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DLN: 93493135117837

OMB No 1545-0047

Form **990**

Department of the In

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

Return of Organization Exempt From Income Tax

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

Inspection

nterna	al Revei	nue Servi	ce					
F	or the	2015 ca	lendar year, or tax year beginnin	g 07-01-2015 , and ending 06-30-2	016			
Che	eck if ap	pplicable	C Name of organization The University of the South			D Empl	oyer id	lentification number
_	ldress c	-	,			62-0	4756	97
_	ame cha	-	Doing business as					
_	ıtıal retu nal	urn				E Teleph	one nu	
	termina/	ated	Number and street (or P O box if m 735 University Ave	ail is not delivered to street address) Room/	suite			
	nended		·	the and ZID as favoran neets leads		(931) 598	-1349
Ap	plication	n pending	Sewanee, TN 373831000	ury, and ZIP of foreign postal code		G Gross	receint	s \$ 410,909,841
			F Name and address of princip	al officer	11/->			
			John McCardell	ar officer		Is this a grou subordinates?	•	rn for
			735 University Ave			No		•
Ta	x-exem	pt status	Sewanee, TN 373831000			Are all subord	linates	Yes No
		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	✓ 501(c)(3) 501(c)() ⋖ (nsert no) 4947(a)(1) or 527		ıncluded? If "No," attac	h a lıs	t (see instructions)
W	ebsite	:► ww	w sewanee edu			Group exemp		,
Forr	n of ord	ganızatıon	✓ Corporation	tion		r of formation 1		M State of legal domicile TI
		, a						
Pa	rt I	Sum	ımary					
			scribe the organization's mission	or most significant activities College of Arts and Sciences and the	School of	Theology		
13	A 1	ii Episco	opai offiversity composed of the C	conlege of Arts and Sciences and the	3011001 01	Theology		
	-							
	2 C	Check th	nis box 🕨 🥅 if the organization di	scontinued its operations or dispose	d of more t	han 25% of it	s net	assets
2	3 N	lumber	of voting members of the governi	ng body (Part VI, line 1a)			3	144
? ^			-	f the governing body (Part VI, line 1)			4	139
				alendar year 2015 (Part V, line 2a)	•		5	2,096
5			, ,	ecessary)			6	1,300
(related business revenue from Pa			7a	4,313	
				m Form 990-T, line 34			7b	34,244
				·		Prior Year	1	Current Year
	8	Contri	ıbutıons and grants (Part VIII, lıı		16,949	,196	28,293,972	
₫	9		am service revenue (Part VIII, li	•		96,048		103,354,894
ēn Liē Aič	10	_	tment income (Part VIII, column		15,351	,207	-7,975,080	
æ	11	Other	revenue (Part VIII, column (A),	lines 5, 6d, 8c, 9c, 10c, and 11e)		1,763	,088	3,264
	12	Total	revenue—add lines 8 through 11	(must equal Part VIII, column (A), I	ne	130,111	.736	123,677,050
		12)				·	<u> </u>	
	13		· · ·	IX, column (A), lines 1-3)		26,630		26,936,054
	14		•	X, column (A), line 4)			0	
æ	15	5 a ları 5 – 10		e benefits (Part IX, column (A), lines	5	56,170	,690	59,868,588
S	16a	Profe	ssional fundraising fees (Part IX,	column (A), line 11e)			0	
Expenses	b	Total fu	undraising expenses (Part IX, column (D)), line 25) ▶5,445,179				
ш	17		- ' ' ' '	ines 11a-11d, 11f-24e)		38,786	,461	43,400,345
	18	Total	expenses Add lines 13-17 (mus	st equal Part IX, column (A), line 25)		121,587	,340	130,204,987
	19	Reven	nue less expenses Subtract line	18 from line 12		8,524	,396	-6,527,937
Fund Balances						ning of Current	Year	End of Year
a K								
<u> </u>	20		assets (Part X, line 16)		•	664,065		656,266,959
	21		liabilities (Part X, line 26)		·	102,011		101,173,352
	22 11 III		ssets or fund balances Subtract ature Block	line 21 from line 20	•	562,054	,036	555,093,607
				ımıned this return, including accomp	anvina sch	edules and st	ateme	nts, and to the best of
ny kr	nowled	ige and	belief, it is true, correct, and com	plete Declaration of preparer (other	, -			•
repa	irer ha	is any ki	nowledge					
						2017-05-15		
ign	1	Signa	ature of officer			Date		
lere			glass Williams Treasurer					
			e or print name and title					
		F	Print/Type preparer's name	Preparer's signature	Date	Check ıf	PTIN	
Paid	k	<u> </u>	F			self-employed		
're	pare	۲r ⊢	Firm's name			Firm's EIN >		
Jse	Onl	lv ˈ	IIII s address 🚩			Phone no		

orm	990 (2015)			Page 3
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 2	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure $98-19$? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	Yes	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🐿	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11 c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	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	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 2	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	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Yes	
17	Did the organization report a total of more than $$15,000$ of expenses for professional fundraising services on Part IX, column (A), lines 6 and $11e^{2}$ 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? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form	990 (2015)			Page 4
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Pait I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	25b		No

Νo

Νo

Nο

Νo

Nο

Nο

Νo

Νo

Nο

Νo

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28a

28b

28c

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35a

35b

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Yes

Form 990 (2015)

Yes

Yes

Yes

Yes

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

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

26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

member of any of these persons? If "Yes," complete Schedule L, Part III 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 receive contributions of art, historical treasures, or other similar assets, or qualified

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

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

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

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

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,

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

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

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

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

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

instructions for applicable filing thresholds, conditions, and exceptions)

29

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Part V Statements Regarding Other IRS Filings and Tax Complian
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Pai	rt V	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this		V.			
		Check it Schedule o contains a response of flote to any line in this	rait	v		Yes	No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	38		103	110
		the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
		L ne organization comply with backup withholding rules for reportable payments to	vend	lors and renortable			
·		g (gambling) winnings to prize winners?		· · · · · ·	1c	Yes	
2a	Enter	the number of employees reported on Form W-3, Transmittal of Wage and					
		tatements, filed for the calendar year ending with or within the year covered	2a	2,096			
L	•	s return		· .	2b	Yes	
U		If the sum of lines 1a and 2a is greater than 250, you may be required to e-file				103	
3a	Did th	ne organization have unrelated business gross income of \$1,000 or more during	the y	/ear ⁷	3a	Yes	
b	If "Ye	s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanatic</i>	on in S	Schedule O	3b	Yes	
4a	Atany	y time during the calendar year, did the organization have an interest in, or a sig	gnatu	re or other authority			
		a financial account in a foreign country (such as a bank account, securities acc	count,	or other financial	4a		
		int)?			-TG	Yes	
Ь		s," enter the name of the foreign country SP SP SP SP SP SP SP SP SP					
	(FBAF	nstructions for filing requirements for FinCEN Form 114, Report of Foreign Bank R)	c and i	-inancial Accounts			
5a	,	' he organization a party to a prohibited tax shelter transaction at any time durin	a the	tax vear?	5a		No
		ny taxable party notify the organization that it was or is a party to a prohibited t			5b		No
		s," to line 5a or 5b, did the organization file Form 8886-T?			20		
٠	11 16	s, to fine 3a of 3b, did the organization mer of the 6000-17			5c		
6a		the organization have annual gross receipts that are normally greater than \$10			6a		No
_	_	ization solicit any contributions that were not tax deductible as charitable cont					
D		s," did the organization include with every solicitation an express statement th not tax deductible?	1 at suc	en contributions or gifts	6 b		
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 contributions of the payor?		d partly for goods and	7a		Νo
b		s," did the organization notify the donor of the value of the goods or services pi		d?	7b		
		ne organization sell, exchange, or otherwise dispose of tangible personal proper					
		orm 8282?	 ı		7 c		No
d	If "Ye	s," indicate the number of Forms 8282 filed during the year \dots $oxedsymbol{oxedsymbol{oxed}}$	7d				
е	Did th	ne organization receive any funds, directly or indirectly, to pay premiums on a p	erson	al benefit contract?	7-		N
f	Did th	ne organization, during the year, pay premiums, directly or indirectly, on a perso	nal he	anefit contract?	7e 7f		No No
		organization received a contribution of qualified intellectual property, did the oil					110
9	requir			action the Form Gogs as	7 g		
h		organization received a contribution of cars, boats, airplanes, or other vehicles	s, did t	the organization file a	74		
		1098-C?	•		7h		
8	-	donor advised fund maintaining donor advised runds.	siness	holdings at any time			
	during	g the year?			8		
9a	Did th	ne sponsoring organization make any taxable distributions under section 49667			9a		
b	Did th	ne sponsoring organization make a distribution to a donor, donor advisor, or rela	ated p	erson ⁷	9b		
10	Section	on 501(c)(7) organizations. Enter					
		tion fees and capital contributions included on Part VIII, line 12	10a				
b	Gross facilit	receipts, included on Form 990, Part VIII, line 12, for public use of club les	10b				
11		on 501(c)(12) organizations. Enter					
а	Gross	income from members or shareholders	11a				
b		income from other sources (Do not net amounts due or paid to other sources	11b				
	_	st amounts due or received from them)...........[
		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	s," enter the amount of tax-exempt interest received or accrued during the	12b				
13	•	on 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the	e organization licensed to issue qualified health plans in more than one state? N o	ote. S	ee the instructions for			
		onal information the organization must report on Schedule O			13a		
b		the amount of reserves the organization is required to maintain by the states chithe organization is licensed to issue qualified health plans	13b				
c		the amount of reserves on hand	13c				
		Lie organization receive any payments for indoor tanning services during the tax		·	14a		No
		s," has it filed a Form 720 to report these payments? <i>If "No," provide an explana</i>	•		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 144 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 139 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 Yes Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Yes Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 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 a Nο

organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

10a	Did the organization have local chapters, branches, or affiliates?	10 a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review 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 rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12 c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure List the States with which a copy of this Form 990 is required to be filed▶

