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CLIENT'S COPY

Mr. Darrell Duncan
Lipscomb University
3901 Granny White Pike
Nashville, TN 37204-3951

Dear Darrell:

Enclosed are the original and one copy of the 2005 Exempt Organization return, as follows...

2005 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, 2006

Prepared for	Mr. Darrell Duncan Lipscomb University 3901 Granny White Pike Nashville, TN 37204-3951
Prepared by	Lattimore Black Morgan & Cain, P.C. 5250 Virginia Way, 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.

Return of Organization Exempt From Income TaxUnder 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.

2005Open to Public
Inspection**A** For the 2005 calendar year, or tax year beginning **JUN 1, 2005** and ending **MAY 31, 2006**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization LIPSCOMB UNIVERSITY Number and street (or P.O. box if mail is not delivered to street address) Room/suite 3901 GRANNY WHITE PIKE City or town, state or country, and ZIP + 4 NASHVILLE, TN 37204-3951	D Employer identification number 62-0485733
		E Telephone number (615) 966-1000
		F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶
		Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Hand I are not applicable to section 527 organizations.

G Website: **WWW.LIPSCOMB.EDU****J** Organization type (check only one) ☒ 501(c) (3) (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. **Some states require a complete return.****H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶ **N/A****H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No
(If "No," attach a list.)**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶ **N/A****L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **63,971,176.****M** Check ☐ if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF).**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1 Contributions, gifts, grants, and similar amounts received:			
	a Direct public support	1a	7,411,941.	
	b Indirect public support	1b		
	c Government contributions (grants)	1c	38,195.	
	d Total (add lines 1a through 1c) (cash \$ 7,450,136. noncash \$)	1d	7,450,136.	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	45,605,281.	
	3 Membership dues and assessments	3		
	4 Interest on savings and temporary cash investments	4		
	5 Dividends and interest from securities	5	42,145.	
	6 a Gross rents SEE STATEMENT 2	6a	654,911.	
	b Less: rental expenses SEE STATEMENT 3	6b	256,361.	
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c	398,550.	
7 Other investment income (describe ▶ SEE STATEMENT 1)	7	10,218,703.		
8 a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
	8a			
	b Less: cost or other basis and sales expenses	8b		
	c Gain or (loss) (attach schedule)	8c		
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d			
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	a Gross revenue (not including \$ of contributions reported on line 1a)	9a		
	b Less: direct expenses other than fundraising expenses	9b		
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c		
	10 a Gross sales of inventory, less returns and allowances	10a		
b Less: cost of goods sold	10b			
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11 Other revenue (from Part VII, line 103)	11			
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	63,714,815.		
Expenses	13 Program services (from line 44, column (B))	13	45,404,835.	
	14 Management and general (from line 44, column (C))	14	9,896,364.	
	15 Fundraising (from line 44, column (D))	15	1,582,426.	
	16 Payments to affiliates (attach schedule)	16		
	17 Total expenses (add lines 16 and 44, column (A))	17	56,883,625.	
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	6,831,190.	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	105,262,345.	
	20 Other changes in net assets or fund balances (attach explanation)	20	0.	
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	112,093,535.	

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ 0 • noncash \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	22			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc. **	25	1,204,475.	0.	1,204,475.
26	Other salaries and wages	26	23,772,076.	20,957,871.	1,891,067.
27	Pension plan contributions	27	974,894.	862,641.	72,129.
28	Other employee benefits	28	2,033,484.	1,714,956.	155,726.
29	Payroll taxes	29	1,640,854.	1,418,203.	172,627.
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32	5,062.		5,062.
33	Supplies	33	1,460,059.	1,281,195.	53,720.
34	Telephone	34	340,515.	49,961.	180,051.
35	Postage and shipping	35	257,341.	185,530.	49,635.
36	Occupancy	36			
37	Equipment rental and maintenance	37	144,385.	108,029.	34,387.
38	Printing and publications	38	647,182.	500,882.	108,644.
39	Travel	39	2,421,813.	2,112,667.	225,353.
40	Conferences, conventions, and meetings	40	50,685.	44,730.	
41	Interest	41	1,840,091.		1,840,091.
42	Depreciation, depletion, etc. (attach schedule)	42	4,582,970.	3,645,135.	937,835.
43	Other expenses not covered above (itemize):				
a		43a			
b		43b			
c		43c			
d		43d			
e		43e			
f		43f			
g	SEE STATEMENT 4	43g	15,507,739.	12,523,035.	2,965,562.
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	56,883,625.	45,404,835.	9,896,364.
					1,582,426.

Joint Costs. Check ☐ if you are following SOP 98-2.Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ NoIf "Yes," enter (i) the aggregate amount of these joint costs \$ N/A; (ii) the amount allocated to Program services \$ N/A;(iii) the amount allocated to Management and general \$ N/A; and (iv) the amount allocated to Fundraising \$ N/A

Form 990 (2005)

** SEE STATEMENT 5

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► SEE STATEMENT 6		Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)		
a INSTRUCTIONAL EXPENSES		
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>		21,099,536.
b STUDENT SERVICES		
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>		9,726,027.
c AUXILIARY ENTERPRISES		
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>		7,528,328.
d ACADEMIC SUPPORT		
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>		6,321,809.
e Other program services (attach schedule) SEE STATEMENT 7		
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>		729,135.
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►		45,404,835.

