



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

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

Dear Danny:

Enclosed is the 2009 Exempt Organization return, as follows...

2009 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, 2010

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

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

OMB No. 1545-0047

2009**Open to Public Inspection**

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

A For the **2009** calendar year, or tax year beginning **JUN 1, 2009** and ending **MAY 31, 2010**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization LIPSCOMB UNIVERSITY Doing Business As LIPSCOMB UNIVERSITY Number and street (or P.O. box if mail is not delivered to street address) Room/suite ONE UNIVERSITY PARK DRIVE City or town, state or country, and ZIP + 4 NASHVILLE, TN 37204-3951 F Name and address of principal officer: DANNY H. TAYLOR ONE UNIVERSITY PARK DR, NASHVILLE, TN 37204	D Employer identification number 62-0485733 E Telephone number (615) 966-1000 G Gross receipts \$ 172,817,657. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ WWW.LIPSCOMB.EDU	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1891 M State of legal domicile: TN	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: LIPSCOMB UNIVERSITY DELIVERS A COMPLETE EDUCATION CHARACTERIZED BY INTEGRATION OF CHRISTIAN FAITH 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 32 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 31 5 Total number of employees (Part V, line 2a) 5 2230 6 Total number of volunteers (estimate if necessary) 6 400 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) Prior Year 10,845,406. Current Year 6,898,649. 9 Program service revenue (Part VIII, line 2g) 63,981,942. 88,979,183. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -2,922,456. -2,122,717. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 408,299. 544,347. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 72,313,191. 94,299,462.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 15,411,653. 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 40,130,066. 44,127,704. 16a Professional fundraising fees (Part IX, column (A), line 11e) 139,757. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,339,958. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 43,690,093. 39,167,671. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 83,820,159. 98,846,785. 19 Revenue less expenses. Subtract line 18 from line 12 -11,506,968. -4,547,323.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) Beginning of Current Year 193,552,526. End of Year 194,512,319. 21 Total liabilities (Part X, line 26) 110,306,548. 107,910,570. 22 Net assets or fund balances. Subtract line 21 from line 20 83,245,978. 86,601,749.	

Part II Signature Block

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

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

Part III Statement of Program Service Accomplishments

- 1** Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION
LIPSCOMB UNIVERSITY DELIVERS A COMPLETE EDUCATION CHARACTERIZED BY
INTEGRATION OF CHRISTIAN FAITH AND PRACTICE WITH ACADEMIC EXCELLENCE.
THIS COMPLETE EDUCATION, WHICH INCLUDES LIBERAL ARTS STUDIES AND
PROFESSIONAL PREPARATION, DOES NOT SUGGEST A FINISHED EDUCATION.
- 2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.
- 3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.
- 4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 46,239,752. including grants of \$ 15,340,921.) (Revenue \$ 76,213,480.)
INSTRUCTIONAL EXPENSES:
CLASSROOM AND ONLINE AND GLOBAL INSTRUCTION IN A COLLABORATIVE
CHRISTIAN LIBERAL ARTS LEARNING ENVIRONMENT FROM PRE-KINDERGARTEN
THROUGH THE DOCTORAL LEVEL.

4b (Code:) (Expenses \$ 13,180,732. including grants of \$) (Revenue \$)
STUDENT SERVICES:
ENGAGING STUDENT LIFE IN A DYNAMIC AND DIVERSE COMMUNITY THAT GIVES
STUDENTS THE OPPORTUNITY TO BE REAL WITH THEMSELVES AND EACH OTHER
WHILE PROVIDING OPPORTUNITIES FOR SPIRITUAL FAITH DEVELOPMENT THROUGH
SERVICE AND LEARNING.

4c (Code:) (Expenses \$ 9,933,400. including grants of \$) (Revenue \$ 12,765,703.)
AUXILIARY ENTERPRISES:
PROVIDES STUDENTS WITH THE ENGAGING ON-CAMPUS LIPSCOMB EXPERIENCE.
STUDENTS WHO LIVE ON CAMPUS TYPICALLY EXPERIENCE A STRONG SENSE OF
POSITIVE COMMUNITY.