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)

(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Upon request Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records ▶Doug Williams 735 University Ave Sewanee, TN 373831000 (931) 598-1349

16b

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (B) (C) (D) (F) (A) (E) Name and Title Average Position (do not check Reportable Reportable Estimated hours per more than one box, unless compensation compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization (Worganizations from the (W-2/1099for related 2/1099-MISC) organization and Former Highest compensat employee Individual trustee É organizations MISC) related ũ stitutional below organizations employee 医含 dotted line) Trustee See Additional Data Table

Part VII Section A. Officers,	Directors, Trus	stees, I	Key I	Emp	loy	ees, a	nd I	lighest Compens	ated Employees (continued)
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				unles s officer	5	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
		individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated emptovies	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
See Additional Data Table										
1b Sub-Total	 ts to Part VII, S	 ection A	· .			. •	1			
d Total (add lines 1b and 1c) .						▶		3,229,501	0	285,203
Total number of individuals (ir \$100,000 of reportable comp						d abov	e) wl	no received more th	aan	

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3		No
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			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule I for such person	5		No

Section B. Independent Contractors

Complete this table for your five highest compensated independent compensation from the organization. Report compensation for the care.		
(A) Name and business address	(B) Description of services	(C) Compensation
Blue Oak Projects	Construction	1,721,203
PO Box 890 Winchester, TN 37398		
Ruffalo Noel Levitz	Research Data Analytics	251,628
PO Box 718 Des Moines, IA 50303		
Edgehill Endowment Partners	Endowment Management	1,015,379
205 Whitney Avenue Suite 201 Vew Haven, CT 06511		
Wier Boerner Allin Architecture	Architecture Design	494,890
2727 Old Canton Road Suite 200 Jackson, MS 39216		
Natural Bridge Events	Catering	272,311
PO Box 852 Sewanee, TN 37375		

Form 99								Page 9
Part V	***	Statement o						_
		Check if Schedu	ule O contains a respon	se or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s s	1a	Federated camp	paigns 1a	0				
Contributions, Giffs, Grants and Other Similar Amounts	ь	Membership du	es 1b	0				
	С	Fundraising eve	ents 1c	0				
ifts Iar /	d	Related organiz	ations 1d	0				
s, G imi	е	Government grants	s (contributions) 1e	465,197				
tion r S	f	All other contribution	ons, gifts, grants, and 1f	27,828,775				
ib #	q		ons included in lines	0				
ontr nd (h	1a-1f \$ Total. Add lines	s 1a-1f		28,293,972			
				Business Code				
ne.	2a	Tuition and Fees		611310	70,820,795	70,820,795	0	0
.₽ ₹	b	Auxillary Sales and	Services	611310	27,197,691	27,197,691	0	0
Se F	С	Education Sales an	d Services	611310	3,395,791	3,395,791	0	0
¥έτν	d							
Ē	е							
Program Service Revenue	f		am service revenue		1,940,617	1,940,617	0	0
<u> </u>	g 3		s 2a-2f	+	103,354,894			
			ome (including dividend ar amounts)		19,332,681	0	4,313	19,328,368
	4		tment of tax-exempt bond p	proceeds >	8,469 3,264	0	0	8,469 3,264
	5	Royalties	(ı) Real	(II) Personal	3,204	0	-	3,204
	6a	Gross rents	(i) Near	(ii) i cissilai				
	b	Less rental						
	c	expenses Rental income	0	0				
	d	or (loss) Net rental incor	me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	259,916,561	0				
	b	Less cost or other basis and	287,232,791	0				
	c	sales expenses Gain or (loss)	-27,316,230	0				
	d	· · · · · I	s)		-27,316,230	-27,316,230	0	0
Other Revenue	8a	Gross income for events (not include \$	rom fundraising luding 0 reported on line 1c)					
her	h	Loss direct ovi	a penses b					
ō	С		(loss) from fundraising e	events ▶				
	9a	Gross income fi See Part IV, lin	rom gaming activities le 19 a					
	ь	Less direct ex	penses b					
	С	Net income or (loss) from gaming activ	vities				
	10a	Gross sales of returns and allo						
		Net income or (oods sold b (loss) from sales of inve					
	44-	Miscellaneous	s Revenue	Business Code				
	11a b							
	c	-						
	d	All other revenu	ue					
	e	Total. Add lines	s 11a-11d		0			
	12	Total revenue.	See Instructions	<u> </u>	123,677,050	76,038,664	4,313	19,340,101

Part IX Statement of Functional Expenses

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

		uns raicix			
	ot include amounts reported on lines 6b, b, 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	0	0		
2	Grants and other assistance to domestic individuals See Part IV, line 22	26,936,054	26,936,054		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	3,749,682	1,610,373	1,879,800	259,509
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0	0	0	0
7	Other salaries and wages	39,681,003	31,499,680	5,745,510	2,435,813
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	6,017,163	-1,473	6,018,636	0
9	Other employee benefits	7,600,119	10,980,890	-4,308,794	928,023
10	Payroll taxes				
		2,820,621	0	2,820,621	0
11	Fees for services (non-employees)				
а	Management	0	0	0	0
Ь	Legal	55,476	34,136	21,340	0
С	Accounting	96,017	0	96,017	0
d	Lobbying	0	0	0	0
е	Professional fundraising services See Part IV, line 17	0			0
f	Investment management fees	3,445,793	3,445,793	0	0
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	9,633,747	7,880,772	1,209,908	543,067
12	Advertising and promotion	2,451,456	1,787,568	504,876	159,012
13	Office expenses	1,633,342	1,565,855	-46,068	113,555
14	Information technology	1,081,330	239,523	835,356	6,451
15	Royalties	37,735	37,735	0	0
16	Occupancy	1,277,201	1,059,398	114,661	103,142
17	Travel	2,061,196	1,814,663	126,444	120,089
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	804,625	615,726	100,437	88,462
20	Interest	2,685,283	2,685,283	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	6,002,898	5,274,167	728,731	0
23	Insurance	663,339	68,693	589,571	5,075
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	Food	2,560,946	1,865,527	336,513	358,906
b	Equipment Rental/Maintenance	3,058,545	2,859,019	174,949	24,577
c	Utilities	784,597	643,222	110,553	30,822
d	Renewals and Replacement	1,740,609	834,866	893,671	12,072
е	All other expenses	3,326,210	3,067,098	2,508	256,604
25	Total functional expenses. Add lines 1 through 24e	130,204,987	106,804,568	17,955,240	5,445,179
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)				

End of year

3,381,484

272,788,326

23,706,817

2,388,460

26 000

2.601.898

467,275

806,127

198,861,585

146,521,405

4,717,582

656,266,959

15,083,680

1,046,591

78,131,984

6,911,097

101,173,352

219,551,463

178,462,872

157,079,272

555,093,607

656, 266, 959 Form 990 (2015)

Beginning of year

5,834,083

60,482,607

27,356,181

846,697

40.500

2.710.568

375,389

968.356

183,832,850

374,077,943

7,540,449

664,065,623

9,723,270

1,928,745

83 164 446

7,195,106

102,011,567

219,638,346

192.555.801

149,859,909

562.054.056

664.065.623

290,025,496

91,163,911

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Check if Schedule O contains a response or note to any line in this Part X . . . (A) (B)

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)

Total liabilities.Add lines 17 through 25 .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

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,

Inventories for sale or use .

Complete Part VI of Schedule D

Less accumulated depreciation .

Intangible assets

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

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Balances

Fund

Ö

Assets

Net

-orm 990 (.	2015)	Р
Part X	Balance Sheet	

2

123,677,050

130,204,987

-6,527,937

562,054,056

555,093,607

No

Νo

Yes

Yes

Yes

Yes

Yes Form 990 (2015)

2a

2b

2c

3a

3b

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-432,512

Donated services and use of facilities

Part XIII Financial Statements and Reporting

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Investment expenses

column (B))

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

Prior period adjustments

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

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,

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

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

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

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

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

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

If the organization changed its method of accounting from a prior year or checked "Other," explain in

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

✓ Consolidated basis

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		

Cash 🗸 Accrual Cother

Both consolidated and separate basis

Both consolidated and separate basis

Additional Data

Software ID: 15000352
Software Version: v1.00

EIN: 62-0475697

Name: The University of the South

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

(Code) (Expenses \$ 6,167,877 including grants of \$ 103,190) (Revenue \$ 83,763)

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

RESEARCH ACTIVITIES AND OF EXPENSES RELATED TO PLANT MAINTENANCE AND OPERATION

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

(A) Name and Title	(B) A verage hours per week (list any hours for related	unles d	ore tl ss pe	than ersoi icer tor/t	not one on is and trust	tee)	, an	(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
John McKee Sloan Board Member		x						0	0	0
Santosh Marray Board Member		x						0	0	0
Lucius Anderson Board Member	2	x						0	0	0
James Bradford Board Member		x						0	0	0
Polly Robb Board Member		x						0	0	C
Larry R Benfield Board Member		x						0	0	0