Form 990 (2005)

Part IV Balance Sheets (See the instructions.)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	2,234,417.	45	541,592.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable 47a 4,064,872.			
	b Less: allowance for doubtful accounts 47b 988,340.	3,115,617.	47c	3,076,532.
	48 a Pledges receivable 48a			
	b Less: allowance for doubtful accounts 48b		48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable 51a			
	b Less: allowance for doubtful accounts 51b		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	2,705,747.	53	4,102,003.
	54 Investments - securities STMT 8 STMT 9 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	77,036,103.	54	78,533,645.
	55 a Investments - land, buildings, and equipment: basis STMT 11 55a 9,197,022.			
	b Less: accumulated depreciation 55b	9,334,796.	55c	9,197,022.
56 Investments - other		56		
57 a Land, buildings, and equipment: basis 57a 139,341,390.				
b Less: accumulated depreciation 57b 59,459,770.	72,022,528.	57c	79,881,620.	
58 Other assets (describe ▶ OTHER ASSETS)	3,005,462.	58	3,289,691.	
59 Total assets (must equal line 74). Add lines 45 through 58	169,454,670.	59	178,622,105.	
Liabilities	60 Accounts payable and accrued expenses	10,687,507.	60	10,846,809.
	61 Grants payable		61	
	62 Deferred revenue	474,921.	62	461,036.
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities 64a 45,410,000.			43,500,000.
	b Mortgages and other notes payable 64b 445,300.			4,490,175.
	65 Other liabilities (describe ▶ SEE STATEMENT 10)	7,174,597.	65	7,230,550.
66 Total liabilities. Add lines 60 through 65)	64,192,325.	66	66,528,570.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> X and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	33,626,467.	67	38,269,065.
	68 Temporarily restricted	43,888,763.	68	44,871,390.
	69 Permanently restricted	27,747,115.	69	28,953,080.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	105,262,345.	73	112,093,535.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	169,454,670.	74	178,622,105.

Part IV-A

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return	
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Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

Form **990** (2005)

Yes	No
-----	----

33

75b

X

75c

X

75d

(A) Name and address

NONE

(B) Loans and Advances

(C) Compensation

(D) Contributions to employee benefit plans & deferred compensation plans

(E) Expense account and other allowances	
--	--

	Yes	No
--	-----	----

76

X

77

X

78a

X

78b

79

X

80a

X

N/A

81a

0

81b

X

Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts 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? N/A		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members 85c N/A		
d	Section 162(e) lobbying and political expenditures 85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ 0.		
90 a	List the states with which a copy of this return is filed ▶ NONE		
b	Number of employees employed in the pay period that includes March 12, 2005 90b 998		
91 a	The books are in care of ▶ DARRELL DUNCAN Telephone no. ▶ 615-269-1000 Located at ▶ 3901 GRANNY WHITE PIKE, NASHVILLE, TN ZIP + 4 ▶ 37204-3951		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶ N/A		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 N/A		

Form 990 (2005)

Part VII Analysis of Income-Producing Activities (See the instructions.)**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a TUITION AND FEES			03		32,940,383.
b AUXILIARY REVENUE			03		9,504,216.
c LIABILITY ADJUSTMENTS			03		331,670.
d MISCELLANEOUS INCOME			03		2,544,784.
e INCREASE - LIFE INS CSV			03		284,228.
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	42,145.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	398,550.	
98 Net rental income or (loss) from personal property					
99 Other investment income			14	10,218,703.	
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		10,659,398.	45,605,281.
105 Total (add line 104, columns (B), (D), and (E))					56,264,679.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
1	SEE STATEMENT 13

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here	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.			
	Signature of officer		Date	DARRELL W. DUNCAN, AVP/FINANCE Type or print name and title.
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN		Phone no.
523163 02-03-06	LATTIMORE BLACK MORGAN & CAIN, P.C. 5250 VIRGINIA WAY, P.O. BOX 1869 BRENTWOOD, TN 37024-1869		(615) 377-4600	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

► **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

2005

Name of the organization

LIPSCOMB UNIVERSITY

Employer identification number

62 0485733

Part I

Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SCOTT H. SANDERSON 1111 FRANCES AVENUE, NASHVILLE, TN 37	HEAD BASKETBALL COAC 40.00	225,178.	22,347.	
DAVID L. ADAMS 1410 NEELY'S BEND ROAD, MADISON, TN 3	PROFESSOR 40.00	152,806.	4,203.	
LOGAN G. FULKS 2428 N. BERRY'S CHAPEL ROAD, FRANKLIN	PROFESSOR 40.00	145,277.	6,638.	
WILLIAM H. TUCKER 4252 JAMESBOROUGH PLACE, NASHVILLE, T	VICE CHANCELLOR 40.00	100,000.	17,755.	
FRED THOMAS GILLIAM 6325 WILLIAMS GROVE DRIVE, BRENTWOOD,	PROFESSOR 40.00	97,664.	12,734.	
Total number of other employees paid over \$50,000	151			

Part II-A

Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
BAPTIST SPORTS MEDICINE 2000 CHURCH STREET, NASHVILLE, TN 37236	MEDICAL SERVICES	354,689.
VANDERBILT UNIVERSITY SCHOOL OF NURSING 461 21ST AVENUE SOUTH, NASHVILLE, TN 37212	OUTSOURCED INSTRUCTION	209,534.
TUCK HINTON ARCHITECTS, PLC 410 ELM STREET, NASHVILLE, TN 37203	ARCHITECTURAL	171,659.
INFOWORKS, INC. 28 WHITE BRIDGE ROAD, NASHVILLE, TN 37205	CONSULTING	110,000.
RUFFALO CODY & ASSOC., INC. 3714 ROSEMONT AVENUE, NASHVILLE, TN 37215	MARKETING	108,867.
Total number of others receiving over \$50,000 for professional services	7	

Part II-B

Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
D.F. CHASE, INC. 7401 HIGHWAY 100, NASHVILLE, TN 37221	CONSTRUCTION SERVICES	7430858.
SODEXHO, INC. AND AFFILIATES 4700 FRANKLIN PIKE, NASHVILLE, TN 37220	FOOD SERVICES	2766774.
MCCARTHY, JONES & WOODARD 650 SOUTHGATE AVENUE, NASHVILLE, TN 37203	CONSTRUCTION SERVICES	327,656.
DEMONBREUN CONSTRUCTION 6724 RODNEY CT., NASHVILLE, TN 37205	CONSTRUCTION SERVICES	209,111.
NASHVILLE READY MIX 605 COWAN, NASHVILLE, TN 37207	CONCRETE SERVICES	174,362.
Total number of other contractors receiving over \$50,000 for other services	15	