4d Other program services. (Describe in Schedule O.)
(Expenses \$ 9,934,812. including grants of \$ 11,072.) (Revenue \$)

4e Total program service expenses ► \$ 79,288,696.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	11 X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>		
12 Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	12 X	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	12A Yes No X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13 X	
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20	X

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Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	X	
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
25b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	26	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2230	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

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

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

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

Section C. Disclosure

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

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

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

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

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

• List all of the organization's **current** key employees. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
RANDY LOWRY PRESIDENT	40.00	X		X				237,728.	0.	134,888.
PHILLIP ELLENBURG GENERAL COUNSEL	40.00	X		X				98,165.	0.	14,700.
HILTON DEAN CHAIR	1.00	X						0.	0.	0.
J.D. ELLIOTT VICE CHAIR	1.00	X						0.	0.	0.
NEIKA B. STEPHENS SECRETARY	1.00	X						0.	0.	0.
JAMES C. ALLEN BOARD MEMBER	1.00	X						0.	0.	0.
GARY T. BAKER BOARD MEMBER	1.00	X						0.	0.	0.
J. ADDISON BARRY BOARD MEMBER	1.00	X						0.	0.	0.
ROBERT A. BRACKETT BOARD MEMBER	1.00	X						0.	0.	0.
ALFRED N. CARMAN, JR. BOARD MEMBER	1.00	X						0.	0.	0.
LEWIS M. CARTER, JR. BOARD MEMBER	1.00	X						0.	0.	0.
D. GERALD COGGIN, SR. BOARD MEMBER	1.00	X						0.	0.	0.
JERRY COVER BOARD MEMBER	1.00	X						0.	0.	0.
BRYAN A. CRISMAN BOARD MEMBER	1.00	X						0.	0.	0.
ROBBIE B. DAVIS BOARD MEMBER	1.00	X						0.	0.	0.
STANLEY M. EZELL BOARD MEMBER	1.00	X						0.	0.	0.
PETE T. GUNN, III BOARD MEMBER	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
J. GREGORY HARDEMAN BOARD MEMBER	1.00	X						0.	0.	0.
LINDA HEFLIN JOHNSTON BOARD MEMBER	1.00	X						0.	0.	0.
MARTY R. KITTRELL BOARD MEMBER	1.00	X						0.	0.	0.
SANDRA W. PERRY BOARD MEMBER	1.00	X						0.	0.	0.
J.W. PITTS, JR. BOARD MEMBER	1.00	X						0.	0.	0.
DAVID W. RALSTON BOARD MEMBER	1.00	X						0.	0.	0.
DAVID SCOBEY BOARD MEMBER	1.00	X						0.	0.	0.
HARRIETTE H. SHIVERS BOARD MEMBER	1.00	X						0.	0.	0.
CICELY SIMPSON BOARD MEMBER	1.00	X						0.	0.	0.
DAVID L. SOLOMON BOARD MEMBER	1.00	X						0.	0.	0.
1b Total								2,518,157.	0.	384,497.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **13**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SODEXO, INC. AND AFFILIATES ONE UNIVERSITY PARK DR, NASHVILLE, TN 37204	FOOD SERVICES	3,271,056.
RCR BUILDING CORPORATION 632 MELROSE AVENUE, NASHVILLE, TN 37211	CONSTRUCTION SERVICES	1,631,481.
BACON CONSTRUCTION, 1880 GENERAL GEORGE PATTON DR, SUITE 105, FRANKLIN, TN 37067	CONSTRUCTION SERVICES	860,015.
TOUR RESOURCES CONSULTANTS, 12440 W 62ND TERRACE, SUITE A, SHAWNEES MISSION, KS	TRAVEL CONSULTANT	266,620.
TUCK HINTON ARCHITECTS PLC 410 ELM STREET, NASHVILLE, TN 37203	ARCHITECTURAL SERVICES	265,115.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **13**

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

Form **990** (2009)

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	359,614.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	500,732.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	6,038,303.				
	g Noncash contributions included in lines 1a-1f: \$		264,454.				
	h Total. Add lines 1a-1f		6,898,649.				
	Program Service Revenue			Business Code			
2 a TUITION		611710	73,960,890.	73,960,890.			
b AUXILIARY REVENUE		611710	12,765,703.	12,765,703.			
c MISCELLANEOUS INCOME		611710	2,103,186.	2,103,186.			
d INCREASE - LIFE INSURA		524298	149,404.	149,404.			
e							
f All other program service revenue							
g Total. Add lines 2a-2f			88,979,183.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		652,766.			652,766.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross Rents	(i) Real 858,519.	(ii) Personal				
	b Less: rental expenses	428,503.					
	c Rental income or (loss)	430,016.					
	d Net rental income or (loss)		430,016.			430,016.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities 75,301,920.	(ii) Other				
	b Less: cost or other basis and sales expenses	77,871,907.	205,496.				
	c Gain or (loss)	-2,569,987.	-205,496.				
	d Net gain or (loss)		-2,775,483.			-2,775,483.	
	8 a Gross income from fundraising events (not including \$ 359,614. of contributions reported on line 1c). See Part IV, line 18	a 126,620.					
	b Less: direct expenses	b 12,289.					
	c Net income or (loss) from fundraising events		114,331.			114,331.	
	9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
11 a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions.		94,299,462.	88,979,183.	0.	-1,578,370.		

