



LATTIMORE BLACK MORGAN & CAIN, PC
CERTIFIED PUBLIC ACCOUNTANTS AND BUSINESS ADVISORS

Mr. Danny Taylor
Lipscomb University
One University Park Drive
Nashville, TN 37204-3951

Dear Danny:

Enclosed is the 2008 Exempt Organization return, as follows...

2008 FORM 990

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

We have prepared the return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

We have enclosed mailing envelopes for your convenience in filing the return.

We recommend that you use certified mail with post marked receipt for proof of timely filing.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

Very truly yours,

Bruce A. Beck

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

May 31, 2009

Prepared for	Mr. Danny Taylor Lipscomb University One University Park Drive Nashville, TN 37204-3951
Prepared by	Lattimore Black Morgan & Cain, P.C. P.O. Box 1869 Brentwood, TN 37024-1869
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required.

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

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

OMB No. 1545-0047

2008**Open to Public
Inspection****A For the 2008 calendar year, or tax year beginning** JUN 1, 2008 **and ending** MAY 31, 2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization LIPSCOMB UNIVERSITY Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite ONE UNIVERSITY PARK DRIVE City or town, state or country, and ZIP + 4 NASHVILLE, TN 37204-3951 F Name and address of principal officer: DANNY H. TAYLOR ONE UNIVERSITY PARK DRIVE, NASHVILLE, TN 37	D Employer identification number 62-0485733 E Telephone number (615) 966-1000 G Gross receipts \$ 127,019,026. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ WWW.LIPSCOMB.EDU	
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1891 M State of legal domicile: TN	

Part I Summary			
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: LIPSCOMB UNIVERSITY IS A PRIVATE, COEDUCATIONAL INSTITUTION FOCUSED PRINCIPALLY ON	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	32
	4	Number of independent voting members of the governing body (Part VI, line 1b)	31
	5	Total number of employees (Part V, line 2a)	2043
	6	Total number of volunteers (estimate if necessary)	500
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	0.
	7b	Net unrelated business taxable income from Form 990-T, line 34	0.
Revenue			
	8	Contributions and grants (Part VIII, line 1h)	8,812,800.
	9	Program service revenue (Part VIII, line 2g)	54,012,578.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	151,017.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	408,299.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	62,976,395.
Expenses			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
	14	Benefits paid to or for members (Part IX, column (A), line 4)	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	35,680,675.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,193,302.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	35,765,177.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	71,445,852.
	19	Revenue less expenses. Subtract line 18 from line 12	-8,469,457.
Net Assets or Fund Balances			
	20	Total assets (Part X, line 16)	221,907,042.
	21	Total liabilities (Part X, line 26)	106,537,875.
	22	Net assets or fund balances. Subtract line 21 from line 20	115,369,167.

Part II Signature Block				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
Sign Here	▶	Signature of officer	Date	
	▶	DANNY H. TAYLOR, SENIOR VP OF FINANCE & ADMIN. Type or print name and title		
Paid Preparer's Use Only	Preparer's signature ▶	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶	EIN ▶		Phone no. ▶ (615) 377-4600
	LATTIMORE BLACK MORGAN & CAIN, P.C. P.O. BOX 1869 BRENTWOOD, TN 37024-1869			

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

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ☒ **X**
 - If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization LIPSCOMB UNIVERSITY	Employer identification number 62-0485733
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. ONE UNIVERSITY PARK DRIVE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NASHVILLE, TN 37204	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

DARRELL DUNCAN

- The books are in the care of ► **3901 GRANNY WHITE PIKE - NASHVILLE, TN 37204-3951**
Telephone No. ► **615-269-1000** FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **JANUARY 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☐ calendar year _____ or
- ☒ tax year beginning **JUN 1, 2008**, and ending **MAY 31, 2009**.

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION
 LIPSCOMB UNIVERSITY DELIVERS A COMPLETE EDUCATION CHARACTERIZED BY
 INTEGRATION OF CHRISTIAN FAITH AND PRACTICE WITH ACADEMIC EXCELLENCE.
 THIS COMPLETE EDUCATION, WHICH INCLUDES LIBERAL ARTS STUDIES AND
 PROFESSIONAL PREPARATION, DOES NOT SUGGEST A FINISHED EDUCATION.

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

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 32,427,176. including grants of \$) (Revenue \$ 48,256,226.)
 INSTRUCTIONAL EXPENSES:
 CLASSROOM AND ONLINE INSTRUCTION IN A COLLABORATIVE CHRISTIAN LIBERAL
 ARTS LEARNING ENVIRONMENT FROM PRE-KINDERGARTEN THROUGH THE DOCTORAL
 LEVEL.

4b (Code:) (Expenses \$ 12,513,639. including grants of \$) (Revenue \$)
 STUDENT SERVICES:
 ENGAGING STUDENT LIFE IN A DYNAMIC AND DIVERSE COMMUNITY THAT GIVES
 STUDENTS THE OPPORTUNITY TO BE REAL WITH THEMSELVES AND EACH OTHER
 WHILE PROVIDING OPPORTUNITIES FOR SPIRITUAL FAITH DEVELOPMENT THROUGH
 SERVICE AND LEARNING.

4c (Code:) (Expenses \$ 9,898,534. including grants of \$) (Revenue \$ 12,403,572.)
 AUXILIARY ENTERPRISES:
 PROVIDES STUDENTS WITH THE ENGAGING ON-CAMPUS LIPSCOMB EXPERIENCE.
 STUDENTS WHO LIVE ON CAMPUS TYPICALLY EXPERIENCE A STRONG SENSE OF
 POSITIVE COMMUNITY.

4d Other program services. (Describe in Schedule O.)
 (Expenses \$ 8,786,618. including grants of \$) (Revenue \$)

4e Total program service expenses ► \$ 63,625,967. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	5	
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	11 X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	12 X	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13 X	
14a Did the organization maintain an office, employees, or agents outside of the U.S.?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>	16	X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	17 X	
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20	X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	23 X	
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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>	24a X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	X
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27	X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X

Form **990** (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	26	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2043	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter: N/A		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter: N/A		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b	

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Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Yes	No
1a Enter the number of voting members of the governing body 1a 32		
b Enter the number of voting members that are independent 1b 31		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9a Does the organization have local chapters, branches, or affiliates?	9a	X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X
11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11	X

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X
13 Does the organization have a written whistleblower policy?	13	X
14 Does the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a The organization's CEO, Executive Director, or top management official?	15a	X
b Other officers or key employees of the organization?	15b	X
Describe the process in Schedule O. (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **DANNY H. TAYLOR, SVP/FINANCE - 615-966-1000**
ONE UNIVERSITY PARK DRIVE, NASHVILLE, TN 37204

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. Use Schedule J-2 if additional space is needed.