Part III **Statements About Activities** (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	2d	X
e Transfer of any part of its income or assets?	2e	X
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a	X
b Do you have a section 403(b) annuity plan for your employees?	3b	X
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c	X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	X

Part IV **Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions.)The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5** ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6** ☒ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7** ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8** ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9** ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **►** _____
- 10** ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a** ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b** ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12** ☐ 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13** ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: **(1)** lines 5 through 12 above; or **(2)** sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: **►** ☐ Type 1 ☐ Type 2 ☐ Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14** ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.** **N/A**
Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	0.	0.	0.	0.	0.
24 Line 23 minus line 17					
25 Enter 1% of line 23					
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a N/A
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c N/A
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					26d N/A
e Public support (line 26c minus line 26d total)					26e N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f N/A %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2004) _____ (2003) _____ (2002) _____ (2001) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2004) _____ (2003) _____ (2002) _____ (2001) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ▶	27f N/A				
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 7 of the instructions.)**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

	Yes	No
29 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?	29 <input checked="" type="checkbox"/>	<input type="checkbox"/>
30 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?	30 <input checked="" type="checkbox"/>	<input type="checkbox"/>
31 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?	31 <input checked="" type="checkbox"/>	<input type="checkbox"/>
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
LIPSCOMB UNIVERSITY PUBLISHES ITS NONDISCRIMINATORY POLICY IN BROCHURES, STUDENT HANDBOOKS, CATALOGS, AND ON THE WEBSITE.		
.....		
.....		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a <input checked="" type="checkbox"/>	<input type="checkbox"/>
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b <input checked="" type="checkbox"/>	<input type="checkbox"/>
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c <input checked="" type="checkbox"/>	<input type="checkbox"/>
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d <input checked="" type="checkbox"/>	<input type="checkbox"/>
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
.....		
.....		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	33a <input type="checkbox"/>	<input checked="" type="checkbox"/>
b Admissions policies?	33b <input type="checkbox"/>	<input checked="" type="checkbox"/>
c Employment of faculty or administrative staff?	33c <input type="checkbox"/>	<input checked="" type="checkbox"/>
d Scholarships or other financial assistance?	33d <input type="checkbox"/>	<input checked="" type="checkbox"/>
e Educational policies?	33e <input type="checkbox"/>	<input checked="" type="checkbox"/>
f Use of facilities?	33f <input type="checkbox"/>	<input checked="" type="checkbox"/>
g Athletic programs?	33g <input type="checkbox"/>	<input checked="" type="checkbox"/>
h Other extracurricular activities?	33h <input type="checkbox"/>	<input checked="" type="checkbox"/>
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
.....		
.....		
34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a <input checked="" type="checkbox"/>	<input type="checkbox"/>
b Has the organization's right to such aid ever been revoked or suspended?	34b <input type="checkbox"/>	<input checked="" type="checkbox"/>
If you answered "Yes" to either 34a or b, please explain using an attached statement.		
.....		
35 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	35 <input checked="" type="checkbox"/>	<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2005

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)**N/A**(To be completed **ONLY** by an eligible organization that filed Form 5768)Check **a** ☐ if the organization belongs to an affiliated group. Check **b** ☐ if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table -			
If the amount on line 40 is -	The lobbying nontaxable amount is -		
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A (e) Total
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h .)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h .)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2005

Name of 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 under Regulations sections 1.509(a)-3/1.170A-9(e) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (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** check the box in the heading of their Form 990, 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 Paperwork Reduction Act Notice, see the Instructions
for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2005)

Name of organization	Employer identification number
LIPSCOMB UNIVERSITY	62-0485733