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	83,070.	83,070.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	15,328,583.	15,328,583.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,540,465.		1,540,465.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	35,520,097.	31,061,865.	3,156,742.	1,301,490.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,265,267.	1,147,791.	65,981.	51,495.
9 Other employee benefits	3,353,534.	2,801,522.	429,234.	122,778.
10 Payroll taxes	2,448,341.	2,082,477.	281,950.	83,914.
11 Fees for services (non-employees):				
a Management				
b Legal	87,099.		84,851.	2,248.
c Accounting	82,732.		82,732.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	139,757.			139,757.
f Investment management fees	216,966.		216,966.	
g Other				
12 Advertising and promotion	582,053.	364,962.	203,638.	13,453.
13 Office expenses	5,365,162.	3,426,612.	1,728,220.	210,330.
14 Information technology	12,648.			12,648.
15 Royalties				
16 Occupancy	80,918.	80,918.		
17 Travel	4,251,931.	3,737,455.	404,843.	109,633.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	323,173.	238,959.	75,622.	8,592.
20 Interest	4,208,824.		4,208,824.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,508,083.	4,323,936.	1,184,147.	
23 Insurance	3,641,587.	2,882,254.	652,170.	107,163.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a CONTRACT SERVICES	3,288,815.	2,731,830.	544,530.	12,455.
b GENERAL EXPENSES	2,929,779.	2,560,420.	369,359.	
c UTILITIES	2,727,800.	2,725,239.	2,561.	
d PPE ADDITIONS	1,241,629.	746,995.	481,596.	13,038.
e SPECIAL EVENTS	931,384.	469,712.	407,381.	54,291.
f All other expenses	3,687,088.	2,494,096.	1,096,319.	96,673.
25 Total functional expenses. Add lines 1 through 24f	98,846,785.	79,288,696.	17,218,131.	2,339,958.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,367,581.	1	2,945,213.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	4,642,515.	4	3,532,331.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,450,867.	9	1,483,572.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 196,891,971.		
	b Less: accumulated depreciation	10b 74,209,410.	125,404,852.	10c 122,682,561.
	11 Investments - publicly traded securities	16,162,603.	11	2,402,063.
	12 Investments - other securities. See Part IV, line 11	42,560,209.	12	59,737,193.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,963,899.	15	1,729,386.
16 Total assets. Add lines 1 through 15 (must equal line 34)	193,552,526.	16	194,512,319.	
Liabilities	17 Accounts payable and accrued expenses	22,466,676.	17	22,770,110.
	18 Grants payable		18	
	19 Deferred revenue	1,019,253.	19	2,417,302.
	20 Tax-exempt bond liabilities	72,160,000.	20	70,150,000.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	2,517,459.	23	2,106,033.
	24 Unsecured notes and loans payable to unrelated third parties	3,700,000.	24	
	25 Other liabilities. Complete Part X of Schedule D	8,443,160.	25	10,467,125.
	26 Total liabilities. Add lines 17 through 25	110,306,548.	26	107,910,570.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	30,370.	27	6,028,341.
	28 Temporarily restricted net assets	50,814,746.	28	46,286,679.
	29 Permanently restricted net assets	32,400,862.	29	34,286,729.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	83,245,978.	33	86,601,749.
34 Total liabilities and net assets/fund balances	193,552,526.	34	194,512,319.	

Form **990** (2009)

Part XI Financial Statements and Reporting

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

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

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

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

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

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

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

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

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

Form **990** (2009)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

LIPSCOMB UNIVERSITY

Employer identification number

62-0485733

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

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

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

2 ☒ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

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

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

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

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box _____

g ☐ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____

(ii) A family member of a person described in (i) above? _____

(iii) A 35% controlled entity of a person described in (i) or (ii) above? _____

h ☐ Provide the following information about the supported organization(s).