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Jim McDonald Board Member

Billy Richard Cato

Board Member

Terry Jefferson

Board Member Robert C Wright Board Member

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

(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- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the
	organizations	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former			organization and related organizations
Sharon Hiers Board Member	_	x						0	0	0
George Williamson Board Member	2	x						0	0	0
Sage Hoare Board Member	2	x						0	0	0
Gregory O Brewer Board Member	2	×						0	0	0
James Dom Board Member	2	×						0	0	0
Parker Bauer	2	х						0	0	0

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Board Member Frank B Gummey III Board Member

Board Member

John H Riggin

Board Member Amy Hamilton Board Member

James Russell Kendrick

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

(A) Name and Title	(B) Average 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	individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
Enc Stevenson Board Member	_	х						0	0	0
George R Sumner Jr Board Member	2	×						0	0	0
Paul E Lambert Board Member	2	×						0	0	0
Michael Hoffman Board Member	2	×						0	0	0
Orrin Harrison III Board Member	2	×						0	0	0
Gilda Hurst	2									

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Board Member Robert Skirving Board Member

Robert Alves

Board Member

Board Member J Thomas Sutton Board Member

John O Haroldson

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

compensated Employees, and Inde	pendent co.	inciac	,	•				1	1	1
(A) Name and Title	(B) Average hours per week (list any hours for related	unles	ore tl	than erso icer	not none on 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
George D Young III Board Member	2	x						0	0	0
Robert Leopold Board Member	2	x						0	0	0
Chris Cone Board Member	2	x						0	0	C
Lee Phillips Board Member	2	x						0	0	C
Charles G vonRosenberg Board Member	2	x						0	0	C
Canon Michael Wright Board Member	2	х						0	0	C
Ann Stirling	2	v					П	0	0	

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Board Member

Jane Hart Lewis

Board Member

Board Member Malcolm Jopling Board Member

Samuel Johnson Howard

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

(A) Name and Title	(B) Average hours per week (list any hours for related	unles	ore tl	than ersoi icer	not one on is and		,	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the
	for related	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former			organization and related organizations
Pamela Jordan Anderson Board Member		x						0	0	O
Blucher B Lines Board Member	2	х						0	0	0
J Scott Mayer Board Member	2	x						0	0	0
Andrew Wnght Board Member	2	x						0	0	0
Sherri Glaser Board Member		x						0	0	0
Cynthia Hill Board Member	2	х						0	0	0

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Scott A Benhase Board Member

Ted Clarkson Board Member

William R Bruce Board Member Deborah Thomas Board Member

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

(A) Name and Title	(B) A verage hours per week (list any hours for related	unles	ore ti ss pe	han ersoi icer	not one on is and		,	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former		MISC)	organization and related organizations
Terry Allen White Board Member	2	x						0	0	0
Anne Vouga Board Member	2	x						0	0	0
Bnan Clardy Board Member	2	x						0	0	0
Leslie Newman Board Member	2	×						0	0	0
Douglas Hahn Board Member	2	x						0	0	0
Michael Carlisle Board Member	2	×						0	0	0

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Addison Hosea

Board Member

Buckner Hinkle

Board Member

Morris K Thompson Jr Board Member Ralph Howe Jr Board Member

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

Compensated Employees, and Independent Contractors													
(A) Name and Title	(B) Average hours per week (list any hours for related	unles	ore ti	than ersoi icer	not one on is and		,	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(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)		organization and related organizations			
Drew Broach Board Member	_	x						0	0	0			
Ed Harold Board Member	2	x						0	0	0			
Bnan R Seage Board Member		×						0	0	C			
David Elliott III Board Member		x						0	0	(
Scott Davis Board Member		x						0	0				
Whitney Robinson Board Member		x						0	0				
George Wayne Smith	2	х						0	0	C			

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Board Member

Dons Westfall Board Member

Jack Lauless Board Member Chris Sturgeon Board Member

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

Compensated Employees, and Independent Contractors												
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations	m unles	ore t ss pe	han erso cer tor/t	not one n is and crus	tee)	an	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization		
	below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	Misc)	and related organizations		
Anne Hodges-Copple Board Member	2	x						0	0	0		
Suzanne Cate Board Member	2	×						0	0	0		
Edward Dudley Colhoun IV Board Member	2	×						0	0	0		
Jane Whitt Sellers Board Member	2	×						0	0	0		
J Scott Mayer Board Member	2	×						0	0	0		
Dr Robert F Pace Board Member	2	x						0	0	0		
Don Griffis	2	.,										

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Board Member

Board Member

Board Member Alberto Cutie Board Member

Peter Eaton

John Hill

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

Compensated Employees, and Independent Contractors													
(A) Name and Title	(B) Average hours per week (list any hours for related	unles	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the			
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organization and related organizations			
Alyson Crouch Hardin Board Member		x						0	0	0			
Robert Holloway Moore Board Member	_	x						0	0	0			
Dabney T Smith Board Member	2	×						0	0	0			
Nathan Speck-Ewer Board Member	2	×						0	0	0			
Karen O Patterson Board Member	2	x						0	0	0			
Gregory A Hearing Board Member	2	х						0	0	0			
John C Bauerschmidt	2							_	_				

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Board Member

H E Miller Jr Board Member

Board Member

Canon Gene Manning Board Member

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

(A) Name and Title	(B) A verage hours per week (list any hours for related	unles	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the
	organizations	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former			organization and related organizations
C Andrew Doyle Board Member		х						0	0	0
Dena Harrison Board Member	2	x						0	0	0
Jeff W Fisher Board Member	2	x						0	0	0
William C Treadwell Board Member	2	x						0	0	0
Sandra Pratt Wilkens Board Member	2	x						0	0	0
Seth Hinkley	2	,						0		

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Board Member Andrew Waldo Board Member

Robert L Brown

Board Member

Board Member Mildred Lee Tanner Board Member

William Porcher DuBose III

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

(A)	(B)			(C)			(D)	(E)	(F)
Name and Title	Average	Pos	ition	(do	not	chec	:k	Reportable	Reportable	Estimated
	hours per	m	ore t	han	one	box,		compensation	compensation	amount of
	week (list	unle:				both	an	from the	from related	other
	any hours		offi	cer	and	a		organization	organizations	compensation
	for related	(direc	tor/t	trus	tee)		(W- 2/1099-	(W- 2/1099-	from the
	organizations	o =		\circ	7	ωт	Ι-,	MISC)	MISC)	organization
	below	충립	n s	₹	<i>X</i>	달룹	₫″			and related
	dotted line)	불종	i		100	Highest employe	Former			organizations
		Individual trustee or director	Institutional		employee	1 ~	•			
		목류	EII.		ぎ	t compenso				
		2			B	큐				
		្ត្រី	Trust		-	1 🖺				
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			-17-			8.0				
	2					\vdash				
Don E Johnson	2	l x						_	0	
Board Member		^							U	0
	2									
Joe Porter	2	.,								
Board Member		X						0	0	0
Board Plettiber										
Bill Nichol	2									
		X						0	0	0
Board Member										
Sally Cassady Lyon	2									
		×						0	0	0
Board Member										
Gary R Lillibridge	2									
Gary IX Ellibridge		×						0	0	o
Board Member										
David Mitchell Reed	2									
David Milloneli Reed	_	l			l	1		1	_	

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Board Member Ben Nelson Board Member

Dianne Pape Board Member

William Campbell Board Member Jacob W Owensby Board Member

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

(A) Name and Title	(B) A verage hours per week (list any hours for related	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 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
Paul D Martın Board Member	2	х						0	0	o
Andrea Mane Petrosh Board Member	2	х						0	0	0
Philip C Earhart Board Member	2	x						0	0	0
G Porter Taylor Board Member	2	x						0	0	0
Lawrence Britt Board Member	2	x						0	0	С
Kemper Williams Brown Board Member	2	х						0	0	С
Bill Stiefel Jr	2									

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Board Member

Board Member

Board Member Mark Lawrence Board Member

Michael Farr

David Juge

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

(A) Name and Title	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		Key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
G Mark Phillips Board Member	2	x						0	0	0
Nancy Pile-Laney Board Member	2	x						0	0	0
William W Summerour Board Member	2	x						0	0	0
Howard Glen Castleberry Board Member	2	×						0	0	0
Julie Elizabeth Curd Board Member	2	×						0	0	0
Reid Funston	2	×						0	0	0

2

2

Board Member Michael Payne Board Member

Anna Spencer Board Member

Ann Patterson Willett Board Member James P Wilson III Board Member

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

Compensated Employees, and Inde	pendent Co	ntrac	:tor	5					
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	unles	ore ti ss pe	han erso icer tor/t	not one on is and trus	an	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Rick Ball Board Member	2	x					0	0	O
Joshua Bowron Board Member	2	x					0	0	0
Suzanne Dansby Board Member	2	x					0	0	0
M Jane Eaves Board Member	2	x					0	0	0
Everett Puri Board Member	2	×					0	0	0
Samuel Johnson Howard Board Member	2	x					0	0	0

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Sylar Holmes Board Member

Board Member Nickie Peardon

Board Member Aelred Dean Board Member

Anne Gray Thornburg

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

7,481

26,031

14,025

7,705

Compensated Employees, and Inde	pendent Co	ntrac	tors	5						
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	m unle:	ore test of the street of the	han erso cer tor/t	not one n is and		an Forme	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Rob MacSwain Board Member	40	×	Ť			e d		58,974	0	17,597
Vırgınıa Craıghill Board Member	40	×						59,468	0	24,463
Chns McDonough Board Member	40	×						96,625	0	44,409
John M McCardell Jr Vice-Chancellor/President	40			×				729,814	0	24,452
John Swallow Provost	40			×				253,557	0	19,905
Terry Papıllon Dean of the College	40			х				186,902	0	1,531

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175,869

173,840

172,228

166,900

Jay Fisher

Donna Pierce

Legal Counsel

Earl Williams

Dean of Admission

Treasurer Lee Ann Backlund

VP of Advancement

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

1,401

25,905

4,966

13,291

163,015

162,951

160,401

157,679

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Χ

Compensated Employees, and Inde						,,,,,	٥, ١			
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	unles	ore tl ss pe	tor/t	not one n is and trust	tee)	,	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Neil Alexander Dean of School of Theology	40			×				153,386	0	1,504
Francis Gladu VP of Administration	40				х			170,326	0	24,415
Eugene Prunty Professor/Conference Dır	40					х		187,566	0	26,122

40

40

40

Frederick Croom

Yasmeen Mohiuddin

Joel Cunningham

John Reishman

Professor

Professor

Professor

Professor

Explanation: Extension filed and approved for May 16, 2017.