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	AMSOUTH CORPORATION 315 DEADERICK ST. NASHVILLE, TN 37237-0201	\$ 8,260.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	ANONYMOUS 3901 GRANNY WHITE PIKE NASHVILLE, TN 37204-3951	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	ARTHUR BAKER ESTATE C/O MARILYN G. GRIZZLE 5927 N. LAUREL DR THORNTOWN, IN 46071	\$ 74,528.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	ASSOCIATED LADIES FOR LIPSCOMB 204 LUCAS LN BRENTWOOD, TN 37027	\$ 57,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	ATLANTIC SUN CONFERENCE, INC. 3370 VINEVILLE AVE, STE 108-B MACON, GA 31204	\$ 37,372.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	BERNICE M. BOYETTE ESTATE 225 WEST KING ST DALTON, GA 30722-0398	\$ 59,579.	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 Specific 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	\$ 16,600.	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 & SONS CO., INC. 2139 CANADY AVE NASHVILLE, TN 37211-2003	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	COGGIN FAMILY CHARITABLE LEAD 1942 DILTON MANKIN RD MURFREESBORO, TN 37127	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	CONCORD ROAD CHURCH OF CHRIST 8221 CONCORD RD BRENTWOOD, TN 37027-6725	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	D. F. CHASE, INC. 3001 ARMORY DR STE 200 NASHVILLE, TN 37204-3951	\$ 44,576.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	DATA SUPPLIES, INC. PO BOX 4747 NORCROSS, GA 30091-4747	\$ 15,000.	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 Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	DR. & MRS. EDWIN L. GROGAN II 6448 GARDENVIEW DR PADUCAH, KY 42001-8642	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	DR. & MRS. JAMES CARLTON LODEN 1024 GRASSLAND LN. NASHVILLE, TN 37220-1035	\$ 8,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	DR. & MRS. RODNEY HALL SMITH 9702 SAINT JULIANS LN RICHMOND, VA 23238	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	DR. & MRS. RONALD AVRON HUNTER 1115 TYNE BLVD NASHVILLE, TN 37220	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	DR. & MRS. THOMAS F. STATON 1533 COLLEGE CT. MONTGOMERY, AL 36106-2106	\$ 93,862.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	DR. & MRS. THOMAS RAY DUNCAN 5112 HERSCHEL SPEARS CIR BRENTWOOD, TN 37027-5176	\$ 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 Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19	<u>DRS. PAUL & VALERY PRILL</u> <u>5156 ASHLEY DR</u> <u>NASHVILLE, TN 37211-2003</u>	\$ <u>21,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20	<u>EAST MAIN ASSOCIATES</u> <u>915 E MAIN ST</u> <u>MURFREESBORO, TN 37130</u>	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21	<u>ERNST & YOUNG FOUNDATION</u> <u>PO BOX 9002</u> <u>STUART, FL 34997</u>	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22	<u>EXXONMOBIL FOUNDATION</u> <u>PO BOX 7635</u> <u>PRINCETON, NJ 08543-7288</u>	\$ <u>22,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23	<u>FIRE SPRINKLER OF NASHVILLE, LLC</u> <u>149 PARK SOUTH CT</u> <u>NASHVILLE, TN 37210</u>	\$ <u>12,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24	<u>FRAZIER FOUNDATION</u> <u>PO BOX 5570</u> <u>VIENNA, WV 26105</u>	\$ <u>12,500.</u>	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 Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25	HCA, INC. ONE PARK PLAZA NASHVILLE, TN 37203	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26	HILDALE CHURCH OF CHRIST 501 HIGHWAY 76 CLARKSVILLE, TN 37043-5392	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27	JAMES D. BUTTON TRUSTEE 2630 THORNBROOK RD ELLICOTT CITY, MD 21042-1740	\$ 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	JAMES W. CHAMBERLAIN, ATTORNEY AT LAW PO BOX 98 LAFAYETTE, TN 37083	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29	JESSIE T. WALLING ESTATE TRUST DEPT.- PO BOX 830688 BIRMINGHAM, AL 35283-0688	\$ 116,434.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30	JOHNSON SCHOLARSHIP FOUNDATION 1002 ROLLING MEADOW DR MOUNT JULIET, TN 37122-3649	\$ 180,404.	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 Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
31	LOUIS R. DRAUGHON FOUNDATION 315 DEADERICK ST NASHVILLE, TN 37237-1103	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32	M. RENEE BIGGS MEMORIAL TRUST PO BOX 1073 FLORENCE, AL 35631	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33	M. STRATTON FOSTER CHARITABLE FOUNDATION P O BOX 50258 NASHVILLE, TN 37205	\$ 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	MCALCO CONSTRUCTION, INC. PO BOX 210702 NASHVILLE, TN 37221-0702	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35	MCDONALD FUNERAL HOME 102 WEST END ST CENTERVILLE, TN 37033	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36	MR. & MRS. ALFRED N. CARMAN JR. 113 WOODWARD HILLS PL. BRENTWOOD, TN 37027-4236	\$ 27,000.	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 Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
37	MR. & MRS. B. A. MULLICAN, SR. 1905 SOUTHWOOD DR. MARYVILLE, TN 37803-6347	\$ 199,615.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
38	MR. & MRS. BILLY BRYAN LUTHER 41 SHINNECOCK DR. PALM COAST, FL 32137-1415	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
39	MR. & MRS. BOBBY T. MCELHINEY 116 WYNLANDS CIR. GOODLETTSVILLE, TN 37072-4322	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
40	MR. & MRS. BURTON NOWERS, JR. 1113 RADNOR GLEN DR. BRENTWOOD, TN 37027-4135	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
41	MR. & MRS. C. OAKLEY CHRISTIAN, JR. 3608 CHALMETTE CT NASHVILLE, TN 37215	\$ 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	MR. & MRS. C. SCOTT SAUNDERS 1721 N OBSERVATORY DR. NASHVILLE, TN 37215-3048	\$ 7,500.	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 Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
43	MR. & MRS. C. STERLING COE 5970 RABBIT CREEK RD BUCHANAN, TN 38222	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
44	MR. & MRS. CHARLES G. MORRIS 15 LAKESIDE DR MORGANTOWN, WV 26508	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
45	MR. & MRS. DANIEL STANLEY ZINK 225 WINBURN LN FRANKLIN, TN 37069	\$ 11,149.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
46	MR. & MRS. DOUG PORTELL 14712 DELMAR ST LEAWOOD, KS 66224	\$ 5,056.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
47	MR. & MRS. ERNEST E. HYNE II 4100 FRANKLIN RD NASHVILLE, TN 37204-4405	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
48	MR. & MRS. F. MILES EZELL, JR. 5425 FOREST ACRES DR. NASHVILLE, TN 37220-2105	\$ 20,000.	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 Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
49	MR. & MRS. FRANK E. OUTHIER 105 SAVOY CIR NASHVILLE, TN 37205	\$ 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. & MRS. G. HILTON DEAN 4942 TYNE VALLEY BLVD NASHVILLE, TN 37220	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
51	MR. & MRS. GARY B. BERRY 147 CO RD 4440 BRUNDIDGE, AL 36010	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
52	MR. & MRS. GEORGE ROBERT FROST 5205 COLFAX CT BRENTWOOD, TN 37027	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
53	MR. & MRS. GERALD D. WIEKAMP 3009 FLINT MILL RUN SE HAMPTON COVE, AL 35763-8645	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
54	MR. & MRS. GREGORY L. GOUGH 1035 MAYCROFT KNOLL BRENTWOOD, TN 37027-7495	\$ 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 Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