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2009

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization



b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization



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



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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2009

Name of the organization

LIPSCOMB UNIVERSITY

Employer identification number

62-0485733

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions 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 990-EZ that received from any one contributor, during the year, 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. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization	Employer identification number
LIPSCOMB UNIVERSITY	62-0485733

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	A.L.L. BEDFORD COUNTY CHAPTER C/O CAMILLE BELL, 1670 RAILROAD AVE SHELBYVILLE, TN 37160	\$ 5,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	A.L.L. DICKSON CHAPTER 300 W WALNUT ST DICKSON, TN 37055	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	A.L.L. RUTHERFORD CO. CHAPTER 1942 DILTON MANKIN RD MURFREESBORO, TN 37127	\$ 15,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	ABILENE CHRISTIAN UNIVERSITY ACU BOX 29110 ABILENE, TX 79699-9110	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	ACKLEN AVENUE CHURCH OF CHRIST 900 ACKLEN AVE NASHVILLE, TN 37203	\$ 8,175.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	ADAMS FAMILY FOUNDATION II 1502 ANATOLE CT MURFREESBORO, TN 37130	\$ 100,175.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
LIPSCOMB UNIVERSITY	62-0485733

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	ADVANCED FINANCIAL PLANNING CORPORATION 5110 MARYLAND WAY, SUITE 300 BRENTWOOD, TN 37027	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	ARS SERVICES LLC 965 RIDGE LAKE BLVD. STE 201 MEMPHIS, TN 38120	\$ 7,330.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	BAPTIST HEALING TRUST 1919 CHARLOTTE AVE, STE 320 NASHVILLE, TN 37203	\$ 55,049.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	BELLEVUE CHURCH OF CHRIST 7401 HWY 70 S NASHVILLE, TN 37221	\$ 6,350.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	BONE MCALLESTER NORTON PLLC 511 UNION ST, STE. 1600 NASHVILLE, TN 37219	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	BRENTWOOD HILLS CHURCH OF CHRIST 5120 FRANKLIN RD NASHVILLE, TN 37220	\$ 35,770.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
LIPSCOMB UNIVERSITY	62-0485733

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	C. O. CHRISTIAN AND SONS CO., INC. 2139 CANADY AVE NASHVILLE, TN 37211-2003	\$ 5,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	CAL TURNER FAMILY FOUNDATION 138 SECOND AVE N, STE. 200 NASHVILLE, TN 37201	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	CORRECTIONS CORPORATION OF AMERICA 10 BURTON HILLS BLVD NASHVILLE, TN 37215	\$ 5,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	CRACKER BARREL, INC. 305 HARTMANN DR LEBANON, TN 37087	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	CVS CORPORATION CVS PHARMACY, INC., 1 CVS DR WOONSOCKET, RI 02895	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	DEAL DRUGS DBA DEAL DRUGS, 395 WALLACE RD, BLVD B, STE 102 NASHVILLE, TN 37211	\$ 9,514.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
LIPSCOMB UNIVERSITY	62-0485733

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19	DOLLAR GENERAL CORPORATION CONTRIBUTIONS COMMITTEE, 100 MISSION RIDGE GOODLETTSVILLE, TN 37072-2171	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20	DR. AND MRS. BOBBY L. RAY, JR. 6127 BAYSWATER LN HIKSON, TN 37343-2585	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21	DR. AND MRS. BURTON F. ELROD II 5329 CHERRY BLOSSOM TR. NASHVILLE, TN 37215-5228	\$ 23,820.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22	DR. AND MRS. C. CARL MCKELVEY, JR. 934 HAVENHILL DR. NASHVILLE, TN 37217-1414	\$ 5,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23	DR. AND MRS. GILBERT D. EZELL 1601 SHACKLEFORD ROAD NASHVILLE, TN 37215-3008	\$ 14,090.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24	DR. AND MRS. H. NESTOR STEWART 1100 SMITHVILLE HWY STE. 114 MCMINNVILLE, TN 37110	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
LIPSCOMB UNIVERSITY	62-0485733