Software Version: v1.00

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

hospital's name, city, and state

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

SCHEDULE A

Internal Revenue Service Name of the organization

The University of the South

(Form 990 or

990EZ)

Part I

✓

1

2

3

Treasury

Department of the

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

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

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 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)

OMB No 1545-004 Open to Public Inspection

DLN: 93493135117837

Employer identification number

62-0475697

A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses 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

	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 his	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)10ta1
1	Gifts, grants, contributions, and						
	membership fees received (Do						
,	not include any "unusual grants") Gross receipts from admissions,						
2	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						
h	Amounts included on lines 2 and						
U	3 received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of						
	the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
_	from line 6)						
Se	ction B. Total Support		•	•		•	
	Calendar year				T		
(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						
C	Add lines 10a and 10b						
11	Net income from unrelated						
	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,						
	11, and 12)						
14	First five years. If the Form 990 is f	or the organization	on's first, second	, third, fourth, or	fifth tax year as a	section 501(c)(3) organization
	check this box and stop here						▶ □
Se	ction C. Computation of Pub	lic Support P	ercentage				
15	Public support percentage for 2015	(line 8, column	(f) divided by line	: 13, column (f))		15	
16	Public support percentage from 201	L4 Schedule A. P	art III. line 15			16	
			·			1.0	
	ction D. Computation of Inv						
17	Investment income percentage for	2015 (line 10c, c	olumn (f) divided	by line 13, colun	nn (f))	17	
18	Investment income percentage from	n 2014 Schedule	A, Part III, line	17		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		and line 17 is not
	more than 33 1/3%, check this box						▶□
b	33 1/3% support tests—2014.If the	-		•		-	•
_	18 is not more than 33 1/3%, check	-					_
20	Private foundation. If the organizati						

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			
	Assall of the eventuality of eventual eventual eventual to be discussed by some or the eventual eventu		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)			
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		
4-	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")?	1		
	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	70		
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 organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	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	5 C		
_	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		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11 c		

Part IV Supporting Organizations (continued)

S	ection B. Type I Supporting Organizations		
		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year?		
	If "No," describe in 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 2 operated, supervised or controlled the supporting organization

Se	Section C. Type II Supporting Organizations								
			Yes	No					
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1							

Se	ection D. All Type III Supporting Organizations				
			Yes	No	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in 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

- Check the box next to the method that the organization used to satisfy 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

The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see

	instructions)	
2	Activities Test Answer (a) and (b) below.	Yes
а	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive?	
	If "Yes." then in Part VI identify those supported organizations and explain how these activities directly	

_	supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a	
b 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		2b	
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		
	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 Yea (optional)
	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)	1		
а	A verage monthly value of securities	1a		
b	A verage monthly cash balances	1b 1c		
C	Fair market value of other non-exempt-use assets	1d		
d	Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors	Id		
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 A mount. 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

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SCHEDULE D

(Form 990)

Treasury

Department of the

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

DLN: 93493135117837

Open to Public Inspection

Internal Revenue Service Name of the organization The University of the South Part I Organizations Maintaining Donor Complete if the organization answered Total number at end of year

	nme of the organization e University of the South		Empl	oyer identifica	tion numbe	er
	,			1475697		
Pa	Organizations Maintaining Donor Complete if the organization answere	Advised Funds or Other Similar Fed "Yes" on Form 990, Part IV, line 6.	unds	or Accounts	•	
	·	(a) Donor advised funds	(b)	Funds and other	er account:	s
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor a funds are the organization's property, subject to t		nor advi:	sed	Yes	□ No
6	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the conferring impermissible private benefit?				Yes	_ No
Pa	rt III Conservation Easements. Comple	te if the organization answered "Yes"	on Forn	n 990, Part I'	V, line 7.	
1	Purpose(s) of conservation easements held by th	e organızatıon (check all that apply)				
	$\overline{m{arphi}}$ Preservation of land for public use (e.g., recreeducation)	eation or Preservation of a	an histor	rically importar	t land area	ì
	Protection of natural habitat	Preservation of a	a certifie	d historic struc	ture	
	▼ Preservation of open space					
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified conservation contribution in	the form	of a conserva	tion	
				Held at the	End of the	e Year
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easeme		2b			3,20
C	Number of conservation easements on a certified	• •	2c			
d	Number of conservation easements included in (o historic structure listed in the National Register) acquired after 8/1//06, and not on a	2d			
3	Number of conservation easements modified, trai	nsferred, released, extinguished, or terminat	ed by th	e organızatıon	during the	
	tax year ▶ <u> </u>					
4	Number of states where property subject to cons	ervation easement is located 🛌 👤 1				
5	Does the organization have a written policy regar violations, and enforcement of the conservation e	· · · · · · · · · · · · · · · · · ·	ndling of	√Y	es \lceil N	lo
6	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of violations, and enforc	ing cons	servation ease	ments duri	ng the
	▶ 450					
7	Amount of expenses incurred in monitoring, inspersely. \$10,500	ecting, handling of violations , and enforcing o	conserva	ation easement	s during th	ie year
8	Does each conservation easement reported on lin (B)(i) and section 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the requirements of se	ction 17	0(h)(4)	es \lceil N	lo
9	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text	of the footnote to the organization's financia		•		
Ра:	the organization's accounting for conservation eart III Organizations Maintaining Collective	sements tions of Art, Historical Treasures,	or Oth	ner Similar	Assats	
Fe		ed "Yes" on Form 990, Part IV, line 8.	01 011	iei Siiiiiai i	AJJECJ.	
1a	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the footi	assets held for public exhibition, education,	, or resea	arch in furthera		
b	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide the following amounts relating to	assets held for public exhibition, education,				lıc
	(i) Revenue included on Form 990, Part VIII, line 1	L	> \$			
	ii) Assets included in Form 990 Part Y		, —			

Assets included in Form 990, Part X

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

0

Pari	3111	Organizations Maintaining (continued)	g Collections of	Art, His	toric	al Tr	easures, o	or Ot	ther Simila	Ass	ets	rage =
3		the organization's acquisition, acc tion items (check all that apply)	cession, and other re	ecords,ch	eck ar	y of tl	he following t	hat ar	re a significant	use o	fits	
а	✓ □	Public exhibition		d	Г	Loan	or exchange	progr	ams			
b	√	Scholarly research		e		Other	r					
c	√	Preservation for future generations										
4	Provid Part X	de a description of the organization	n's collections and e	xplaın hov	v they	furthe	r the organiza	ation's	s exempt purp	ose in		
5		g the year, did the organization sol									_	
Par	asset t IV	s to be sold to raise funds rather the Escrow and Custodial Arra		as part o	of the c	rganiz	zation's colle	ction	<u>'</u>	Yes	✓ No	<u> </u>
		Complete if the organization Part X, line 21.		n Form	990, F	art I	V, line 9, or	repo	orted an amo	ount o	n Fori	n 990,
1 a		e organization an agent, trustee, cu led on Form 990, Part X?	istodian or other inte	ermediary	for co	ntrıbut	tions or othei	asse		Yes	┌ No	•
b	If"	Yes," explain the arrangement in F	Part XIII and comple	ete the fol	lowing	table				A mour	it	
c	Вед	jinning balance					[1 c				
d	Add	ditions during the year						1 d				
e		tributions during the year						1e				
f		ding balance						1f				
2 a	Did tr	ne organization include an amount (on Form 990, Part X	, line 21,	for esc	row o	r custodial ac	coun	t liability,	Yes	☐ No)
b	If"Ye	s," explain the arrangement in Par	t XIII Check here i	f the expla	anatior	n has b	been provided	d in Pa	art XIII			
Pa	rt V	Endowment Funds. Comple										
	_		(a)Current year	(b) Prior			(c)Two years ba	-	d)Three years ba	_ <u> </u>		ars back
1 a	Begin •	ning of year balance	377,821,984	3/	4,301,9	0/	336,524,1	119	318,951,1	83	31	8,709,539
b	Contr	ributions · · · · · · ·	7,400,502	1	0,710,9	41	5,039,0	90	8,617,7	20	1	0,044,584
c	Net in losse	nvestment earnings, gains, and	-7,943,606		9,749,3	67	47,073,0)55	22,614,7	26		3,315,401
d	Grant	s or scholarships	8,972,559		7,806,8	30	6,142,0)28	5,853,5	31		5,533,669
e	Other	r expenditures for facilities rograms	10,533,002		9,133,4	61	8,192,2	269	7,805,9	79		7,584,672
f	A dmii	nistrative expenses	0			0		0		0		0
g	End o	f year balance · · · · ·	357,773,319	37	7,821,9	84	374,301,9	967	336,524,1	19	31	8,951,183
2	Provid	de the estimated percentage of the	current year end ba	ılance (lın	e 1g, c	olumr	n (a)) held as					
а	Board	designated or quasi-endowment	22 %									
b	Perma	anent endowment ► 41 %										
c		orarily restricted endowment ► ercentages on lines 2a, 2b, and 2c	37 % should equal 100%									
3a		nere endowment funds not in the po ization by	ossession of the orga	anızatıon	that ar	e held	and adminis	tered	for the		Yes	No
	-	related organizations								3a(i)	Yes	
		lated organizations								3a(ii)		No
ь 4		s" on 3a(II), are the related organi								3b		
	t VI	Land, Buildings, and Equip		- Chaowin	CITE TO							
		Complete if the organization		Form 9		rt IV		ee F				
		Description of property			(a) t or oth investm		Cost or othe		Accumulat (c)depreciati		(d)Boo	k value
	Land			· ·		(0 18,7	46,508	3		1	8,746,508
b	Buildin	gs • • • • • • • • • •				196,779	9 196.6	62,155	5 55,762	,550	14	1,096,384
c	- Leaseh	old improvements					0	0	· ·	0		0
d	Equipm	nent				(0 45,0	37,315	35,401	,361		9,635,954
е	Other						0 29.3	82,739	,	0	ว	9,382,739
Tota	 I. A dd I	Ines 1a through 1e (Column (d) mu	st equal Form 990, Pa	art X, colui	nn (B),	line 1	<u> </u>	•	<u>' </u> ≱	-		8,861,585
			*						Sched	ule D (Form 9	90) 2015