55	MR. & MRS. H. C. STINSON, JR. 1120 TYNE BLVD. NASHVILLE, TN 37220-1029	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
56	MR. & 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.)
57	MR. & MRS. I. LEE MARSH, JR. 3903 BELMONT BLVD NASHVILLE, TN 37215-3007	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
58	MR. & MRS. J. D. ELLIOTT 308 WEST DUE W AVE MADISON, TN 37115-4511	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
59	MR. & MRS. J. GREGORY HARDEMAN 308 GREEN VALLEY BLVD FRANKLIN, TN 37064	\$ 31,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
60	MR. & MRS. JAMES C. ALLEN, JR. 3023 CLUB DR DESTIN, FL 32550	\$ 200,000.	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 Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
61	MR. & MRS. JAMES D. HUGHES 11 BURTON HILLS BLVD. S APT265 NASHVILLE, TN 37215-6138	\$ 54,488.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
62	MR. & MRS. JAMES E. ADKINS JR. 6728 LOOKOUT BEND SAN JOSE, CA 95120-4649	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
63	MR. & MRS. JAMES EDWARD CLAUSEL 90 AVALON PL SAVANNAH, TN 38372-1206	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
64	MR. & MRS. JAMES F. HARWELL III 112 MIDDLETON CIR NASHVILLE, TN 37215-5329	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
65	MR. & MRS. JAMES G. POUNDERS 229 HIGHCLIFF DR HENDERSONVILLE, TN 37075	\$ 7,572.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
66	MR. & MRS. JOE GORDON PRICE 1100 TYNE BLVD. NASHVILLE, TN 37220-1029	\$ 25,000.	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 Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
67	MR. & MRS. JOEL B. CAMPBELL III 9385 WHITE ROSE CT LOVELAND, OH 45140	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
68	MR. & MRS. JOHN E. MANSFIELD 1107 GRANDVIEW DR. NASHVILLE, TN 37204-3210	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
69	MR. & MRS. JOHN T. CARTER 510 SANTA MARIA SUGAR LAND, TX 77478	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
70	MR. & MRS. JOHN WILLIAM EZELL, SR. 5413 FRANKLIN RD NASHVILLE, TN 37220	\$ 76,790.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
71	MR. & MRS. KENNY PERRY 418 QUAIL RIDGE RD FRANKLIN, KY 42134-9650	\$ 180,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
72	MR. & MRS. LARRY THOMAS ADAMS 8255 DALEWOOD CT BRENTWOOD, TN 37027	\$ 7,000.	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 Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
73	MR. & MRS. LEWIS WAYNE RANKIN 507 ALLIBAR PL BRENTWOOD, TN 37027-5624	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
74	MR. & MRS. LUTHER GARY WALLER 6208 RIVER OAKS CT. BRENTWOOD, TN 37027-4907	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
75	MR. & MRS. R. EDWARD HUTTON, JR. 2030 FRANSWORTH DR NASHVILLE, TN 37205	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
76	MR. & MRS. RALPH DAVID SHIVERS 4946 TOPPING HILL DR SW ROANOKE, VA 24018-4830	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
77	MR. & MRS. RAYMOND B. JONES 5005 GARTH RD SE HUNTSVILLE, AL 35802-1137	\$ 156,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
78	MR. & MRS. RICHARD S. PEUGEOT 5121 ANNESWAY DR NASHVILLE, TN 37205-2715	\$ 59,593.	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 Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
79	MR. & MRS. ROBERT A. BRACKETT 8600 8TH ST VERO BEACH, FL 32968-9625	\$ 22,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
80	MR. & MRS. ROBERT EUGENE KEITH 5212 COUNTRY CLUB DR BRENTWOOD, TN 37027	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
81	MR. & MRS. ROGER A. LOYD 833 MAXWELL CT. NASHVILLE, TN 37220-1535	\$ 16,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
82	MR. & MRS. STANLEY MILES EZELL 946 TYNE BLVD NASHVILLE, TN 37220	\$ 10,332.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
83	MR. & MRS. STEPHEN TED CHURCH 4949 ROSELAWN CIR NASHVILLE, TN 37215	\$ 113,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
84	MR. & MRS. THOMAS J. TRIMBLE 7302 E. BERRIDGE LN SCOTTSDALE, AZ 85250-5506	\$ 25,000.	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 Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
85	MR. & MRS. TIM A. THOMAS 403 RUSHTON LN CLARKSVILLE, TN 37043-5392	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
86	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.)
87	MR. JON P. JEHL 5861 3RD COVE, #7 MEMPHIS, TN 38134-9332	\$ 32,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
88	MR. WOODROW COLEMAN 862 MATTHEW CT KINGSTON SPRINGS, TN 37082-8195	\$ 31,230.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
89	MRS. GLENDORA RAULSTON MAJOR 843 LAKEWOOD DR. LAGRANGE, GA 30240-1611	\$ 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	MRS. JANICE C. FETNER P O BOX 159022 NASHVILLE, TN 37215	\$ 20,000.	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 Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
91	MRS. M. N. DENNISON, JR. 919 WATERSWOOD DR. NASHVILLE, TN 37220-1117	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
92	MRS. N. T. LONG 4204 BELMONT PARK TER. NASHVILLE, TN 37215-3606	\$ 26,595.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
93	MRS. NEIKA BREWER STEPHENS 6160 PASQUO RD NASHVILLE, TN 37221-9709	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
94	MRS. RUTH O. ALSUP 832 WEDGEWOOD AVE. NASHVILLE, TN 37203-5447	\$ 71,197.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
95	MS JUANITA A. HOPPER-STEPHENS P O BOX 4283 MODESTO, CA 95352-4283	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
96	MS REBEKAH P. BAYLOR 7316 DUNAWAY DR NASHVILLE, TN 37211-1110	\$ 6,590.	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 Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
97	NILE E. YEARWOOD ESTATE PO BOX 305110 NASHVILLE, TN 37230-5110	\$ 14,027.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
98	NORA W. AUSBROOKS ESTATE 3901 GRANNY WHITE PIKE NASHVILLE, TN 37204-3951	\$ 23,718.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
99	OTTER CREEK CHURCH OF CHRIST 409 FRANKLIN RD BRENTWOOD, TN 37027	\$ 17,608.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
100	PANCOAST & ASSOCIATES, INC. 4205 HILLSBORO RD, STE 120 NASHVILLE, TN 37215	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
101	PURITY FOUNDATION PO BOX 100957 NASHVILLE, TN 37224	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
102	SUNTRUST BANK PO BOX 305110 NASHVILLE, TN 37230-5110	\$ 25,000.	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 Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
103	THE MEMORIAL FOUNDATION 100 BLUE GRASS COMMONS BLVD, SUITE 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.)
104	THE NATIONAL COLLEGIATE ATHLETIC ASSN. PO BOX 6222 INDIANAPOLIS, IN 46206-6222	\$ 119,456.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
105	THE PICKETT CHARITABLE REMAINDER UNITRUS 700 CRAIGHEAD ST STE 305 NASHVILLE, TN 37204-3951	\$ 316,239.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
106	THE WASHINGTON FOUNDATION PO BOX 159057 NASHVILLE, TN 37215-9057	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
107	THOMAS DEVELOPMENT PO BOX 3400 CLARKSVILLE, TN 37043-3400	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
108	THOMAS LUMBER CO. INC. PO BOX 3400 CLARKSVILLE, TN 37043-3400	\$ 15,000.	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