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25	DR. AND MRS. JAMES RICKY JONES 230 WOODMERE DR. HOHENWALD, TN 38462-1230	\$ 16,375.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26	DR. AND MRS. JEFFREY HARDING HUNTER 6004 ROBERT E LEE DR NASHVILLE, TN 37215-5226	\$ 8,020.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27	DR. AND MRS. L. RANDOLPH LOWRY III 4005 FRANKLIN PIKE NASHVILLE, TN 37204-3511	\$ 8,473.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28	DR. AND MRS. MACK D. UNDERWOOD 115 BORDEN RD LACEYS SPRING, AL 35754-6513	\$ 75,043.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29	DR. AND MRS. MICHAEL A. THOMAS 174 MAPLE DR WOODBURY, TN 37190	\$ 6,020.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30	DR. AND MRS. MICHAEL R. MCDONALD 1695 A. B. WADE ROAD PORTLAND, TN 37148	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
LIPSCOMB UNIVERSITY	62-0485733

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
31	DR. AND MRS. MICHAEL W. COLEMAN 57465 COUNTY RD 559 GREENWOOD, MS 38930	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32	DR. AND MRS. P. DAVID ELROD II 251 CAMBRIDGE LN. MANCHESTER, TN 37355-2878	\$ 41,515.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33	DR. AND MRS. ROBERT E. HOOPER 1711 DECATUR CIR FRANKLIN, TN 37067-6500	\$ 53,175.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34	DR. AND MRS. RONALD AVRON HUNTER 1115 TYNE BLVD NASHVILLE, TN 37220	\$ 7,687.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35	DR. AND MRS. S. DOUGLAS SMITH P O BOX 159021 NASHVILLE, TN 37215	\$ 16,550.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36	DR. AND MRS. W. CRAIG BLEDSOE 1103 FRANCES AVE. NASHVILLE, TN 37204-3917	\$ 6,725.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
LIPSCOMB UNIVERSITY	62-0485733

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
37	DR. AND MRS. W. RANDOLPH DEATON 1 SUNRISE VISTA SANTA FE, NM 87506	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
38	DR. AND MRS. WILLIAM B. THETFORD 1 FOXHALL CLOSE NASHVILLE, TN 37215-1807	\$ 10,450.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
39	DR. D. STEVEN SHARP 702 PIEDMONT LAKE RD PINE MOUNTAIN, GA 31822	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
40	DR. DALE LEE DENNY 1141 BANBURY LANE BRENTWOOD, TN 37027	\$ 10,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
41	DR. JAMES EDWARDS ROTH 801 HUNTINGTON CIR NASHVILLE, TN 37215	\$ 7,872.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
42	DR. MEREDITH ANN EZELL 2200 HARDING PL. NO 5 NASHVILLE, TN 37215-4145	\$ 11,695.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
LIPSCOMB UNIVERSITY	62-0485733

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
43	DR. MICHELE M. FOWLER 1815 E 31ST PL TULSA, OK 74105	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
44	DRS. MICHAEL AND CAROL HAMMOND 805 BRENTVIEW DR NASHVILLE, TN 37220-1509	\$ 6,569.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
45	DRS. MILEY AND JEAN WALKER 710 N BROAD ST SUFFOLK, VA 23434-4708	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
46	DRS. PAUL AND VALERY PRILL 5156 ASHLEY DR NASHVILLE, TN 37211	\$ 7,145.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
47	DRS. SCOTT AND PAIGE AKERS 906 BUFORD PLACE NASHVILLE, TN 37204	\$ 6,711.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
48	ECHO HILLS CHURCH OF CHRIST C/O MR. JEFF BRAKE, 1106 CAMPBELL RD GOODLETTSVILLE, TN 37072-4141	\$ 18,437.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
LIPSCOMB UNIVERSITY	62-0485733

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
49	ERNST AND YOUNG FOUNDATION MATCHING GIFTS CENTER, 200 PLAZA DR SECAUCUS, NJ 07097	\$ 21,030.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
50	EXXONMOBIL FOUNDATION MATCHING GIFT PROGRAMS, PO BOX 7635 PRINCETON, NJ 08543-7288	\$ 22,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
51	EZELL FOUNDATION PO BOX 100957 NASHVILLE, TN 37224-0957	\$ 107,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
52	FIDELITY CHARITABLE GIFT FUND P O BOX 770001 CINCINNATI, OH 45227-0053	\$ 82,825.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
53	FORTUNE BRANDS, INC. 520 LAKE COOK RD DEERFIELD, IL 60015	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
54	FRAZIER FOUNDATION PO BOX 590 ABILENE, TX 79604	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
LIPSCOMB UNIVERSITY	62-0485733