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

• List 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, and 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 the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
HILTON DEAN CHAIRMAN	1.00	X						0.	0.	0.
J.D. ELLIOT VICE CHAIRMAN	1.00	X						0.	0.	0.
NEIKA B. STEPHENS SECRETARY	1.00	X						0.	0.	0.
JAMES C. ALLEN BOARD MEMBER	1.00	X						0.	0.	0.
GARY T. BAKER BOARD MEMBER	1.00	X						0.	0.	0.
J. ADDISON BARRY BOARD MEMBER	1.00	X						0.	0.	0.
ROBERT A. BRACKETT BOARD MEMBER	1.00	X						0.	0.	0.
ALFRED N. CARMAN, JR. BOARD MEMBER	1.00	X						0.	0.	0.
LEWIS M. CARTER, JR. BOARD MEMBER	1.00	X						0.	0.	0.
D. GERALD COGGIN, SR. BOARD MEMBER	1.00	X						0.	0.	0.
JERRY COVER BOARD MEMBER	1.00	X						0.	0.	0.
BRYAN A. CRISMAN BOARD MEMBER	1.00	X						0.	0.	0.
ROBBIE B. DAVIS BOARD MEMBER	1.00	X						0.	0.	0.
STANLEY M. EZELL BOARD MEMBER	1.00	X						0.	0.	0.
PETE T. GUNN, III BOARD MEMBER	1.00	X						0.	0.	0.
J. GREGORY HARDEMAN BOARD MEMBER	1.00	X						0.	0.	0.
LINDA HEFLIN JOHNSTON BOARD MEMBER	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MARTY R. KITTRELL BOARD MEMBER	1.00	X						0.	0.	0.
CHARLES LINK BOARD MEMBER	1.00	X						0.	0.	0.
SANDRA W. PERRY BOARD MEMBER	1.00	X						0.	0.	0.
J.W. PITTS, JR. BOARD MEMBER	1.00	X						0.	0.	0.
DAVID W. RALSTON BOARD MEMBER	1.00	X						0.	0.	0.
DAVID SCOBEY BOARD MEMBER	1.00	X						0.	0.	0.
HARRIETTE H. SHIVERS BOARD MEMBER	1.00	X						0.	0.	0.
CICELY SIMPSON BOARD MEMBER	1.00	X						0.	0.	0.
DAVID L. SOLOMON BOARD MEMBER	1.00	X						0.	0.	0.
H. CARLTON STINSON BOARD MEMBER	1.00	X						0.	0.	0.
1b Total								2,106,598.	0.	223,846.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 10

	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		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
RCR BUILDING CORPORATION 632 MELROSE AVENUE, NASHVILLE, TN 37211	CONSTRUCTION SERVICES	6,705,409.
SODEXHO, INC. AND AFFILIATES, ONE UNIVERSITY PARK DRIVE, NASHVILLE, TN 37204	FOOD SERVICES	3,418,235.
SOLOMON BUILDERS 4539 TROUSDALE DRIVE, NASHVILLE, TN 37204	CONSTRUCTION SERVICES	1,755,385.
BACON CONSTRUCTION CO, 1880 GENERAL GEORGE PATTON DR, SUITE 105, FRANKLIN, TN 37067	CONSTRUCTION SERVICES	722,073.
TUCK-HINTON ARCHITECTS PLC 410 ELM STREET, NASHVILLE, TN 37203	ARCHITECTURAL SERVICES	651,863.

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 22

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Form **990** (2008)

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	94,959.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	3,430,354.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	7,320,093.				
	g Noncash contributions included in lines 1a-1f: \$		520,951.				
	h Total. Add lines 1a-1f		10,845,406.				
	Program Service Revenue			Business Code			
2 a TUITION AND FEES			611710	48,256,226.	48,256,226.		
b AUXILIARY REVENUE			611710	12,403,572.	12,403,572.		
c MISCELLANEOUS INCOME			611710	3,259,193.	3,259,193.		
d INCREASE - LIFE INSURA			524298	62,951.	62,951.		
e							
f All other program service revenue							
g Total. Add lines 2a-2f			63,981,942.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,061,075.			1,061,075.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross Rents	(i) Real	(ii) Personal				
		751,467.					
		b Less: rental expenses		331,441.			
		c Rental income or (loss)		420,026.			
	d Net rental income or (loss)			420,026.			420,026.
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		50,283,757.					
		b Less: cost or other basis and sales expenses		54,267,288.			
		c Gain or (loss)		-3,983,531.			
	d Net gain or (loss)			-3,983,531.			-3,983,531.
	8 a Gross income from fundraising events (not including \$ 94,959. of contributions reported on line 1c). See Part IV, line 18	a	95,379.				
		b Less: direct expenses	b	107,106.			
		c Net income or (loss) from fundraising events		-11,727.			-11,727.
	9 a Gross income from gaming activities. See Part IV, line 19	a					
		b Less: direct expenses	b				
		c Net income or (loss) from gaming activities					
	10 a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold		b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
11 a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			72,313,191.	63,981,942.	0.	-2,514,157.	

Part IX Statement of Functional Expenses**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.****All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

Do not include amounts reported on lines 6b, 7b, 8b, 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 governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,089,706.		1,089,706.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	32,591,477.	28,062,227.	3,264,523.	1,264,727.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,164,388.	1,011,964.	99,217.	53,207.
9 Other employee benefits	3,066,995.	2,535,979.	395,396.	135,620.
10 Payroll taxes	2,217,500.	1,871,689.	264,180.	81,631.
11 Fees for services (non-employees):				
a Management				
b Legal	32,008.		32,008.	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	221,061.		221,061.	
g Other				
12 Advertising and promotion	485,830.	336,259.	136,962.	12,609.
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	3,732,315.	3,298,069.	320,541.	113,705.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	423,927.	306,789.	103,902.	13,236.
20 Interest	3,358,116.		3,358,116.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,816,812.	4,845,858.	970,954.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a GENERAL EXPENSES	6,310,009.	2,602,715.	3,697,524.	9,770.
b LOSS ON INTEREST RATE S	4,577,761.	4,577,761.		
c INSURANCE	3,244,877.	2,579,890.	562,627.	102,360.
d CONTRACT SERVICES	3,202,622.	2,295,013.	762,710.	144,899.
e UTILITIES	3,114,828.	3,114,828.		
f All other expenses	9,169,927.	6,186,926.	2,721,463.	261,538.
25 Total functional expenses. Add lines 1 through 24f	83,820,159.	63,625,967.	18,000,890.	2,193,302.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,613,344.	1	1,367,581.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	3,986,830.	4	4,642,515.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	2,921,696.	9	1,450,867.
	10a Land, buildings, and equipment: cost basis ... 10a 194,864,144.			
	b Less: accumulated depreciation. Complete Part VI of Schedule D 10b 69,459,292.	114,845,732.	10c	125,404,852.
	11 Investments - publicly traded securities	26,490,888.	11	16,162,603.
	12 Investments - other securities. See Part IV, line 11	69,882,762.	12	42,560,209.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	2,165,790.	15	1,963,899.
16 Total assets. Add lines 1 through 15 (must equal line 34)	221,907,042.	16	193,552,526.	
Liabilities	17 Accounts payable and accrued expenses	16,485,633.	17	22,466,676.
	18 Grants payable		18	
	19 Deferred revenue	999,184.	19	1,019,253.
	20 Tax-exempt bond liabilities	73,660,000.	20	72,160,000.
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	2,697,966.	23	2,517,459.
	24 Unsecured notes and loans payable	3,700,000.	24	3,700,000.
	25 Other liabilities. Complete Part X of Schedule D	8,995,092.	25	8,443,160.
	26 Total liabilities. Add lines 17 through 25	106,537,875.	26	110,306,548.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	35,696,911.	27	30,370.
	28 Temporarily restricted net assets	48,032,518.	28	50,814,746.
	29 Permanently restricted net assets	31,639,738.	29	32,400,862.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	115,369,167.	33	83,245,978.
	34 Total liabilities and net assets/fund balances	221,907,042.	34	193,552,526.