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Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
109	WOODMONT HILLS CHURCH OF CHRIST 3710 FRANKLIN RD NASHVILLE, TN 37204-3506	\$ 12,650.	Person <input checked="" 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.)
		\$	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.)

FORM 990	OTHER INVESTMENT INCOME	STATEMENT	1
DESCRIPTION		AMOUNT	
INVESTMENT GAIN - TEMPORARILY RESTRICTED NET ASSETS		414,507.	
INVESTMENT GAIN - UNRESTRICTED NET ASSETS		6,937,040.	
INVESTMENT GAIN - PERMANENTLY RESTRICTED NET ASSETS		225,987.	
GAIN ON INTERST RATE SWAP AGREEMENT		1,597,183.	
MATURED TRUST INCOME		1,043,986.	
TOTAL TO FORM 990, PART I, LINE 7		10,218,703.	

FORM 990	RENTAL INCOME	STATEMENT	2
KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME	
VARIOUS RENTAL PROPERTIES	1	654,911.	
TOTAL TO FORM 990, PART I, LINE 6A		654,911.	

FORM 990	RENTAL EXPENSES	STATEMENT	3
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
RENTAL EXPENSES		256,361.	
- SUBTOTAL -	1		256,361.
TOTAL TO FORM 990, PART I, LINE 6B			256,361.

FORM 990	OTHER EXPENSES			STATEMENT 4
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
ADVERTISING FEES	206,979.	123,206.	83,773.	
UTILITIES	2,959,186.	2,946,222.	12,964.	
PERMITS AND LICENSES	2,676.	2,676.		
INSURANCE	3,016,822.	2,254,508.	762,314.	
GIFTS AND AWARDS	5,290.	5,290.		
DUES AND				
SUBSCRIPTIONS	379,269.	332,065.	47,204.	
TAXES	426,593.	173,498.	253,095.	
CONTRACT SERVICES	1,111,339.	1,111,339.		
MISCELLANEOUS	110,188.	110,188.		
GENERAL EXPENSES	4,595,231.	3,989,438.	605,793.	
FINANCIAL AID	466.	466.		
AGENCY ACTIVITY				
(CLUBS, ETC)	20,095.	20,095.		
OTHER	372,198.		372,198.	
BANK FEES	136,625.	4,069.	132,556.	
ATHLETIC RECRUITING	69,103.	69,103.		
STUDENT RECRUITING	12,371.	12,371.		
SPECIAL EVENTS	99,317.	99,317.		
VIDEO	4,696.	4,696.		
PROSPECTIVE				
FACULTY/STAFF	590.	590.		
REPAIRS AND				
MAINTENANCE	101,795.	72,959.	28,836.	
PPE ADDITIONS	1,190,939.	1,190,939.		
SPECIAL PROJECTS	155,449.		155,449.	
BAD DEBT EXPENSE	26,523.		26,523.	
PROFESSIONAL				
SERVICES	484,857.		484,857.	
OTHER EXPENSES -				
FUNDRAISING	19,142.			19,142.
TOTAL TO FM 990, LN 43	15,507,739.	12,523,035.	2,965,562.	19,142.

FORM 990	OFFICER COMPENSATION ALLOCATION	STATEMENT	5
	PART II, LINE 25		

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
RANDY LOWRY	217,762.			217,762.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	217,762.			217,762.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
CRAIG BLEDSOE	105,500.	7,385.		112,885.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	105,500.	7,385.		112,885.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
WALT LEAVER	81,744.	5,722.		87,466.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	81,744.	5,722.		87,466.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
KEITH NIKOLAUS	90,870.	6,170.		97,040.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	90,870.	6,170.		97,040.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
DANNY TAYLOR	105,000.	7,350.		112,350.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	105,000.	7,350.		112,350.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
STEVEN POTTS	81,600.			81,600.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	81,600.			81,600.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
PHILIP ELLENBURG	89,500.	5,845.		95,345.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	89,500.	5,845.		95,345.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
JOEY IVEY	122,755.			122,755.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	122,755.			122,755.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
HAROLD HAZELIP	87,635.			87,635.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	87,635.			87,635.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
SUSAN GALBREATH	97,600.	6,650.		104,250.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	97,600.	6,650.		104,250.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
SCOTT MCDOWELL	79,804.	5,583.		85,387.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	79,804.	5,583.		85,387.
C. FUNDRAISING				

TOTAL PROGRAM SERVICES				
TOTAL MANAGEMENT AND GENERAL				1,204,475.
TOTAL FUNDRAISING				
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PARTS V-A AND V-B				1,204,475.

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE	STATEMENT	6
	PART III		

EXPLANATION

LIPSCOMB UNIVERSITY IS A PRIVATE, COEDUCATIONAL INSTITUTION FOCUSED PRINCIPALLY ON UNDERGRADUATE EDUCATION DEDICATED TO THE INTEGRATION OF CHRISTIAN FAITH AND PRACTICE WITH ACADEMIC EXCELLENCE.

FORM 990	OTHER PROGRAM SERVICES	STATEMENT	7
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DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
PUBLIC SERVICES		729,135.
TOTAL TO FORM 990, PART III, LINE E		729,135.

FORM 990	NON-GOVERNMENT SECURITIES	STATEMENT	8
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SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
INVESTMENTS - STOCKS	FMV	24,389,620.			24,389,620.
INVESTMENTS - CORPORATE BONDS	FMV		38,001.		38,001.
TO FORM 990, LINE 54, COL B		24,389,620.	38,001.		24,427,621.