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
55	GEN. AND MRS. W. RUSSELL COTNEY 161 CHERRY RD MEMPHIS, TN 38117-3103	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
56	GEO. MASON CITRUS, INC. P O BOX 39 LAKE PLACID, FL 33862	\$ 12,262.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
57	HARPEETH HILLS CHURCH OF CHRIST 1949 OLD HICKORY BLVD BRENTWOOD, TN 37027	\$ 19,389.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
58	HCA, INC. ONE PARK PLAZA. PO BOX 550 NASHVILLE, TN 37202-0550	\$ 17,360.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
59	HILLSBORO CHURCH OF CHRIST 5800 HILLSBORO RD NASHVILLE, TN 37215	\$ 12,473.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
60	HOPE THROUGH HEALING HANDS C/O DEBORAH A. KLOARICH, CPA, 2908 POSTON AVE NASHVILLE, TN 37203	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
LIPSCOMB UNIVERSITY	62-0485733

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
61	LOUIS R. DRAUGHON FOUNDATION REGIONS MORGAN KEEGAN, 315 DEADERICK ST NASHVILLE, TN 37238	\$ 80,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
62	M. STRATTON FOSTER CHARITABLE FOUNDATION C/O GAIL G. GREENFIELD, ESQ., 410 BOWLING AVE, NO 82 NASHVILLE, TN 37205	\$ 6,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
63	MARK AND MARTHA EZELL FOUNDATION 360 MURFREESBORO RD NASHVILLE, TN 37210	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
64	MILITARY SYSTEMS GROUP, INC. 736 FESSLERS LN NASHVILLE, TN 37210	\$ 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. 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.)
66	MR. AND MRS. ALFRED N. CARMAN JR. 113 WOODWARD HILLS PL. BRENTWOOD, TN 37027-4236	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
LIPSCOMB UNIVERSITY	62-0485733

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
67	MR. AND MRS. BARRY LEE STOWE ONE IFC 13TH FLOOR, 1 HARBOURVIEW ST CENTRAL, HONG KONG	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
68	MR. AND MRS. BART A. HARPER 3115 ST IVES COUNTRY CLUB PKWY DULUTH, GA 30097-2036	\$ 10,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
69	MR. AND MRS. C. OAKLEY CHRISTIAN III 6322 CANTERBURY CLOSE BRENTWOOD, TN 37027-4870	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
70	MR. AND MRS. C. OAKLEY CHRISTIAN, JR. 3608 CHALMETTE CT NASHVILLE, TN 37215	\$ 6,619.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
71	MR. AND MRS. CHARLES W. BONE 105 RIVERCHASE DR. HENDERSONVILLE, TN 37075-5818	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
72	MR. AND MRS. D. GERALD COGGIN, SR. 1942 DILTON MANKIN RD MURFREESBORO, TN 37127-6902	\$ 14,082.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
LIPSCOMB UNIVERSITY	62-0485733

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
73	MR. AND MRS. DANIEL STANLEY ZINK 225 WINBURN LN FRANKLIN, TN 37069	\$ 8,125.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
74	MR. AND MRS. DAVID L. SOLOMON 4333 CHICKERING LN. NASHVILLE, TN 37215-4913	\$ 131,562.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
75	MR. AND MRS. DONALD L. MUNDIE 9623 BEECHWOOD CT BRENTWOOD, TN 37027-8290	\$ 7,425.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
76	MR. AND MRS. F. MILES EZELL, JR. 5425 FOREST ACRES DR. NASHVILLE, TN 37220-2105	\$ 18,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
77	MR. AND MRS. G. HILTON DEAN 4942 TYNE VALLEY BLVD NASHVILLE, TN 37220	\$ 104,226.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
78	MR. AND MRS. GARY B. BERRY 147 CO RD 4440 BRUNDIDGE, AL 36010	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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LIPSCOMB UNIVERSITY	62-0485733