See Form 990, Part X, line 12. (a) Description of security or category	ory	(b) Book value	(c)Method of valuation
(including name of security) 1)Financial derivatives		0	Cost or end-of-year market val
2)Closely-held equity interests		0	F
3) Other A) Equities		115,447,807	F
B) Bonds		7,625,946	F
C) Cash Value of Insurance		1,444,925	F
			F
D) Assets Held By Trustee		22,002,727	<u> </u>
otal. (Column (b) must equal Form 990, Part X, col (B) line 12) art VIII Investments—Program Related.	•	146,521,405	
Complete if the organization answer	ed 'Yes' on Form 990,		
(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market va
	tion answered 'Yes' on Fo	rm 990, Part IV, line 1	1d See Form 990, Part X, line 15
Part IX Other Assets. Complete if the organiza	ition answered 'Yes' on Fo	rm 990, Part IV, line 1	1d See Form 990, Part X, line 15 (b) Book value
Part IX Other Assets. Complete if the organiza		rm 990, Part IV, line 1:	
Part IX Other Assets. Complete if the organiza		rm 990, Part IV, line 1	
Part IX Other Assets. Complete if the organiza		rm 990, Part IV, line 1	
Part IX Other Assets. Complete if the organiza		rm 990, Part IV, line 1	
Part IX Other Assets. Complete if the organiza		rm 990, Part IV, line 1	
Part IX Other Assets. Complete if the organiza		rm 990, Part IV, line 1	
Part IX Other Assets. Complete if the organiza		rm 990, Part IV, line 1	
Part IX Other Assets. Complete if the organiza		rm 990, Part IV, line 1	
Part IX Other Assets. Complete if the organiza		rm 990, Part IV, line 1	
Other Assets. Complete if the organiza (a) De	scription	rm 990, Part IV, line 1	
Other Assets. Complete if the organization (a) Decide (ne 15)		(b) Book value
Other Assets. Complete if the organiza (a) Description Otal. (Column (b) must equal Form 990, Part X, col (B) lim Part X Other Liabilities. Complete if the o See Form 990, Part X, line 25.	ne 15)		(b) Book value
otal. (Column (b) must equal Form 990, Part X, col (B) lim Part X Other Liabilities. Complete if the o See Form 990, Part X, line 25. (a) Description of liability	ne 15) rganization answered '	Yes' on Form 990, Pa	(b) Book value
Other Assets. Complete if the organiza (a) Description of liability Other Liability (a) Description of liability	ne 15) rganization answered '	Yes' on Form 990, Pa	(b) Book value
otal. (Column (b) must equal Form 990, Part X, col (B) lim Part X Other Liabilities. Complete if the o See Form 990, Part X, line 25. (a) Description of liability ederal income taxes	ne 15) rganization answered '		(b) Book value
Other Assets. Complete if the organization (a) Description of liability Otal. (Column (b) must equal Form 990, Part X, col (B) lim Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. (a) Description of liability Rederal income taxes efundable Advances	ne 15) rganization answered '		(b) Book value
cotal. (Column (b) must equal Form 990, Part X, col (B) lim Part X Other Liabilities. Complete if the o See Form 990, Part X, line 25. (a) Description of liability Cederal income taxes efundable Advances	rganization answered (b) Book value		(b) Book value
cotal. (Column (b) must equal Form 990, Part X, col (B) lim Part X Other Liabilities. Complete if the o See Form 990, Part X, line 25. (a) Description of liability Cederal income taxes efundable Advances	rganization answered (b) Book value		(b) Book value
Other Assets. Complete if the organization (a) Description of liability Otal. (Column (b) must equal Form 990, Part X, col (B) lim Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. (a) Description of liability Rederal income taxes efundable Advances	rganization answered (b) Book value		(b) Book value
Other Assets. Complete if the organization (a) Description of liability Otal. (Column (b) must equal Form 990, Part X, col (B) lim Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. (a) Description of liability ederal income taxes efundable Advances	rganization answered (b) Book value		(b) Book value
otal. (Column (b) must equal Form 990, Part X, col (B) lin Part X Other Liabilities. Complete if the o See Form 990, Part X, line 25. (a) Description of liability ederal income taxes	rganization answered (b) Book value		(b) Book value
Other Assets. Complete if the organiza (a) Description of liability Part X Other Liabilities. Complete if the organization of liability ederal income taxes	rganization answered (b) Book value		(b) Book value
otal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the o See Form 990, Part X, line 25.	rganization answered (b) Book value		(b) Book value
Other Assets. Complete if the organiza (a) Description of liability Part X Other Liabilities. Complete if the organization of liability ederal income taxes	rganization answered (b) Book value	Yes' on Form 990, Pa	(b) Book value

Schedule D (Form 990) 2015

1

2

3

3

c

а

123,528,952

-27,896,840

151,425,792

27,748,742

102,740,659

27,464,328

130,204,987

Schedule D (Form 990) 2015

-	7,1110 41100 11110 1110 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 0		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	-27,748,74
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	123,677,05
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s per	Return.
1	Total expenses and losses per audited financial statements	1	130,489,40
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)		

Explanation

THE LAND TRUST MONITORS EACH PROPERTY AT LEAST ANNUALLY TO ENSURE THAT THE

2a

2b

2c

2d

-432,512

-27,464,328

2e

3

2e

3

4c

27,464,328

Add lines 2a through 2d .

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

TERMS OF THE EASEMENT ARE BEING MET

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

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

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

Net unrealized gains (losses) on investments

Donated services and use of facilities . .

Recoveries of prior year grants

Other (Describe in Part XIII)

Add lines 2a through 2d . .

Subtract line 2e from line 1 .

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional

Subtract line **2e** from line **1**

Other (Describe in Part XIII)

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b .

information

Schedule D, Part II, Line 5

Return Reference

Schedule D (Form 990) 2015

Schedule D, Part III, Line 1

Schedule D, Part XI, Line 2d

Schedule D, Part XI, Line 4b

Schedule D, Part XII, Line 2d

Schedule D, Part XII, Line 4b

	AT THEIR FAIR MARKET VALUES AT THE DATE OF THE GIFT
Schedule D, Part III, Line 4	THE UNIVERSITY COLLECTS WORKS OF ART, HISTORICAL TREASURES, AND SIMILAR ASSETS WHICH REFLECT THE HISTORY OF THE INSTITUTION AND/OR SUPPORT ITS EDUCATIONAL PURPOSE THE COLLECTIONS ARE MAINTAINED FOR PUBLIC EXHIBITION, EDUCATION AND RESEARCH IN FURTHERANCE OF PUBLIC SERVICE RATHER THAN FOR FINANCIAL GAIN COLLECTIONS ARE PROTECTED, KEPT UNENCUMBERED, CARED FOR, AND PRESERVED AS A MATTER OF POLICY, THE PROCEEDS OF ITEMS IN COLLECTIONS THAT ARE SOLD ARE USED TO ACQUIRE OTHER ITEMS FOR COLLECTIONS
Schedule D, Part V, Line 4	ENDOWMENT FUNDS ARE HELD IN PERPETUITY AND THE EARNINGS ARE USED FOR PURPOSES DESIGNATED BY DONORS IN GIFT AGREEMENTS THESE PURPOSES INCLUDE, BUT ARE NOT LIMITED TO STUDENT FINANCIAL AID, INTERNSHIPS, FACULTY SUPPORT, FACILITIES, MAINTENANCE, AND OPERATIONS
Schedule D, Part X, Line 2	THE UNIVERSITY ACCOUNTS FOR THE EFFECT OF ANY UNCERTAIN TAX POSITIONS BASED ON A MORE LIKELY THAN NOT THRESHOLD TO THE RECOGNITION OF THE TAX POSITIONS BEING SUSTAINED BASED ON THE TECHNICAL MERITS OF THE POSITION UNDER EXAMINATION BY THE APPLICABLE TAXING AUTHORITY IF A TAX POSITION OR POSITIONS ARE DEEMED TO RESULT IN UNCERTAINTIES OF THOSE POSITIONS, THE UNIVERSITY TAX BENEFIT IS ALL UNCERTAIN TAX POSITIONS TAX POSITIONS FOR THE UNIVERSITY INCLUDE, BUT ARE NOT LIMITED TO, THE TAX EXEMPT STATUS AND DETERMINATION OF WHETHER INCOME IS SUBJECT TO UNRELATED BUSINESS INCOME TAX, HOWEVER, THE UNIVERSITY HAS DETERMINED THAT SUCH TAX POSITIONS DO NOT RESULT IN AN UNCERTAINTY REQUIRING RECOGNITION

