III					
7	•	sted on Form 990, Part VII, Section A , l described in lines 5 and 6? If "Yes," de:		a, did the organization provide any non-fixed e in Part III	7		Νo
В		unts reported on Form 990, Part VII, pa initial contract exception described in R		accured pursuant to a contract that was ations section 53 4958-4(a)(3)? If "Yes," describe			NI -

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

section 53 4958-6(c)?

| Base (i) compensation | Bonus & incentive compensation | Other reportable compensation | Compe

(ii)

9 Schedule J (Form 990) 2015

Schedule J (Form 990) 2015 Page 3 Supplemental Information Part III 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 PART I. LINE 1A TRAVEL FOR COMPANIONS - SPOUSAL TRAVEL IS REIMBURSED WHEN THERE IS A BUSINESS REASON FOR THE SPOUSE TO TRAVEL WITH ITHE OFFICER TAX INDEMNIFICATION AND GROSS UP PAYMENTS - THE PRESIDENT USES A UNIVERSITY OWNED CAR FOR COMMUTING AND

Schedule J (Form 990) 2015

OTHER NON-BUSINESS USE

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

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.

2015
Open to Public

DLN: 93493135105487OMB No 1545-0047

Inspection

Internal Revenue Service

(Form 990)

Department of the Treasury

Attach to Form 990.

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

Name of the organization Employer identification number **ASBURY COLLEGE** 61-0458355 Part I **Bond Issues** (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose (a) Defeased (h) On (i) Pool behalf of financing ıssuer Yes No Yes No Yes No CITY OF WILMORE KY 61-6001932 12-18-2009 9,000,000 CONSTRUCTION OF CAMPUS Х Χ Х FACILITIES Part II **Proceeds** Α С 1.979.016 A mount of bonds legally defeased 2 Total proceeds of issue 9.000.000 Gross proceeds in reserve funds 5 335,931 8 9 10 9,000,000 11 12 13 2010 Yes No Yes No Yes Yes No Were the bonds issued as part of a current refunding issue? Х 14 Were the bonds issued as part of an advance refunding issue? Х 15 Χ 16 Does the organization maintain adequate books and records to support the final 17 Χ allocation of proceeds? Private Business Use Α В С D Yes No Yes No Yes No Yes No

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

Х

Х

			Α		В		С		D	
			Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private but of bond-financed property?	ısıness use		×						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or o counsel to review any management or service contracts relating to the finance									
prope	, , , , , , , , , , , , , , , , , , ,									
С	Are there any research agreements that may result in private business use of bond-financed property?			X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?									
4	nter the percentage of financed property used in a private business use by entities ther 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 as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government									
6	Total of lines 4 and 5									
7	oes the bond issue meet the private security or payment test?			Х						
8a	as there been a sale or disposition of any of the bond-financed property to a ongovernmental person other than a 501(c)(3) organization since the bonds were sixued?			х						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or dis	sposed of				•		•		
С	f "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections									
9	s the organization established written procedures to ensure that all nonqualified nds of the issue are remediated in accordance with the requirements under equilations sections 1 141-12 and 1 145-2?		Х							
Part IV Arbitrage										
		Α			В		С		D	
	_	Yes	No	Yes	No	Ye	s	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X							
2	If "No" to line 1, did the following apply?									
а	Rebate not due yet?		Х							
b	Exception to rebate?		Х							
С	No rebate due?		Х							
	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							
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X							
b	Name of provider									
с	Term of hedge									
d	Was the hedge superintegrated?									
е	Was the hedge terminated?									
				•	•		•	Calaad	ulo V (Eorm C	200\ 201E

_	·								
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?		Х						
7	Has the organization established written procedures to monitor the requirements of section 148?		Х						
Pa	t V Procedures To Undertake Corrective Action								
		Α		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
Has the erganization established written precedures to encure		1							

Procedures To Undertake Corrective Action

A B C D

Yes No Yes No

SCHEDULE M (Form 990)

Department of the

Treasury

Noncash Contributions

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

► Attach to Form 990.

Internal Revenue Service

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

OMB No 1545-0047

DLN: 93493135105487

Open to Public Inspection

Name of the organization **Employer identification number** ASBURY COLLEGE 61-0458355 Part I Types of Property (b) (c) (d) (a) Check Number of contributions Noncash contribution Method of determining amounts reported on noncash contribution amounts ١f or items contributed applicable Form 990, Part VIII, line 1 g Art-Works of art . . . Art—Historical treasures Art—Fractional interests Books and publications Clothing and household Cars and other vehicles Boats and planes . . Intellectual property . . Securities-Publicly traded . 122,345 STOCK QUOTE Х Securities—Closely held stock Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . Qualified conservation contribution—Historic structures Qualified conservation contribution-Other . . Real estate—Residential . 16 Real estate—Commercial -17 Real estate-Other . . **18** Collectibles . . . Food inventory . . . 19 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts . . . Scientific specimens . . Archeological artifacts . . 35,597 COMPARABLE SALES 25 Other ▶ (Χ CAMERAS) 2 **26** Other ▶ (Χ 33,469 COMPARABLE SALES FURNITURE & FIXTURES) Х 1 28,880 COMPARABLE SALES 27 Other ▶ (SUPPLIES) 28 Other ▶ (Х 16,350 COMPARABLE SALES HORSE CARRIAGES) 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 Yes No 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 for exempt purposes for the entire holding period? . . . 30a Νo

Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

b If "Yes," describe the arrangement in Part II

contributions? . . .

b If "Yes," describe in Part II

describe in Part II

31

32a

Yes

Νo

Page 2

Schedule M (Form 990) (2015)

Return Reference Explanation



IRMATION

S OF INTEREST TO THE EMPLOYEE'S SUPERVISOR. BUT DOES NOT REQUIRE ANNUAL DISCLOSURE AND AFF

990 Schedule O, Supplemental Information

Return

Reference

15

19

FORM 990. CEO. EXECUTIVE DIRECTOR. TOP MANAGEMENT OFFICIALS COMPARATIVE DATA IS COMPILED BY THE HUMAN PART VI. RESOURCES OFFICE AND SUPPLIED TO THE CHAIR OF THE BOARD OF TRUSTERS TO DETERMINE PRESIDENTIAL SECTION B. LINE COMPENSATION DATA WAS LAST REQUESTED IN OCTOBER 2015 OTHER OFFICERS OR KEY EMPLOYEES ANNUAL COMPARATIVE SALARY SURVEYS ARE COMPILED ANNUALLY BENCHMARKS FOR EACH OFFICER AND KEY EMPLOYEE

Explanation

HAVE BEEN ESTABLISHED BASED ON THIS COMPARATIVE DATA. THE PRESIDENT ESTABLISHES COMPENSATION FOR OFFICERS THIS DATA WAS LAST COMPILED DURING THE SPRING OF 2016 THE ORGANIZATION'S CONFLICT OF INTEREST STATEMENT IS AVAILABLE IN THE ADMINISTRATIVE POLI PART VI. CY MANUAL, ON THE ORGANIZATION'S WEBSITE THE GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS. SECTION C. LINE ARE AVAILABLE TO THE PUBLIC UPON REQUEST

FORM 990.

990 Schedule O, Supplemental Information

Return Reference Explanation

FORM 990, PART XI,	CHANGE IN VALUE OF SPLIT INTEREST A GREEMENT -182,484 CHANGE IN BENEFICIAL INTEREST IN TRUSTS -523
LINE 9	CHANGE IN RESERVE FOR NONCOLLECTIBLE CONTRIBUTIONS -774,155