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other

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

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

c If "Yes" to lines 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 Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits?

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)

nonexempt charitable trusts.

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

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

LIPSCOMB UNIVERSITY

Employer identification number

62-0485733

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

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☒ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete the Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- | | Yes | No |
|--|-----|----|
| (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) | | |
| (ii) A family member of a person described in (i) above? 11g(ii) | | |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) | | |
- h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2008

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 - 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.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
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 IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		

Schedule A (Form 990 or 990-EZ) 2008

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.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts 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 IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization



b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization



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



Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Name of the organization

LIPSCOMB UNIVERSITY

Employer identification number

62-0485733

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

General Rule

☒ For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

☐ For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions
for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization	Employer identification number
LIPSCOMB UNIVERSITY	62-0485733

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	A.L.L. DICKSON CHAPTER 300 W WALNUT ST DICKSON, TN 37055	\$ 7,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	A.L.L. RUTHERFORD CO. CHAPTER 1942 DILTON MANKIN RD MURFREESBORO, TN 37127	\$ 11,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	ADAMS FAMILY FOUNDATION II 1502 ANATOLE CT MURFREESBORO, TN 37130	\$ 100,025.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	ANNE POTTER WILSON FOUNDATION 3022 VANDERBILT PL NASHVILLE, TN 37212	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	AST CAPITAL TRUST COMPANY OF DELAWARE PO BOX 4570 WILMINGTON, DE 19807	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	AT & T FOUNDATION MATCHING GFT CTR CODE 16350-M, PO BOX 9002 STUART, FL 34995	\$ 16,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
LIPSCOMB UNIVERSITY	62-0485733

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	BRENTWOOD HILLS CHURCH OF CHRIST 5120 FRANKLIN RD NASHVILLE, TN 37220	\$ 33,550.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	C. O. CHRISTIAN AND SONS CO., INC. 2139 CANADY AVE NASHVILLE, TN 37211-2003	\$ 30,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	CARDINAL HEALTH 4100 OSUMA RD NE ALBUQUERQUE, NM 87109	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	CVS PHARMACY, INC. 1 CVS DR WOONSOCKET, RI 02895	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	DEAL DRUGS 395 WALLACE RD, BLD B, STE 102 NASHVILLE, TN 37211	\$ 15,930.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	DR. AND MRS. BURTON F. ELROD II 5329 CHERRY BLOSSOM TR. NASHVILLE, TN 37215-5228	\$ 5,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
LIPSCOMB UNIVERSITY	62-0485733

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	DR. AND MRS. C. CARL MCKELVEY, JR. 934 HAVENHILL DR. NASHVILLE, TN 37217-1414	\$ 5,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	DR. AND MRS. FLETCHER D. SRYGLEY III 4419 GRANNY WHITE PIKE NASHVILLE, TN 37204-4117	\$ 17,090.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	DR. AND MRS. GILBERT D. EZELL 1601 SHACKLEFORD ROAD NASHVILLE, TN 37215-3008	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	DR. AND MRS. H. NESTOR STEWART 1100 SMITHVILLE HWY STE. 114 MCMINNVILLE, TN 37110	\$ 15,442.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	DR. AND MRS. JAMES CARLTON LODEN 877 CURTISWOOD LN NASHVILLE, TN 37204-4320	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	DR. AND MRS. JAMES RICKY JONES 230 WOODMERE DR. HOHENWALD, TN 38462-1230	\$ 15,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
LIPSCOMB UNIVERSITY	62-0485733

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19	DR. AND MRS. MICHAEL P. HAMMOND 805 BRENTVIEW DR NASHVILLE, TN 37220	\$ 9,024.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20	DR. AND MRS. ROBERT E. HOOPER 1711 DECATUR CIR FRANKLIN, TN 37067-6500	\$ 39,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21	DR. AND MRS. ROY C. EZELL 101 WHITNEY PLACE CT. NASHVILLE, TN 37215-3255	\$ 5,140.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22	DR. AND MRS. W. CRAIG BLEDSOE 1103 FRANCES AVE. NASHVILLE, TN 37204-3917	\$ 6,082.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23	DR. AND MRS. W. RANDOLPH DEATON 2259 TWIN ESTATES CIR CHESTERFIELD, MO 63017	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24	DR. AND MRS. WILLIAM B. THETFORD 1 FOXHALL CLOSE NASHVILLE, TN 37215-1807	\$ 16,751.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
LIPSCOMB UNIVERSITY	62-0485733

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25	DR. D. STEVEN SHARP PO BOX 213 PINE MOUNTAIN, GA 31822-0213	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26	DR. DALE LEE DENNY 1141 BANBURY LANE BRENTWOOD, TN 37027	\$ 5,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27	DR. MICHELE M. FOWLER 7022 E 112TH PLACE BIXBY, OK 74008	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28	DRS. MILEY AND JEAN WALKER 710 N BROAD ST. SUFFOLK, VA 23434-4908	\$ 80,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29	DRS. PAUL AND VALERY PRILL 5156 ASHLEY DR NASHVILLE, TN 37211	\$ 5,890.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30	DRS. SCOTT AND PAIGE AKERS 906 BUFORD PL NASHVILLE, TN 37204	\$ 6,315.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
LIPSCOMB UNIVERSITY	62-0485733

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
31	ECHO HILLS CHURCH OF CHRIST 1106 CAMPBELL RD GOODLETTSVILLE, TN 37072-4141	\$ 22,176.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32	EXXONMOBIL FOUNDATION MATCHING GIFT PROGRAMS PO BOX 7635 PRINCETON, NJ 08543-7288	\$ 22,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33	EZELL FOUNDATION PO BOX 100957 NASHVILLE, TN 37224-0957	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34	FIDELITY CHARITABLE GIFT FUND P O BOX 770001 CINCINNATI, OH 45227-0053	\$ 62,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35	FORTUNE BRANDS, INC. 520 LAKE COOK RD DEERFIELD, IL 60015	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36	FRAZIER FOUNDATION PO BOX 590 ABILENE, TX 79604	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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LIPSCOMB UNIVERSITY	62-0485733