Scholarships - Contra Revenue \$27,464,328

Scholarships - Contra Revenue \$27,464,328

\$432,512

\$432,512

Explanation

THE UNIVERSITY DOES NOT INCLUDE EITHER THE COST OR THE VALUE OF ITS

COLLECTIONS ON THE STATEMENT OF FINANCIAL POSITION, NOR DOES IT RECOGNIZE GIFTS OF COLLECTION ITEMS AS REVENUES IN THE STATEMENT OF ACTIVITIES THE PROCEEDS FROM ITEMS DISPOSED OF ARE REPORTED AS INCREASES IN THE APPROPRIATE CLASS OF NET ASSETS IN THE STATEMENT OF ACTIVITIES CONTRIBUTED WORKS OF ART, HISTORICAL TREASURES, AND SIMILAR ASSETS THAT ARE NOT ADDED TO COLLECTIONS ARE REPORTED AS ASSETS HELD FOR SALE ON THE STATEMENTS OF FINANCIAL POSITION

Net Loss from Investments \$27,316,230 and Change in value from split-interest agreements

Net Loss from Investments \$27,316,230 and Change in value from split-interest agreements

OMB No 1545-0047

Open to Public Inspection

SCHEDULE E Schools (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 Service

990-EZ)

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

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

Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable Also provide

any other additional information (see instructions) Return Reference Explanation

Schedule E. Part I. Line 6

Schedule E. Part I. Line 3

NONDISCRIMINATORY POLICY AND INCLUDES APPROPRIATE STATEMENTS IN ITS RECRUITING, ADMISSIONS, AND SCHOLARSHIP BROCHURES AND CATALOGS

CONTINUE TO BE DISBURSED FROM THE REVOLVING LOAN FUND FEDERAL

FUNDS FOR FINANCIAL AID TO STUDENTS ARE RECEIVED FROM THE U.S. DEPARTMENT OF EDUCATION FOR WORK STUDY, SUPPLEMENTAL EDUCATION OPPORTUNITY GRANTS, AND PELL GRANTS PERKINS LOANS

THE UNIVERSITY DRAWS A LARGE PERCENTAGE OF ITS STUDENTS FROM A LARGE GEOGRAPHIC SECTION THE UNIVERSITY FOLLOWS A RACIALLY

DIRECT LOAN PROCEEDS ARE RECEIVED FROM THE U.S. DEPARTMENT OF EDUCATION AND CREDITED TO STUDENTS' ACCOUNTS RECEIVABLE

efile GRAPHIC print	- DO NOT PROCESS	As Filed Da	ta -	93493135117837				
SCHEDULE F (Form 990)	Statement o	f Activities (Outside the Unit	ed States	OMB No 1545-0047			
Department of the Treasury Internal Revenue Service		Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. Iformation about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.						
Name of the organization The University of the Sout	h			Employer iden 62-0475697	tification number			
	formation on Activ the organization answ			14b.				
and other assistan used to award the 2 For grantmakers. assistance outside	Does the organization ice, the grantees' eligi grants or assistance? Describe in Part V the the United States (The following Part I, lii	organization's p	nts or assistance, and	the selection criteria	√ Yes No No			
(a) Region	(b) Number offices in the region	of (c) Number of employees, agents, and independent contractors in	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the	(e) If activity listed in (d) is a program service, describe specific type of	(f) Total expenditures for and investments in region			
(1) See Add'l Data		region	region)					
(2)								
(3)								
(4)								
(5)								
3a Sub-total b Total from continuat to Part I c Totals (add lines 3a	and 3b)	1 16	·	No 50082W Sched	20,974,137 ule F (Form 990) 2015			

Schedule F (Form 990) 2015

	and EIN (if applicable)	5	dıs burs ement	assistance	assistance	(book, FMV, appraisal, other)
(1)						
(2)						
(3)						
(4)						

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Page 2

Schedule F (Form 990) 201							Page 3
	l Other Assistance to be duplicated if additio			ted States. Complete if	f the organization an	iswered "Yes" to Form (990, Part IV, line 16.
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) Scholarship	Central America and the Caribbean	7		Credit Student's Accounts Receivable	0		
(2) Scholarship	South Asia	4		Credit to Students' Accounts Receivable	0		
(3) Scholarship	East Asia and the Pacific	5		Credit Students' Accounts Receivable	0		
(4) Scholarship	Europe (including Iceland and Greenland)	11		. Credit Students' Accounts Receivable	0		
(5)				,		· · · · · · · · · · · · · · · · · · ·	
(6)			i	,		· · · · · · · · · · · · · · · · · · ·	
(7)			i	,		· · · · · · · · · · · · · · · · · · · 	
(8)			i	,		· · · · · · · · · · · · · · · · · · · 	
(9)			·	,		· · · · · · · · · · · · · · · · · · · 	
(10)			i	,		· · · · · · · · · · · · · · · · · · · 	
(11)			i	,		· · · · · · · · · · · · · · · · · · · 	
(12)			·	,		· ····· !	
(13)			i	,		· · · · · · · · · · · · · · · · · · · 	
(14)			i	,		·	
(15)			i	,		· · · · · · · · · · · · · · · · · · ·	
(16)			ı	,		· · · · · · · · · · · · · · · · · · ·	
(17)			i	,		·	
(18)			·	†		·	

Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships Yes √ No (see Instructions for Form 8865) Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form Yes

5713, do not file with Form 990)

Νo

(accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete

Page 5

this part to provide any additional information (see instructions). 990 Schedule F. Supplemental Information

Schedule F (Form 990) 2015

30 Schedule 1, Supplemental Information									
Return Reference	Explanation								
Schedule F, Part I, Line 2	SCHOLARSHIP AWARDS ARE CREDITED TO THE STUDENTS' ACCOUNTS RECEIVABLE AT THE UNIVERSITY OF								
	THE SOUTH CREDIT IS APPLIED DIRECTLY AGAINST TUITION AND FEES CHARGED TO THE STUDENT FOR								
	SUMMER ABROAD PROGRAMS AND ONE SEMESTER ABROAD PROGRAM								

Additional Data

South Asia

Software ID: 15000352

Software Version: v1.00

EIN: 62-0475697

Name: The University of the South

Study Abroad

54,900

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Central America and the Caribbean	0	0	Investments		20,261,611
Central America and the Caribbean	0	2	Program Services	Study abroad program	73,000

Program Services

(a) Region (b) Number of (c) Number of (e) If activity listed in (f) Total expenditures (d) Activities offices in the employees or conducted in region (by (d) is a program for region type) (i e , fundraising, service, describe region agents in specific type of service region program services. grants to recipients (s) in region located in the region) East Asia and the Pacific Program Services Study Abroad 44,200 Europe (including Iceland Program Services Study Abroad 527.926 and Greenland)

Program Services

Study Abroad

12,500

Form 990 Schedule F Part I - Activities Outside The United States

Middle East and North

A frica

efile GRAPHIC print - DO NOT PROCESS As Filed Data Schedule I
(Form 990)

Grants and C
Governments
Complete if the organization
Department of the
Treasury
Internal Revenue Service

Information about Schedule

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

Employer identification number

QULS
Open to Public

DLN: 93493135117837

Inspection

Name of the organization						Employer identificati	on number
The University of the South						62-0475697	
Part I General Information	n on Grants and	l Assistance				<u>.</u>	
 Does the organization maintain r the selection criteria used to awa Describe in Part IV the organization 	ard the grants or as tion's procedures fo	sistance? ir monitoring the use	of grant funds in the Un	ited States			√ Yes N
Part III Grants and Other Assistanthat received more than \$				plete if the organization	answered "Yes" on Fo	orm 990, Part IV, line 21	l, 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 503 Enter total number of other organ	. , . ,	-					

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed

(a)Type of grant or assistance	e	(b)Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance			
Scholarships to students enrolle (1) University of the South	ed at the	1491	26,936,054	0					
Part IV Supplemental In	format	ion. Provide the info	rmation required in Pa	art I, line 2, Part III,	column (b), and any other	additional information.			
Return Reference E	xplanatio	on				_			
Schedule I. Part I. Line 2 M.	FRIT BA	FRIT BASED SCHOLARSHIPS AND NEED BASED SCHOLARSHIPS AWARDED TO ENROLLED STUDENTS ARE CREDITED TO STUDENTS'							

Schedule I, Part I, Line 2 |MERIT BASED SCHOLARSHIPS AND NEED BASED SCHOLARSHIPS AWARDED TO ENROLLED STUDENTS ARE CREDITED TO STUDENTS' ACCOUNT TO COVER TUITION AND FEES GRADE REPORTS ARE GENERATED FOR EACH TERM AND EACH INDIVIDUAL STUDENT IS REVIEWED TO INSURE THEY ARE MAKING SATISFACTORY ACADEMIC PROGRESS TO MAINTAIN THEIR GRANT OR SCHOLARSHIP FUNDING NOTIFICATIONS ARE SENT BY THE DEAN OF THE COLLEGE TO ALERT DEPARTMENTS OF WITHDRAWALS ALSO, FINANCIAL AID RUNS