FORM 990	GOVERNMENT SECURITIES	STATEMENT	9
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DESCRIPTION	COST/FMV	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
INVESTMENTS - GOVERNMENT SECURITIES	FMV	4,899,163.		4,899,163.
TOTAL TO FORM 990, LINE 54, COL B		4,899,163.		4,899,163.

FORM 990	OTHER LIABILITIES	STATEMENT	10
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DESCRIPTION	AMOUNT
OTHER LIABILITIES	5,320,550.
CURRENT PORTION OF TAX EXEMPT BONDS PAYABLE	1,910,000.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	7,230,550.

FORM 990	OTHER SECURITIES	STATEMENT 11
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SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
VARIOUS SECURITIES	FMV	0.
INVESTMENTS - SHORT TERM/MUTUAL FUNDS	FMV	45,521,261.
INVESTMENTS - PARTNERSHIPS	FMV	3,566,900.
INVESTMENTS - COMMODITIES	FMV	100,693.
INVESTMENTS - REITS	FMV	18,007.
TO FORM 990, LINE 54, COL B		49,206,861.

FORM 990	PART V-A - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT 12
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
RANDY LOWRY LIPSCOMB UNIVERSITY NASHVILLE, TN 37204-3951	PRESIDENT 40.00	217,762.	0.	0.
CRAIG BLEDSOE LIPSCOMB UNIVERSITY NASHVILLE, TN 37204-3951	PROVOST 40.00	105,500.	7,385.	0.
WALT LEAVER LIPSCOMB UNIVERSITY NASHVILLE, TN 37204-3951	VP - UNIVERSITY RELATIONS 40.00	81,744.	5,722.	0.
KEITH NIKOLAUS LIPSCOMB UNIVERSITY NASHVILLE, TN 37204-3951	VP - CAMPUS SCHOOL 40.00	90,870.	6,170.	0.
DANNY TAYLOR LIPSCOMB UNIVERSITY NASHVILLE, TN 37204-3951	VP - FINANCE 40.00	105,000.	7,350.	0.
STEVEN POTTS LIPSCOMB UNIVERSITY NASHVILLE, TN 37204-3951	ASST VP/DIR OF ATHLETICS 40.00	81,600.	0.	0.
PHILIP ELLENBURG LIPSCOMB UNIVERSITY NASHVILLE, TN 37204-3951	GENERAL COUNSEL 40.00	89,500.	5,845.	0.

G. HILTON DEAN LIPSCOMB UNIVERSITY NASHVILLE, TN 37204-3951	CHAIRMAN 1.00	0.	0.	0.
J.D. ELLIOTT LIPSCOMB UNIVERSITY NASHVILLE, TN 37204-3951	VICE CHAIRMAN 1.00	0.	0.	0.
NEIKA B. STEPHENS LIPSCOMB UNIVERSITY NASHVILLE, TN 37204-3951	SECRETARY 1.00	0.	0.	0.
RICHARD S. PEUGEOT LIPSCOMB UNIVERSITY NASHVILLE, TN 37204-3951	TREASURER 1.00	0.	0.	0.
JAMES C. ALLEN LIPSCOMB UNIVERSITY NASHVILLE, TN 37204-3951	BOARD MEMBER 1.00	0.	0.	0.
GARY T. BAKER LIPSCOMB UNIVERSITY NASHVILLE, TN 37204-3951	BOARD MEMBER 1.00	0.	0.	0.
ALFRED N. CARMAN, JR. LIPSCOMB UNIVERSITY NASHVILLE, TN 37204-3951	BOARD MEMBER 1.00	0.	0.	0.
LEWIS M. CARTER, JR. LIPSCOMB UNIVERSITY NASHVILLE, TN 37204-3951	BOARD MEMBER 1.00	0.	0.	0.
D. GERALD COGGIN, SR. LIPSCOMB UNIVERSITY NASHVILLE, TN 37204-3951	BOARD MEMBER 1.00	0.	0.	0.
BRYAN A. CRISMAN LIPSCOMB UNIVERSITY NASHVILLE, TN 37204-3951	BOARD MEMBER 1.00	0.	0.	0.
ROBBIE B. DAVIS LIPSCOMB UNIVERSITY NASHVILLE, TN 37204-3951	BOARD MEMBER 1.00	0.	0.	0.
DR. ROGER L. DAVIS LIPSCOMB UNIVERSITY NASHVILLE, TN 37204-3951	BOARD MEMBER 1.00	0.	0.	0.
STANLEY M. EZELL LIPSCOMB UNIVERSITY NASHVILLE, TN 37204-3951	BOARD MEMBER 1.00	0.	0.	0.

J. GREGORY HARDEMAN LIPSCOMB UNIVERSITY NASHVILLE, TN 37204-3951	BOARD MEMBER 1.00	0.	0.	0.
LINDA HEFLIN JOHNSTON LIPSCOMB UNIVERSITY NASHVILLE, TN 37204-3951	BOARD MEMBER 1.00	0.	0.	0.
RAYMOND B. JONES LIPSCOMB UNIVERSITY NASHVILLE, TN 37204-3951	BOARD MEMBER 1.00	0.	0.	0.
ROBERT E. KEITH LIPSCOMB UNIVERSITY NASHVILLE, TN 37204-3951	BOARD MEMBER 1.00	0.	0.	0.
CHARLES LINK LIPSCOMB UNIVERSITY NASHVILLE, TN 37204-3951	BOARD MEMBER 1.00	0.	0.	0.
BILL LUTHER LIPSCOMB UNIVERSITY NASHVILLE, TN 37204-3951	BOARD MEMBER 1.00	0.	0.	0.
WILLIAM B. MCDONALD LIPSCOMB UNIVERSITY NASHVILLE, TN 37204-3951	BOARD MEMBER 1.00	0.	0.	0.
COUNTESS METCALF LIPSCOMB UNIVERSITY NASHVILLE, TN 37204-3951	BOARD MEMBER 1.00	0.	0.	0.
BILL A. MULLICAN LIPSCOMB UNIVERSITY NASHVILLE, TN 37204-3951	BOARD MEMBER 1.00	0.	0.	0.
SANDRA W. PERRY LIPSCOMB UNIVERSITY NASHVILLE, TN 37204-3951	BOARD MEMBER 1.00	0.	0.	0.
DAVID W. RALSTON LIPSCOMB UNIVERSITY NASHVILLE, TN 37204-3951	BOARD MEMBER 1.00	0.	0.	0.
HARRIETTE SHIVERS LIPSCOMB UNIVERSITY NASHVILLE, TN 37204-3951	BOARD MEMBER 1.00	0.	0.	0.
DAVID L. SOLOMON LIPSCOMB UNIVERSITY NASHVILLE, TN 37204-3951	BOARD MEMBER 1.00	0.	0.	0.