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
37	GENERAL MOTORS FOUNDATION MATCHING CONTRIBUTIONS PROGRAM 101 N MAIN ST 6TH FLR ANN ARBOR, MI 48104-1411	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
38	HARPETH HILLS CHURCH OF CHRIST 1949 OLD HICKORY BLVD BRENTWOOD, TN 37027	\$ 16,216.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
39	HCA, INC. ONE PARK PLAZA, PO BOX 550 NASHVILLE, TN 37202-0550	\$ 31,830.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
40	IRA NORTH FOUNDATION PO BOX 5913 MADISON, TN 37116-5913	\$ 231,938.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
41	J D K PROPERTIES C/O EDDIE CLAUSEL, 90 AVALON PLACE SAVANNAH, TN 38372	\$ 28,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
42	JOHN BOUCHARD AND SONS CO., INC. 1024 HARRISON ST NASHVILLE, TN 37203	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
LIPSCOMB UNIVERSITY	62-0485733

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
43	LEE CO., INC. PO BOX 306053 NASHVILLE, TN 37230	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
44	LEXMARK INTERNATIONAL, INC. MATCHING GIFTS PROGRAM 740 WEST NEW CIRCLE RD LEXINGTON, KY 40550	\$ 5,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
45	LOUIS R. DRAUGHON FOUNDATION REGIONS MORGAN KEEGAN, 315 DEADERICK ST. NASHVILLE, TN 37237-1103	\$ 80,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
46	M. STRATTON FOSTER CHARITABLE FOUNDATION C/O GAIL G. GREENFIELD, ESQ., 410 BOWLING AVE, NO. 82 NASHVILLE, TN 37205	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
47	MARK AND MARTHA EZELL FOUNDATION 360 MURFREESBORO RD NASHVILLE, TN 37210	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
48	MISS MARY NEAL ALEXANDER PO BOX 140435 NASHVILLE, TN 37214	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
LIPSCOMB UNIVERSITY	62-0485733

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
49	MR. ALVIN LEWIS BOLT 325 FIELDCREST DR NASHVILLE, TN 37211-4317	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
50	MR. AND MRS. ALFRED N. CARMAN JR. 113 WOODWARD HILLS PL. BRENTWOOD, TN 37027-4236	\$ 42,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
51	MR. AND MRS. B. A. MULLICAN, SR. 1905 SOUTHWOOD DR. MARYVILLE, TN 37803-6347	\$ 250,258.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
52	MR. AND MRS. C. OAKLEY CHRISTIAN III 6322 CANTERBURY CLOSE BRENTWOOD, TN 37027-4870	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
53	MR. AND MRS. CHARLES E. FRASIER 1608 N OBSERVATORY DR NASHVILLE, TN 37215	\$ 8,920.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
54	MR. AND MRS. DONALD W. SULLIVAN 75 NEAL CT. MC MINNVILLE, TN 37110-3610	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
LIPSCOMB UNIVERSITY	62-0485733

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
55	MR. AND MRS. DOUGLAS JAY HOWARD 3333 FAIRFIELD PIKE BELL BUCKLE, TN 37020-4206	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
56	MR. AND MRS. E. G. BURGESS III 7097 FRANKLIN RD MURFREESBORO, TN 37128-3612	\$ 244,175.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
57	MR. AND MRS. F. MILES EZELL, JR. 5425 FOREST ACRES DR. NASHVILLE, TN 37220-2105	\$ 21,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
58	MR. AND MRS. G. HILTON DEAN 4942 TYNE VALLEY BLVD NASHVILLE, TN 37220	\$ 58,930.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
59	MR. AND MRS. G. WAYNE SOLOMON P O BOX 326 WARTBURG, TN 37887	\$ 38,265.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
60	MR. AND MRS. GARY B. BERRY 147 CO RD 4440 BRUNDIDGE, AL 36010	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
LIPSCOMB UNIVERSITY	62-0485733

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
61	MR. AND MRS. GEORGE A. SMITH II 1903 FAIRMONT RD SE HUNTSVILLE, AL 35801-1444	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
62	MR. AND MRS. GREGORY L. GOUGH 15 BANCROFT PL NASHVILLE, TN 37215-4600	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
63	MR. AND MRS. H. G. PEEBLES, JR. 755 SUNNYBROOK CT BRENTWOOD, TN 37027	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
64	MR. AND MRS. HARRISON S. DAVIS 2005 STONEHURST DR NASHVILLE, TN 37215-5727	\$ 38,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
65	MR. AND MRS. J. D. ELLIOTT 308 DUE WEST AVE MADISON, TN 37115-4511	\$ 12,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
66	MR. AND MRS. JAMES C. ALLEN, JR. 3023 CLUB DR DESTIN, FL 32550	\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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LIPSCOMB UNIVERSITY	62-0485733

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
67	MR. AND MRS. JAMES F. HARWELL III P O BOX 139 NASHVILLE, TN 37202	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
68	MR. AND MRS. JOEL B. CAMPBELL III 9385 WHITE ROSE CT LOVELAND, OH 45140	\$ 151,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
69	MR. AND MRS. JOHN B. THRONEBERRY PO BOX 11009 MURFREESBORO, TN 37129-0021	\$ 51,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
70	MR. AND MRS. JOHN E. MANSFIELD 1107 GRANDVIEW DR. NASHVILLE, TN 37204-3210	\$ 10,225.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
71	MR. AND MRS. JOHN WILLIAM EZELL, SR. 5413 FRANKLIN RD NASHVILLE, TN 37220	\$ 11,530.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
72	MR. AND MRS. JON MICHAEL DUNCAN 9909 MAUPIN RD. BRENTWOOD, TN 37027-8322	\$ 6,540.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
LIPSCOMB UNIVERSITY	62-0485733

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
73	MR. AND MRS. JOSEPH M. IVEY 600 WALNUT GROVE CIR NASHVILLE, TN 37215	\$ 9,080.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
74	MR. AND MRS. JOSH STITES 605 SYCAMORE RIDGE CIR NASHVILLE, TN 37214	\$ 9,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
75	MR. AND MRS. K. MARK ROBERTS 4890 S RIDGESIDE CIR ANN ARBOR, MI 48105-9403	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
76	MR. AND MRS. KENNY PERRY 418 QUAIL RIDGE RD FRANKLIN, KY 42134-9650	\$ 235,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
77	MR. AND MRS. LEWIS WAYNE RANKIN 507 ALLIBAR PLACE BRENTWOOD, TN 37027-5624	\$ 5,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
78	MR. AND MRS. MARK VANCE EZELL 4800 LEALAND LN NASHVILLE, TN 37220-1041	\$ 10,326.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization LIPSCOMB UNIVERSITY	Employer identification number 62-0485733
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
79	MR. AND MRS. MARTY R. KITTRELL 1418 WILLOWBROOKE CIR. FRANKLIN, TN 37069	\$ 10,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
80	MR. AND MRS. MICHAEL D. SMITH 1145 SAFETY HARBOR CV OLD HICKORY, TN 37138-1969	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
81	MR. AND MRS. PETE T. GUNN III PO BOX 487 BENTON, KY 42025-0487	\$ 10,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
82	MR. AND MRS. RICHARD S. PEUGEOT 5121 ANNESWAY DR NASHVILLE, TN 37205-2715	\$ 6,801.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
83	MR. AND MRS. S. DOUGLAS SMITH P O BOX 159021 NASHVILLE, TN 37215	\$ 40,975.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
84	MR. AND MRS. S. WAYNE LEWIS 653 OLD CHRISTIANA RD CHRISTIANA, TN 37037	\$ 31,369.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
LIPSCOMB UNIVERSITY	62-0485733