CODED TO PREVENT THE CREDIT OF FUNDS TO A STUDENT WITHOUT ENROLLED HOURS

ENROLLMENT REPORTS EACH TERM TO CHECK THE NUMBER OF CREDIT HRS FOR EACH STUDENT. THIRD PARTY SOFTWARE IS ALSO

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: 93493135117837 OMB No 1545-0047

2015

reas	rtment of the sury nal Revenue Service	► Information about Schedule J (Fo	rm 990)) and its instructions is at <u>www.irs</u>			o Pul ectio	
Νa	me of the organiz				Employer identification	on nui	mber	
The	University of the So	uth			62-0475697			
Pa	rt I Questi	ons Regarding Compensation						
					,		Yes	No
1a		opiate box(es) if the organization prov Section A , line 1a Complete Part III						
	First-clas	s or charter travel	✓	Housing allowance or residence fo	r personal use			ļ
	Travel for	companions		Payments for business use of pers	onal residence		ļ	ļ
	☐ Tax ıdemr	nification and gross-up payments		Health or social club dues or initia	tion fees		ļ	ļ
	Discretion	nary spending account	▽	Personal services (e g , maid, cha	uffeur, chef)	 	 	l I
b		xes in line 1a are checked, did the org or provision of all of the expenses des				1b	Yes	
2		ation require substantiation prior to re ees, officers, including the CEO/Exec				2	Yes	
3	organization's (If any, of the following the filing organ CEO/Executive Director Check all tha ed organization to establish compensa	at apply	y Do not check any boxes for metho	ds			
	Compensa	ation committee		Written employment contract				ļ i
	· ·	ent compensation consultant		Compensation survey or study				ļ
	Form 990	of other organizations	✓	Approval by the board or compens	ation committee			ļ
4	During the year or a related org	r, did any person listed on Form 990, F anization	art V I	I, Section A, line 1a with respect to	the filing organization			
а	Receive a seve	rance payment or change-of-control p	aymen	t?		4a		Νo
b	Participate in, o	or receive payment from, a supplemen	tal non	qualified retirement plan?		4b		Νo
c	Participate in, o	or receive payment from, an equity-ba	sed co	mpensation arrangement?		4c		Νo
	If "Yes" to any	of lines 4a-c, list the persons and pro	vide th	e applicable amounts for each item	ın Part III			
5	For persons list	, 501(c)(4), and 501(c)(29) organizat i ted on Form 990, Part VII, Section A , contingent on the revenues of		•	any			
а	The organization	n?				5a		Νo
b	Any related org					5b		Νo
	If "Yes," on line	e 5a or 5b, describe in Part III						
6		ted on Form 990, Part VII, Section A, contingent on the net earnings of	line 1a	a, did the organization pay or accrue	any			
а	The organization	n?				6 a		Νo
b	Any related org					6b		Νo
	If "Yes," on line	e 6a or 6b, describe in Part III						
7		ted on Form 990, Part VII, Section A, lescribed in lines 5 and 67 If "Yes," de			on-fixed	7		No
8	•	nts reported on Form 990, Part VII, p nitial contract exception described in		•		R		N.o.

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

section 53 4958-6(c)?

ruge Z							
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.							
For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual							
(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in		

(A) Name and Title	(B) Breakdown of	W-2 and/or 1099-MISC compensation		(C) Retirement and	(D) Nontaxable	' '	(F) Compensation in
	Base	(ii)	(ıiı)	other deferred	benefits	(B)(ı)-(D)	column(B) reported
	(ı) compensation	Bonus & incentive compensation	Other reportable compensation	compensation			as deferred on prior Form 990

See Additional Data Table

Schedule 1 (Form 990) 2015

Schedule J (Form 990) 2015

Schedule 3 (Form 330) 2013	rage 3								
Part III Supplemental Information									
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information									
Return Reference	Explanation								
, ,	THE UNIVERSITY PROVIDES HOUSING AND CERTAIN CUSTODIAL SERVICES FOR THE VICE CHANCELLOR AS A CONDITION OF EMPLOYMENT SO THAT HE CAN PERFORM ESSENTIAL UNIVERSITY BUSINESS AND ACTIVITIES AT THE HOME THE PORTION OF THE								

Schodula 1 (Form 990) 2015

Schedule J (Form 990) 2015

Software ID: 15000352 **Software Version:** v1.00

EIN: 62-0475697

Name: The University of the South

Form 990, Schedule J, I	Part I	I - Officers, Direct	tors, Trustees, Ke	y Employees, and	Highest Compens	ated Employees		
(A) Name and Title		(B) Breakdown of (i) Base Compensation	W-2 and/or 1099-MI: (ii) Bonus & Incentive compensation	C compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(I)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1John M McCardell Jr Vice-Chancellor/President	(1)		0	18,762 	39,750 	64,591	834,155	0
1John SwallowProvost	(1)	253,467	0	90	23,750	36,043	313,350	0
	(11)	0	0	0	0	- 0		0
2 Terry Papillon Dean of the College	(I)	186,644	0	258	19,450	10,879	217,231	0
3 Jay Fisher	(1)	175,611		250	10.550	0	0	
VP of Advancement	(11)		0	258	18,650 0	64,990	259,509	0
4Donna PierceLegal Counsel	(1)		0	396	17,850	31,592	223,282	0
	(11)	0	0	0	0	- 0	- o	0
5 Earl WilliamsTreasurer	(I) (II)	171,970	0	258	17,750	18,265	208,243	0
Chan Ann Brahland		0	U	0	0	0	0	0
6 Lee Ann Backlund Dean of Admission	(1)		0	258	17,440 0	15,908	200,248	0
7 Neil Alexander Dean of School of Theology	(1)	152,594	0	792	34,200	5,744	193,330	0
	(11)	0	0	0	0	-		0
8 Francis Gladu VP of Administration	(1)		0	396	17,600	32,618	220,544	0
9 Eugene Prunty			0	0		0	0	0
Professor/Conference Dir	(1)		0		29,054 0	34,309 	250,928 	0
10Frederick CroomProfessor	(1)	162,113	0	902	26,049	0 32,771	221,835	0
	(11)	0	0	0	0	- 0		0
11Yasmeen Mohiuddin Professor	(1)	162,653	0	297	16,234	34,036	213,220	0
	(11)	U	0	0	0	0	- 0	0
12Joel CunninghamProfessor	(1)	159,561 	0	840	25,220 	13,131	198,752	0
13John ReishmanProfessor		157.006				0	0	
1930III KeisiiiiaiiProfessor	(I) (II)		0	383	23,929 0	13,447 	195,055	0
						0	0	

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

DLN: 93493135117837

Supplemental Information on Tax Exempt Bonds ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, OMB No 1545-0047

Open to Public Inspection

Employer identification number

62-0475697

Department of the Treasury

(Form 990)

Internal Revenue Service

explanations, and any additional information in Part VI. ► Attach to Form 990.

Name of the organization

The University of the South

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

Part I **Bond Issues** (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (f) Description of purpose (g) Defeased (i) Pool (e) Issue price (h) On behalf of financing ıssuer Yes No Yes No Yes No Franklin Co Health and 52-1282324 353325DG5 11-08-2012 41,051,769 Dorm Renovation and New Х Χ Х Education Facilities Board Dorm Construction Franklin Co Health and Redemption of Prior Bonds and Χ 52-1282324 353325DH3 09-01-2014 27,321,337 Education Facilities Board Deferred Maintenance Franklin Co Health and 7,031,896 Dormitory Constuctions Χ Х 52-1282324 353325ED1 04-01-2015 Education Facilities Board

Part II **Proceeds**

		Α		В		C)
1	A mount of bonds retired		1,140,000		945,000		0		
2	A mount of bonds legally defeased		0		0		0		
3	Total proceeds of issue		41,051,769		27,321,337	7,031,896			
4	Gross proceeds in reserve funds		0		0		0		
5	Capitalized interest from proceeds		0		0		0		
6	Proceeds in refunding escrows		14,011,274		0	0			
7	Issuance costs from proceeds		298,972		128,250	91,535			
8	Credit enhancement from proceeds		0	0		0			
9	Working capital expenditures from proceeds		0		0		0		
10	Capital expenditures from proceeds		38,112,311		12,997,293	6,945,476			
11	Other spent proceeds		2,939,458	2,939,458 12,956,842			0		
12	Other unspent proceeds	0			1,242,181		101		
13	Year of substantial completion	20	16	2016		2016			
		Yes	No	Yes	No	Yes	No	Yes	No
				I	1				

Were the bonds issued as part of a current refunding issue? Χ Χ Χ 14 Were the bonds issued as part of an advance refunding issue? Х Χ Х 15 Has the final allocation of proceeds been made? Χ Χ Х 16 Does the organization maintain adequate books and records to support the final 17 Х Χ Χ allocation of proceeds?

Par	Private Business Use								
			4	ı	В		С		
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		×		×		×		
2	Are there any lease arrangements that may result in private business use of bond-financed property?		х		Х		Х		

Are there any management or service contracts that may result in private business use of bond-financed property?	X X	Yes	No		
of bond-financed property?	х				
counsel to review any management or service contracts relating to the financed property? c Are there any research agreements that may result in private business use of bond-					
c Are there any research agreements that may result in private business use of bond-					
	0				
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?	0				
Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		%			
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	0 %				
6 Total of lines 4 and 5	0 %				
7 Does the bond issue meet the private security or payment test? χ	×				
Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?	×				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	•		•		
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?					
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under X X X X Regulations sections 1 141-12 and 1 145-2?					
Part IV Arbitrage		•	•		
A B C	С				
Yes No Yes No Yes	No	Yes	No		
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield X Reduction and Penalty in Lieu of Arbitrage Rebate? X	Х				
2 If "No" to line 1, did the following apply?					
a Rebate not due yet?					
b Exception to rebate?	Х				
c 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? χ	Х				
Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	х				
b Name of provider					
c Term of hedge					
d Was the hedge superintegrated?					
e Was the hedge terminated?					