H. CARLTON STINSON LIPSCOMB UNIVERSITY NASHVILLE, TN 37204-3951	BOARD MEMBER 1.00	0.	0.	0.
WILLIAM THOMAS LIPSCOMB UNIVERSITY NASHVILLE, TN 37204-3951	BOARD MEMBER 1.00	0.	0.	0.
MELVIN WHITE LIPSCOMB UNIVERSITY NASHVILLE, TN 37204-3951	BOARD MEMBER 1.00	0.	0.	0.
MARTY KITTRELL LIPSCOMB UNIVERSITY NASHVILLE, TN 37204-3951	BOARD MEMBER 1.00	0.	0.	0.
PRENTICE MEADOR LIPSCOMB UNIVERSITY NASHVILLE, TN 37204-3951	BOARD MEMBER 1.00	0.	0.	0.
TIM S. THOMAS LIPSCOMB UNIVERSITY NASHVILLE, TN 37204-3951	BOARD MEMBER 1.00	0.	0.	0.
SCOTT MCDOWELL LIPSCOMB UNIVERSITY NASHVILLE, TN 37204-3951	ASSOCIATE PROVOST/DEAN 40.00	79,804.	5,583.	0.
SUSAN GALBREATH LIPSCOMB UNIVERSITY NASHVILLE, TN 37204-3951	PRES. FACULTY FELLOW 40.00	97,600.	6,650.	0.
JOSEPH IVEY LIPSCOMB UNIVERSITY NASHVILLE, TN 37204-3951	VP OF ADVANCEMENT 40.00	122,755.	0.	0.
HAROLD HAZELIP LIPSCOMB UNIVERSITY NASHVILLE, TN 37204-3951	CHANCELLOR 40.00	87,635.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		<u>1,159,770.</u>	<u>44,705.</u>	<u>0.</u>

FORM 990	PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES	STATEMENT 13
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LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	TUITION AND OTHER FEES PAID FOR CLASSES, BOOKS, ROOM, AND BOARD
93B	FINANCIAL AID PROVIDED FOR THE STUDENTS
93C	AUXILIARY ACTIVITIES PROVIDED FOR THE BENEFIT OF THE STUDENTS
93D	ADJUSTMENT OF ACTUARIAL LIABILITY FOR ANNUITIES PAYABLE
93E	OTHER MISCELLANEOUS REVENUE GENERATED BY RECREATIONAL AND OTHER

ACTIVITIES PROVIDED FOR THE BENEFIT OF THE STUDENTS.

SCHEDULE A	EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS	STATEMENT	14
	PART III, LINE 3A		

STUDENTS APPLY FOR AND MAY BE GRANTED SCHOLARSHIPS BASED UPON THE STUDENT'S FINANCIAL NEED AND THE AMOUNT OF FUNDS AVAILABLE.

Depreciation and Amortization 990
(Including Information on Listed Property)

OMB No. 1545-0172

2005

Attachment
Sequence No. **67**

► See separate instructions.

► Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

LIPSCOMB UNIVERSITY

FORM 990 PAGE 2

62-0485733

Part I Election To Expense Certain Property Under Section 179 *Note: If you have any listed property, complete Part V before you complete Part I.*

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	105,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	420,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2004 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2006. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2005	17	4,582,970.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2005 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2005 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (see instructions)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	4,582,970.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)****24a** Do you have evidence to support the business/investment use claimed? ☐ **Yes** ☐ **No** **24b** If "Yes," is the evidence written? ☐ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
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25 Special allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property placed in service during the tax year and used more than 50% in a qualified business use **25****26** Property used more than 50% in a qualified business use:

	:	:	%					
	:	:	%					
	:	:	%					

27 Property used 50% or less in a qualified business use:

	:	:	%			S/L -		
	:	:	%			S/L -		
	:	:	%			S/L -		

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 **28****29** Add amounts in column (i), line 26. Enter here and on line 7, page 1 **29****Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle
30 Total business/investment miles driven during the year (do not include commuting miles)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C - Questions for Employers Who Provide Vehicles for Use by Their EmployeesAnswer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
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42 Amortization of costs that begins during your 2005 tax year:

	:	:			
	:	:			

43 Amortization of costs that began before your 2005 tax year **43****44** **Total.** Add amounts in column (f). See the instructions for where to report **44**

**IRS e-file Signature Authorization
for an Exempt Organization**For calendar year 2005, or fiscal year beginning JUN 1, 2005, and ending MAY 31, 2006▶ **Do not send to the IRS. Keep for your records.**▶ **See instructions.****2005**

Return ID (20-digit number) ▶

N/A

Name of exempt organization

LIPSCOMB UNIVERSITY

Employer identification number

62-0485733

Name and title of officer

DARRELL DUNCAN

AVP / FINANCE

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	63714815
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 2005 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 do not enter all zeros

as my signature on the organization's tax year 2005 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(s) 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 2005 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(s) 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 2005 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4206**, Information for Authorized IRS e-file Providers of Exempt Organization Filings.

ERO's signature ▶ _____ Date ▶ _____

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