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
85	MR. AND MRS. SCOTT T. PRICE 1032 TYNE BLVD NASHVILLE, TN 37220-1027	\$ 15,113.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
86	MR. AND MRS. SHANNON B. TERRY 548 GRAND OAKS DR. BRENTWOOD, TN 37027-5650	\$ 103,428.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
87	MR. AND MRS. STANLEY MILES EZELL 946 TYNE BLVD NASHVILLE, TN 37220	\$ 5,849.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
88	MR. AND MRS. TERRY BATES 1203 GRAYBAR LN NASHVILLE, TN 37215	\$ 5,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
89	MR. AND MRS. THOMAS J. TRIMBLE 7302 E. BERRIDGE LN SCOTTSDALE, AZ 85250-5506	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
90	MR. AND MRS. TIM S. THOMAS 403 RUSHTON LN CLARKSVILLE, TN 37043	\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
LIPSCOMB UNIVERSITY	62-0485733

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
91	MR. AND MRS. TY H. OSMAN 1730 ANDREW CROCKETT CT BRENTWOOD, TN 37027-8001	\$ 11,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
92	MR. AND MRS. VINCENT HUGH KNOX 9599 CLOVERCROFT ROAD FRANKLIN, TN 37067	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
93	MR. AND MRS. WALTER LEAVER III 1603 BURTON AVE. NASHVILLE, TN 37215-3017	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
94	MR. AND MRS. WILLIAM B. MCDONALD 100 WEST END ST CENTERVILLE, TN 37033	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
95	MR. AND MRS. WILLIAM R. HUSTON 1135 HIGHLAND OAKS DR SOUTHLAKE, TX 76092-8587	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
96	MR. EDMOND RAY QUEEN 799 ELYSIAN FIELDS NASHVILLE, TN 37204	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
LIPSCOMB UNIVERSITY	62-0485733

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
97	MR. WILLIAM SMITH 3415 WEST END AVE APT 1002-D NASHVILLE, TN 37203-1077	\$ 13,045.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
98	MRS. ALDAMEDA S. LANDISS 1418 GRAYBAR LN NASHVILLE, TN 37215-1624	\$ 10,035.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
99	MRS. CAROLYN T. WILSON 1115 GRANDVIEW DR. NASHVILLE, TN 37204-3210	\$ 7,795.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
100	MRS. HAROLD D. MARCROM HAROLD & AGNES MARCROM TRUST, C/O RAY MARCROM, TRUSTEE, PO BOX 735 MANCHESTER, TN 37355	\$ 13,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
101	MRS. JAMES D. HUGHES 11 BURTON HILLS BLVD APT. 265S NASHVILLE, TN 37215	\$ 259,945.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
102	MRS. JANICE C. FETNER P O BOX 159022 NASHVILLE, TN 37215-9022	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
LIPSCOMB UNIVERSITY	62-0485733

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
103	MRS. NEIKA BREWER STEPHENS 6160 PASQUO RD NASHVILLE, TN 37221-9709	\$ 58,976.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
104	MRS. RICHARD ALLEN HALL 1254 BRENTWOOD PT BRENTWOOD, TN 37027-2946	\$ 7,437.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
105	MRS. RUTH T. FREY 4125 BROWNS LN UNIT 210 LOUISVILLE, KY 40220	\$ 13,857.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
106	MRS. THOMAS F. STATON 1533 COLLEGE CT. MONTGOMERY, AL 36106-2106	\$ 107,464.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
107	NASBA 150 FOURTH AVE N STE 700 NASHVILLE, TN 37219-2417	\$ 7,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
108	NASHVILLE INSURANCE GROUP, INC. 301 SEVEN SPRINGS WAY STE 101 BRENTWOOD, TN 37027	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
LIPSCOMB UNIVERSITY	62-0485733

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
109	NORTH ALABAMA FABRICATING CO., INC. 4632 10TH AVENUE NORTH BIRMINGHAM, AL 35212	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
110	OTTER CREEK CHURCH OF CHRIST 409 FRANKLIN RD BRENTWOOD, TN 37027	\$ 39,205.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
111	RIO GRANDE FENCE CO. 1410 LEBANON RD NASHVILLE, TN 37210	\$ 10,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
112	SUNTRUST BANK CHARITABLE GIVING PO BOX 305110, MAIL CODE 7045 NASHVILLE, TN 37230-5110	\$ 48,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
113	TENNESSEE FOOTBALL, INC. P O BOX 281228 NASHVILLE, TN 37228	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
114	THE COMMUNITY FOUNDATION 3833 CLEGHORN AVE STE 400 NASHVILLE, TN 37215-2519	\$ 13,987.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
LIPSCOMB UNIVERSITY	62-0485733

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
115	THE COVER FOUNDATION 406 GRANNY WHITE PIKE BRENTWOOD, TN 37027	\$ 54,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
116	THE DON R. ELLIOTT FOUNDATION 33 MUSIC SQUARE W NUMBER 104A NASHVILLE, TN 37203-3226	\$ 115,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
117	THE KINGDOM TRUST P O BOX 150223 NASHVILLE, TN 37215	\$ 12,650.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
118	THE MEMORIAL FOUNDATION 100 BLUE GRASS COMMONS BLVD STE 320 HENDERSONVILLE, TN 37075	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
119	THE SHUMARD FOUNDATION, INC. 8035 MONTICELLO DR ATLANTA, GA 30350-4535	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
120	THE WASHINGTON FOUNDATION PO BOX 159057 NASHVILLE, TN 37215-9057	\$ 67,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
LIPSCOMB UNIVERSITY	62-0485733

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
121	THOMAS DEVELOPMENT PO BOX 3400 CLARKSVILLE, TN 37043-3400	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
122	THOMAS LUMBER CO. INC. PO BOX 3400 CLARKSVILLE, TN 37043-3400	\$ 7,780.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
123	TUA STEPHENS CHRISTIAN TRUST 6160 PASQUO RD NASHVILLE, TN 37221	\$ 14,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
124	TURNER FOUNDATION OF LEXINGTON KY BANK ONE KENTUCKY, ATTN: GINGER DINSMORE, 201 E. MAIN ST. LEXINGTON, KY 40507	\$ 5,211.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
125	VANGUARD CHARITABLE ENDOWMENT PROGRAM P O BOX 55766 BOSTON, MA 02205-5766	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
126	WALGREENS 102 WILMOT ROAD MS #1211 DEERFIELD, IL 60015	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
LIPSCOMB UNIVERSITY	62-0485733