Par	t IV Arbitrage (Cor	ntinued)								
			Α		В		С		D	
			Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds inv contract (GIC)?	vested in a guaranteed investment		х		x		Х		
b	Name of provider									
С	Term of GIC									
d	value of the GIC satisfie	harbor for establishing the fair market								
6	Were any gross proceed period?	s invested beyond an available temporary		х		х		Х		
7	Has the organization est the requirements of sect	ablished written procedures to monitor	х		×		х			
Pai	rt V Procedures To	Undertake Corrective Action								
			Α		В		С		D	
			Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		tax requirements are timely identified ne voluntary closing agreement program if								
Pa	rt VI Supplement	tal Information. Provide additional inform	nation for resp	onses to qu	iestions on S	chedule K (s	ee instructio	ns).		
	Return Reference		Explanation							
11/0 Frank	dule K, Part IV, Line 2c- 8/2012 41,051,769 klin Co Health and ation Facilities Board	Bonds are to be spent within 18 months of issue								

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

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

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

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

► Attach to Form 990 or Form 990-EZ. ▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at

DLN: 93493135117837 OMB No 1545-0047

2015

Open to Public Inspection

Department of the www.irs.gov/form990. Treasury Internal Revenue Service **Employer identification number** Name of the organization The University of the South

			02-04/303/		
Par	Excess Benefit Transactions ((section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only))	
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 25a or 25b, or Fo	rm 990-EZ, Part V, lin	e 40b	
1	(a) Name of disqualified person	(b) Relationship between disqualified person and	(c) Description of	(d) Co	rected?
		organization	transaction	Yes	No
	· -	ation managers or disqualified persons during the y		•	•
3	Enter the amount of tax, if any, on line 2, ab	ove, reimbursed by the organization	> \$		
Par	t II Loans to and/or From Inter	ested Persons.			

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the

organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	Purpose of	(d) Loan or from t organizati	he	(e)Original principal amount	(f)Balance due	(g) defa	In ult?	(h A ppro by boa commi	ved rd or	(i)Writ agreem	
			То	From			Yes	No	Yes	No	Yes	No
(1) Paul Wiley	Officer	College		X	48,000	12,000		Νo	Yes		Yes	
(2) Paul Wiley	Officer	Tuition		X	35,000	14,000		Νo	Yes		Yes	
Total		▶ \$	•			26.000		·		·		

Total		▶ \$				26,000			
Part III	Grants or Assista	ance Bene	fiting Int	terested Pe	ersons.				
	Complete if the ord	anization :	ancwarad	"Vac" on For	-m 990 Dar	+ IV/ line 27			

Complete in a	ic organization answered	103 Officials	. 1 4 / 11110 2 / 1	
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of assistance	(d) ⊤ype of assistance	(e) Purpose of assistance
(1) Various	Board and Others	76,682	Merit Based	Room, Board, Tuition Assistance
(2) Various	Board and Other Interested Parties	73,322	Need Based	Room, Board, Tuition Assistance

Part V Supplemental I	nformation			

Supplemental Information Provide additional information for responses to questions on Schedule L (see instructions)

Page 2

As Filed Data efile GRAPHIC print - DO NOT PROCESS **SCHEDULE M**

DLN: 93493135117837

Noncash Contributions

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

OMB No 1545-0047

2015

Department of the

(Form 990)

► Attach to Form 990. ▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990 Open to Public

nte	rnal Revenue Service				
	ne of the organization University of the South				Employer identification number
ne	oniversity of the South				62-0475697
P	art I Types of Property				<u> </u>
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
	Art—Historical treasures .				
3	Art—Fractional interests				
4	Books and publications				
	Clothing and household goods				
	Cars and other vehicles				
	Boats and planes				
	Intellectual property Securities—Publicly traded .	X	45	1 577 665	QUOTED PRICE
	Securities—Closely held stock .		43	4,377,003	QUOTEDFRICE
	Securities—Partnership, LLC, or trust interests	Х	1	997,489	TRUST
12	Securities—Miscellaneous				
	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential .	Х	1	152,500	REAL ESTATE
16	Real estate—Commercial				
17	Real estate—Other				
	Collectibles				
	Food inventory				
	Drugs and medical supplies .				
	Taxidermy				
	Historical artifacts				
	Scientific specimens Archeological artifacts				_
	Other • ()				
	Other ▶ ()				
	Other ▶ ()				
	Other ► ()				
29	Number of Forms 8283 received	by the orga	I Inization during the tax yea	r for contributions	
_,	for which the organization comple				29 0 Yes No
30	a During the year, did the organiza	ition receiv	e by contribution any prope	rty reported in Part I, lines	
	it must hold for at least three ye for exempt purposes for the enti			tion, and which is not requi	
	b If "Yes," describe the arrangement	٠.			30a No
	= 1. 100, accentibe the arrangem	i dit i			

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

contributions? . . .

b If "Yes," describe in Part II

describe in Part II

32a

31 Yes

Νo

Schedule M (Form 990) (2015)

Page 2

Schedule M (Form 990) (2015)

Return Reference Explanation

Schedule M. Part I. Line 33 Revenues are not recognized for non-cash contributions (gifts-in-kind) when the related asset is not recognized on the balance sheet

efile GRAPHIC prin	t - DO NO	OT PROCESS	3493135117837			
SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	2015 Open to Public Inspection					
Name of the organization The University of the South 990 Schedule O, Su		tal Informati	on		Employer identif	ication number
Return Referen	nce			Explanation		
Form 990, Part VI, Section 7a	on A, Line	The dioceses el	ect or appoint lay truste	ees		
Form 990, Part VI, Section 7b	on A, Line	THE UNI VERSITY THE E UNIVE	BOARD OF REGENTS IS	NATED THE BOARD OF RE VESTED WITH ALL POWE VERS EXPRESSLY RESERV	RS AND AUTHORIT	Y GRANTED IN THE

990 Schedule O, Supplemental Information

Form 990, Part VI, Section B, Line 11b	THE AUDIT COMMITTEE OF THE BOARD OF REGENTS REVIEWS THE 990 IN DETAIL BEFORE SUBMISSION THE BOARD OF REGENTS IS PROVIDED A COPY AT THE FIRST MEETING FOLLOWING SUBMISSION
Form 990, Part VI, Section B, Line 12c	IN ACCORDANCE WITH THE UNIVERSITY'S CONFLICT OF INTEREST POLICY, THE POLICY AND CONFLICT D ISCLOSURE FORMS SHALL BE CIRCULATED ANNUALLY BY MEMBERS OF THE EXECUTIVE OFFICE'S STAFF TO

Explanation

Form 990. Part VI. Section B. Line 12d ARDING DISCLOSED CONFLICTS

Return Reference

TRUSTEES, REGENTS, OFFICERS, AND OTHERS DESIGNATED BY THE VICE CHANCELLOR THE COMPLETED DISCLOSURE FORMS SHALL BE REVIEWED BY LEGAL COUNSEL OR HER/HIS DESIGNEE FOR THE PURPOSES O F MONITORING COMPLIANCE WITH THE POLICY AND DETERMINING WHAT ACTION. IF ANY. IS NEEDED REG

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, Line 15	THE CHAIR OF THE BOARD OF REGENTS, IN CONSULTATION WITH THE EXECUTIVE COMMITTEE (WHICH ALSO ACTS AS THE COMPENSATION COMMITTEE) OF THE BOARD, REQUESTS AND RECEIVES COMPENSATION DATA FROM HUMAN RESOURCES WHEN THE BOARD IS CONSIDERING A CHANGE IN COMPENSATION THE CHAIR INFORMS HR VIA LETTER OR EMAIL OF EACH YEAR'S COMPENSATION EVEN IF THERE IS NO CHANGE IN RATE. WHEN A CHANGE IN PAY IS CONSIDERED, SALARY SURVEYS PROVIDED BY CUPA AND SALARY INFORMATION FROM COMPARABLE INSTITUTIONS ARE USED THE EXECUTIVE COMMITTEE SHALL REVIEW COMPENSATION POLICIES AND PRACTICES TO ENSURE THAT COMPENSATION OF THE UNIVERSITY'S OFFICERS AND KEY EMPLOYEES SUPPORTS AND ENHANCES THE UNIVERSITY'S PURPOSE AND MISSION AND ATTRACTS AND RETAINS KEY EXECUTIVES EXECUTIVE COMPENSATION SHOULD BE REASONABLE AND COMPETITIVE, REFLECT THE INDIVIDUAL'S EXPERIENCE, SKILLS, EDUCATION AND PERFORMANCE, AND GENERALLY CONSISTENT WITH RELEVANT SURVEY DATA FROM COMPARABLE INSTITUTIONS FOR FUNCTIONALLY COMPARABLE POSITIONS TOTAL EXECUTIVE COMPENSATION IS DESIGNED TO BE FLEXIBLE IN ORDER TO A TTRACT HIGH CALIBER INDIVIDUALS, REWARD ACCOMPLISHMENTS, AND BALANCE THE NEED TO BE COMPETITIVE WITH AVAILABLE RESOURCES
Form 990, Part VI, Section C, Line 19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILAB LE TO THE PUBLIC UPON REQUEST GOVERNING DOCUMENTS ARE ALSO AVAILABLE AT HTTP //ABOUT SEW ANEE EDU/TRUSTEES/DOCUMENTS