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
127	WEST END CHURCH OF CHRIST 3534 WEST END AVE NASHVILLE, TN 37205	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
128	WOODMONT HILLS CHURCH OF CHRIST 3710 FRANKLIN RD NASHVILLE, TN 37204-3506	\$ 12,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
129	DR. JAMES STRICKLAND (US SMOKELESS TOBACCO CO.) 800 HARRISON STREET NASHVILLE, TN 37203	\$ 25,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
LIPSCOMB UNIVERSITY	62-0485733

Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
51	STOCKS - 06/18/08 AGRIUM - 1500 SHARES; 07/14/08 AGRIUM - 700 SHARES; 08/01/08 QUALCOMM - 600 SHARES	\$ 247,758.	06/18/08
56	STOCK - 12/31/08 NATIONAL HEALTHCARE CORP - 5000 SHARES	\$ 244,175.	12/31/08
129	GAS CHROMATOGRAPH MACHINE FOR USE IN CHEMISTRY DEPARTMENT.	\$ 25,000.	10/14/08
		\$	
		\$	
		\$	
		\$	

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

LIPSCOMB UNIVERSITY

Employer identification number

62-0485733

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$

(ii) Assets included in Form 990, Part X ▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$

b Assets included in Form 990, Part X ▶ \$

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

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

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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

b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	78,746,075.				
b Contributions	2,406,005.				
c Investment earnings or losses	-22,177,746.				
d Grants or scholarships	6,922,131.				
e Other expenditures for facilities and programs					
f Administrative expenses	177,518.				
g End of year balance	51,874,685.				

2 Provide the estimated percentage of the year end balance held as:

- a** Board designated or quasi-endowment **▶** 14.58 %
b Permanent endowment **▶** 62.32 %
c Term endowment **▶** 23.10 %

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

	Yes	No
(i) unrelated organizations	3a(i)	X
(ii) related organizations	3a(ii)	X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds.

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings	12,711,122.	146,162,899.	58,789,221.	100,084,800.
c Leasehold improvements				
d Equipment		26,528,137.	10,670,071.	15,858,066.
e Other		9,461,986.		9,461,986.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				125,404,852.

Schedule D (Form 990) 2008

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
INVESTMENTS - SHORT TERM/MUTUAL FUNDS	37,688,400.	END-OF-YEAR MARKET VALUE
INVESTMENTS - PARTNERSHIPS	4,746,436.	END-OF-YEAR MARKET VALUE
INVESTMENTS - COMMODITIES	125,373.	END-OF-YEAR MARKET VALUE
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.) ►	42,560,209.	

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.) ▶		

(a) Description	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col (B) line 15.)	TOTAL

(a) Description of liability	(b) Amount
Federal income taxes	
OTHER LIABILITIES	6,943,160.
CURRENT PORTION OF TAX EXEMPT BONDS PAYABLE	1,500,000.
Total. (Column (b) should equal Form 990, Part X, col (B) line 25.)	8,443,160.

Schedule D (Form 990) 2008

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	72,313,191.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	83,820,159.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-11,506,968.
4	Net unrealized gains (losses) on investments	4	-20,616,221.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	-20,616,221.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-32,123,189.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	51,844,449.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-20,616,223.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	438,547.
e	Add lines 2a through 2d	2e	-20,177,676.
3	Subtract line 2e from line 1	3	72,022,125.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	221,061.
b	Other (Describe in Part XIV)	4b	70,005.
c	Add lines 4a and 4b	4c	291,066.
5	Total revenue. Add lines 3 and 4c . (This should equal Form 990, Part I, line 12.)	5	72,313,191.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	83,967,640.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	438,547.
e	Add lines 2a through 2d	2e	438,547.
3	Subtract line 2e from line 1	3	83,529,093.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	221,061.
b	Other (Describe in Part XIV)	4b	70,005.
c	Add lines 4a and 4b	4c	291,066.
5	Total expenses. Add lines 3 and 4c . (This should equal Form 990, Part I, line 18.)	5	83,820,159.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES: 331441.

EXPENSE INCLUDE IN EXPENSE ON F/S AND RECLASSED TO INCOME FOR

TAX RETURN: 107106.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

EXPENSE INCLUDE IN INCOME ON F/S AND RECLASSED TO EXPENSE FOR

Part XIV Supplemental Information (continued)

TAX RETURN: 70005.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES: 331441.

EXPENSE INCLUDE IN EXPENSE ON F/S AND RECLASSED TO INCOME FOR

TAX RETURN: 107106.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

EXPENSE INCLUDE IN INCOME ON F/S AND RECLASSED TO EXPENSE FOR

TAX RETURN: 70005.

SCHEDULE E
(Form 990 or 990-EZ)

Schools

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

► **To be completed by organizations that**
answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.
► **Attach to Form 990 or Form 990-EZ.**

2008

**Open to Public
Inspection**

Name of the organization

LIPSCOMB UNIVERSITY

Employer identification number

62-0485733

- 1** 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?
- 2** 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?
- 3** 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
- LIPSCOMB UNIVERSITY PUBLISHES ITS NONDISCRIMINATORY POLICY IN
BROCHURES, STUDENT HANDBOOKS, CATALOGS, AND ON THE WEBSITE.
-
- 4** Does the organization maintain the following?
- a** Records indicating the racial composition of the student body, faculty, and administrative staff?
- b** Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
- c** Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
- d** Copies of all material used by the organization or on its behalf to solicit contributions?
- If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)
-
- 5** Does the organization discriminate by race in any way with respect to:
- a** Students' rights or privileges?
- b** Admissions policies?
- c** Employment of faculty or administrative staff?
- d** Scholarships or other financial assistance?
- e** Educational policies?
- f** Use of facilities?
- g** Athletic programs?
- h** Other extracurricular activities?
- If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)
-
- 6a** Does the organization receive any financial aid or assistance from a governmental agency?
- b** Has the organization's right to such aid ever been revoked or suspended?
- If you answered "Yes" to either line 6a or line 6b, please explain using an attached statement. SEE STATEMENT 1
- 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," attach an explanation

	YES	NO
1	X	
2	X	
3	X	
4a	X	
4b	X	
4c	X	
4d	X	
5a		X
5b		X
5c		X
5d		X
5e		X
5f		X
5g		X
5h		X
6a	X	
6b		X
7	X	

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

Schedule E (Form 990 or 990-EZ) 2008

Department of the Treasury
Internal Revenue Service

► **Attach to Form 990 or Form 990-EZ.** Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

2008

Open To Public Inspection

Name of the organization

LIPSCOMB UNIVERSITY

Employer identification number

62-0485733

Part I	Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
---------------	---

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|--|--|
| a <input checked="" type="checkbox"/> Mail solicitations | e <input checked="" type="checkbox"/> Solicitation of non-government grants |
| b <input checked="" type="checkbox"/> Email solicitations | f <input checked="" type="checkbox"/> Solicitation of government grants |
| c <input checked="" type="checkbox"/> Phone solicitations | g <input checked="" type="checkbox"/> Special fundraising events |
| d <input checked="" type="checkbox"/> In-person solicitations | |
- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ **Yes** ☐ **No**
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
RUFFALO CODY	PHONE SOLICITATION		X	202,961.	125,400.	77,561.
Total				202,961.	125,400.	77,561.

- 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

AL, AZ, AK, CA, CO, CT, AK, FL, GA, HI, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NH, NJ

NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, UT, VT, VA, WA, WV, WI

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))	
		CS ART EVENT (event type)	DEAN INAUGURAL (event type)	2 (total number)		
Revenue	1	Gross receipts	146,453.	23,605.	20,280.	190,338.
	2	Less: Charitable contributions	51,074.	23,605.	20,280.	94,959.
	3	Gross revenue (line 1 minus line 2)	95,379.			95,379.
Direct Expenses	4	Cash prizes				
	5	Non-cash prizes				
	6	Rent/facility costs				
	7	Other direct expenses	107,106.			107,106.
	8	Direct expense summary. Add lines 4 through 7 in column (d)				(107,106)
	9	Net income summary. Combine lines 3 and 8 in column (d)				-11,727.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Non-cash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				()
	8	Net gaming income summary. Combine lines 1 and 7 in column (d)				

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? _____

b If "No," Explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____

b If "Yes," Explain:

11 Does the organization operate gaming activities with nonmembers? _____

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? _____

	Yes	No
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name ►

Address ►

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____.

c If "Yes," enter name and address:

Name ►

Address ►

16 Gaming manager information:

Name ►

Gaming manager compensation ► \$ _____

Description of services provided ►

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

► **Attach to Form 990. To be completed by organizations that
answered "Yes" to Form 990, Part IV, line 23.**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

LIPSCOMB UNIVERSITY

Employer identification number

62-0485733

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

☐ First-class or charter travel

☒ Housing allowance or residence for personal use

☐ Travel for companions

☐ Payments for business use of personal residence

☐ Tax indemnification and gross-up payments

☒ Health or social club dues or initiation fees

☐ Discretionary spending account

☐ Personal services (e.g., maid, chauffeur, chef)

b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

☐ Compensation committee

☒ Written employment contract

☐ Independent compensation consultant

☒ Compensation survey or study

☐ Form 990 of other organizations

☒ Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

a Receive a severance payment or change of control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes," to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

Yes No

--	--	--

1b X

2 X

--	--	--

4a X

4b X

4c X

--	--	--

5a X

5b X

--	--	--

6a X

6b X

--	--	--

7 X

8 X

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

Schedule J (Form 990) 2008

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

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
RANDY LOWRY	(i)	201,910.	0.	21,034.	16,333.	92,958.	332,235.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
CRAIG BLEDSOE	(i)	124,004.	0.	18,896.	10,061.	258.	153,219.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
SCOTT H. SANDERSON	(i)	258,920.	0.	14,594.	12,668.	90.	286,272.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
ROGER L. DAVIS	(i)	190,181.	0.	18,694.	13,650.	396.	222,921.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
THOMAS M. CAMPBELL	(i)	153,065.	0.	17,162.	12,391.	60.	182,678.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

**Open to Public
Inspection**

▶ **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**

Name of the Organization

LIPSCOMB UNIVERSITY

Employer Identification number

62-0485733

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
TIM S. THOMAS BOARD MEMBER	1.00	X						0.	0.	0.
WILLIAM THOMAS BOARD MEMBER	1.00	X						0.	0.	0.
ROBERT E. WOOD BOARD MEMBER	1.00	X						0.	0.	0.
MARK H. YOKLEY BOARD MEMBER	1.00	X						0.	0.	0.
RANDY LOWRY PRESIDENT	40.00			X				222,944.	0.	109,291.
CRAIG BLEDSOE PROVOST	40.00			X				142,900.	0.	10,319.
WALT LEAVER VP - UNIVERSITY RELATION	40.00			X				88,296.	0.	6,571.
DANNY TAYLOR SVP - FINANCIAL AFFAIRS	40.00			X				139,796.	0.	10,080.
PHILIP HUTCHESON ATHLETIC DIRECTOR	40.00			X				36,212.	0.	0.
PHILLIP ELLENBURG GENERAL COUNSEL	40.00			X				95,497.	0.	6,856.
JOSEPH IVEY SVP - ADVANCEMENT	40.00			X				128,855.	0.	10,002.
SCOTT MCDOWELL ASSOCIATE PROVOST/DEAN	40.00			X				79,068.	0.	6,190.
BENNIE HARRIS VP - DEVELOPMENT	40.00			X				143,388.	0.	60.
MIKE HAMMOND VP & HEADMASTER OF CAMPUS	40.00			X				90,919.	0.	6,990.
HAROLD HAZELIP CHANCELLOR	40.00				X			19,782.	0.	18,000.
SCOTT H. SANDERSON HEAD BASKETBALL COACH	40.00					X		273,514.	0.	12,758.
ROGER L. DAVIS DEAN OF PHARMACY SCHOOL	40.00					X		208,875.	0.	14,046.
THOMAS M. CAMPBELL ASSOCIATE DEAN OF COLLEGE	40.00					X		170,227.	0.	12,451.
CHARLES TURNEY STEVENS DEAN OF COLLEGE OF BUSINESS	40.00					X		131,444.	0.	172.
WENDELL SCOTT AKERS PROFESSOR	40.00					X		134,881.	0.	60.

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

Schedule J-2 (Form 990) 2008

**SCHEDULE K
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Information on Tax-Exempt Bonds**

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.
Provide descriptions, explanations, and any additional information on Schedule O (Form 990).

OMB No. 1545-0047

2008**Open to Public
Inspection**

Name of the organization

LIPSCOMB UNIVERSITY

Employer identification number

62-0485733

Part I Bond Issues (Required for 2008) SEE SCHEDULE O FOR COLUMN (F) CONTINUATIONS

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer	
						Yes	No	Yes	No
A SUNTRUST BANK - 2003 BONDS	58-0466330	592106AC2	01/22/03	42,340,000.	LIBRARY, STUDENT ACTIVITIES CENTER, DORM RENOVATIONS		X		X
B SUNTRUST BANK - 2003 BONDS	58-0466330	592106AE8	11/19/03	7,500,000.	JOHNSON HALL RESIDENCE HALL ADDITION		X		X
C SUNTRUST BANK - 2006 BONDS	58-0466330	7913668SE	07/12/06	23,000,000.	LIPSCOMB 2010 PLAN - PHASE I - RENOVATIONS		X		X
D SUNTRUST BANK - 2008 BONDS	58-0466330	121039010	02/22/08	11,160,000.	LIPSCOMB 2010 PLAN - PHASE II - RENOVATIONS		X		X
E									

Part II Proceeds (Optional for 2008)

	A		B		C		D		E	
1 Total proceeds of issue										
2 Gross proceeds in reserve funds										
3 Proceeds in refunding or defeasance escrows										
4 Other unspent proceeds										
5 Issuance costs from proceeds										
6 Working capital expenditures from proceeds										
7 Capital expenditures from proceeds										
8 Year of substantial completion										
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9 Were the bonds issued as part of a current refunding issue? ...										
10 Were the bonds issued as part of an advance refunding issue?										
11 Has the final allocation of proceeds been made?										
12 Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III Private Business Use (Optional for 2008)

	A		B		C		D		E	
	Yes	No	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 with respect to the financed property which may result in private business use?										

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

NonCash Contributions

► To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

LIPSCOMB UNIVERSITY

Employer identification number

62-0485733

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	2	491,933	FMV AT DATE OF SALE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other) ...				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (GAS CHROMATOG)	X	1	25,000	VALUE DETERMINED BY SI
26 Other ► (CAMPUS SCHOOL)	X	1	4,019	VALUE DETERMINED BY RE
27 Other ► ()				
28 Other ► ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions
for which the organization completed Form 8283, Part IV, Donee Acknowledgment **29** 0

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

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

Schedule M (Form 990) 2008

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

LIPSCOMB UNIVERSITY

Employer identification number

62-0485733

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

UNDERGRADUATE EDUCATION DEDICATED TO THE INTEGRATION OF CHRISTIAN FAITH

AND PRACTICE WITH ACADEMIC EXCELLENCE.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

RATHER, IT REFLECTS LIPSCOMB'S COMMITMENT TO THE COMPREHENSIVE

DEVELOPMENT OF EACH STUDENT - SPIRITUALLY, INTELLECTUALLY, SOCIALLY,

AND PHYSICALLY - TO PREPARE GRADUATES FOR LIFE AND ETERNITY.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

ACADEMIC SUPPORT:

INCLUDES ACADEMIC COUNSELING & TESTING SERVICES, ACADEMIC PROGRAM

DEVELOPMENT, UNIVERSITY DEANS, INSTRUCTIONAL TECHNOLOGY, LIBRARY

SERVICES, AND OTHER AREAS DESIGNED TO ENHANCE A STUDENT'S LEARNING

EXPERIENCE AND THE OVERALL QUALITY OF A STUDENT'S EDUCATION.

EXPENSES \$ 7689993. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

PUBLIC SERVICES:

INCLUDES COMMUNITY OUTREACH ACTIVITIES, SPIRITUAL FORMATION ACTIVITIES,

AND SUSTAINABILITY WHERE LIPSCOMB CAN POSITIVELY IMPACT COMMUNITIES AND

THE ENVIRONMENT.

EXPENSES \$ 1089769. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

RESEARCH:

INCLUDES POTENTIAL DISCOVERIES OF NEW OUTCOMES WITH A GOAL OF ADVANCING

PROGRESS BOTH INSTITUTIONALLY AND GLOBALLY.

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

Schedule O (Form 990) 2008

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

LIPSCOMB UNIVERSITY

Employer identification number

62-0485733

EXPENSES \$ 6856. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 10: THE FINANCE AND RELATED AREAS OF

THE UNIVERSITY PREPARES THE INFORMATION. IT IS FORWARDED TO THE SENIOR

VICE PRESIDENT OF FINANCE AND ADMINISTRATION FOR FINAL REVIEW AND

SIGNATURE. THE AUDIT COMMITTEE BOARD MEMBERS WILL REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C: RELATED PARTY CONFIRMATIONS ARE

REVIEWED AND FOLLOWED UP BY THE SENIOR VICE PRESIDENT OF FINANCE AND

ADMINISTRATION. RELATED PARTY CONFIRMATIONS ARE OBTAINED AND REVIEWED AS

PART OF THE ANNUAL AUDIT BY THE UNIVERSITY'S INDEPENDENT ACCOUNTING FIRM.

ANY FINDINGS ARE THEN COMMUNICATED TO THE AUDIT COMMITTEE AS PART OF THE

FOLLOW-UP PROCESS.

FORM 990, PART VI, SECTION B, LINE 15: THE BOARD SETS THE PRESIDENT'S

SALARY ANNUALLY BASED ON HIS CONTRACT. HIS INCREASE MIRRORS THE INCREASE

POOL PROVIDED TO ALL EMPLOYEES. HIS INITIAL COMPENSATION WAS ESTABLISHED

BASED ON A REVIEW OF MARKET DATA AND THE NEGOTIATION PROCESS. THIS SAME

PROCESS OCCURS WITH OTHER OFFICERS AND KEY EMPLOYEES WITH THE PRESIDENT

CONDUCTING AN ANNUAL EVALUATION.

FORM 990, PART VI, SECTION C, LINE 18: THE UNIVERSITY MAKES ITS FORM 990

AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19: THE UNIVERSITY MAKES ITS GOVERNING

DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE

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

Schedule O (Form 990) 2008

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

LIPSCOMB UNIVERSITY

Employer identification number

62-0485733

TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 2C:

THE ENTITY HAS AN AUDIT COMMITTEE THAT ASSUMES RESPONSIBILITY.

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME: SUNTRUST BANK - 2003 BONDS

(F) DESCRIPTION OF PURPOSE:

LIBRARY, STUDENT ACTIVITIES CENTER, DORM RENOVATIONS

(A) ISSUER NAME: SUNTRUST BANK - 2003 BONDS

(F) DESCRIPTION OF PURPOSE:

JOHNSON HALL RESIDENCE HALL ADDITION

(A) ISSUER NAME: SUNTRUST BANK - 2006 BONDS

(F) DESCRIPTION OF PURPOSE:

LIPSCOMB 2010 PLAN - PHASE I - RENOVATIONS

(A) ISSUER NAME: SUNTRUST BANK - 2008 BONDS

(F) DESCRIPTION OF PURPOSE:

LIPSCOMB 2010 PLAN - PHASE II - RENOVATIONS

SCHEDULE E	GOVERNMENT FINANCIAL ASSISTANCE STATEMENT	STATEMENT	1
	LINE 6		

GOVERNMENT GRANTS TOTALED \$790,393 FOR PERIOD ENDING MAY 31, 2009.

Form **8879-EO****IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2008, or fiscal year beginning JUN 1, 2008, and ending MAY 31, 2009**2008**Department of the Treasury
Internal Revenue Service▶ **Do not send to the IRS. Keep for your records.**▶ **See instructions.**

Name of exempt organization

Employer identification number

LIPSCOMB UNIVERSITY

62-0485733

Name and title of officer

DANNY H. TAYLOR

SENIOR VP OF FINANCE & ADMIN

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return for which you are filing this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1b	72313191
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2008 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize LATTIMORE BLACK MORGAN & CAIN, P.C. to enter my PIN 10459
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 62279762279
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2008 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So