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
79	MR. AND MRS. H. C. STINSON, JR. 1120 TYNE BLVD. NASHVILLE, TN 37220-1029	\$ 8,609.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
80	MR. AND MRS. IRA T. ADAMS 5701 CLOVERLAND PARK PL. BRENTWOOD, TN 37027-1739	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
81	MR. AND MRS. J. D. ELLIOTT 308 DUE WEST AVE MADISON, TN 37115-4511	\$ 11,986.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
82	MR. AND MRS. JAMES C. ALLEN, JR. 4360 STONEBRIDGE RD DESTIN, FL 32541	\$ 66,025.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
83	MR. AND MRS. JAMES E. ADKINS JR. 6728 LOOKOUT BEND SAN JOSE, CA 95120-4649	\$ 10,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
84	MR. AND MRS. JAMES F. HARWELL III P O BOX 139 NASHVILLE, TN 37202	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
LIPSCOMB UNIVERSITY	62-0485733

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
85	MR. AND MRS. JAMES H. SMITH 915 ALLISONA RD EAGLEVILLE, TN 37060-4255	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
86	MR. AND MRS. JAMES M. MCFARLIN 7640 BUFFALO RD NASHVILLE, TN 37221-5405	\$ 5,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
87	MR. AND MRS. JOEL B. CAMPBELL III 9385 WHITE ROSE CT LOVELAND, OH 45140-7403	\$ 151,571.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
88	MR. AND MRS. JOHN B. THRONEBERRY PO BOX 11009 MURFREESBORO, TN 37129-0021	\$ 45,067.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
89	MR. AND MRS. JOHN H. MCMEEN, SR. 4510 GRANNY WHITE PIKE NASHVILLE, TN 37204	\$ 5,396.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
90	MR. AND MRS. JON MICHAEL DUNCAN 9909 MAUPIN RD. BRENTWOOD, TN 37027-8322	\$ 7,502.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
LIPSCOMB UNIVERSITY	62-0485733

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
91	MR. AND MRS. JOSEPH M. IVEY 600 WALNUT GROVE CIR NASHVILLE, TN 37215	\$ 41,397.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
92	MR. AND MRS. K. MARK ROBERTS 1120 JAIMEE LN LIBERTYVILLE, IL 60048	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
93	MR. AND MRS. KENNY PERRY 418 QUAIL RIDGE RD FRANKLIN, KY 42134-9650	\$ 230,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
94	MR. AND MRS. MARK D. HICKMAN 4368 HIGH PLAINS BARTLETT, TN 38135	\$ 9,064.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
95	MR. AND MRS. MARK H. FRENCH, SR. 4813 BELMONT PARK TER. NASHVILLE, TN 37215-4421	\$ 8,647.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
96	MR. AND MRS. MARK VANCE EZELL 4800 LEALAND LN NASHVILLE, TN 37220-1041	\$ 35,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
LIPSCOMB UNIVERSITY	62-0485733

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
97	MR. AND MRS. MICHAEL D. SMITH 1145 SAFETY HARBOR CV OLD HICKORY, TN 37138-1969	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
98	MR. AND MRS. MICHAEL DAVID MCKENZIE 1407 WILLOWBROOKE CIR FRANKLIN, TN 37069	\$ 9,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
99	MR. AND MRS. MICHAEL SHANE NEAL 1003 NOELTON LANE NASHVILLE, TN 37204-3231	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
100	MR. AND MRS. PAUL M. HOGG 98 GRASSLAND DR GALLATIN, TN 37066-5742	\$ 9,864.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
101	MR. AND MRS. PETE T. GUNN III PO BOX 487 BENTON, KY 42025-0487	\$ 8,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
102	MR. AND MRS. R. PERRY BURCH, SR. 809 WINTHORNE CT NASHVILLE, TN 37217	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
LIPSCOMB UNIVERSITY	62-0485733

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
103	MR. AND MRS. RALPH DAVID SHIVERS 1601 OBSERVATORY CT NASHVILLE, TN 37215	\$ 57,220.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
104	MR. AND MRS. RANDY CORNWELL 804 MELVILLE DR. NASHVILLE, TN 37204	\$ 5,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
105	MR. AND MRS. RICHARD S. PEUGEOT 5121 ANNESWAY DR NASHVILLE, TN 37205-2715	\$ 57,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
106	MR. AND MRS. ROBERT A. BRACKETT PO BOX 969 VERO BEACH, FL 32961-0969	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
107	MR. AND MRS. ROBERT AUSTIN BRACKETT PO BOX 5317 VERO BEACH, FL 32161	\$ 13,132.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
108	MR. AND MRS. S. WAYNE LEWIS 653 OLD CHRISTIANA RD CHRISTIANA, TN 37037	\$ 37,606.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
LIPSCOMB UNIVERSITY	62-0485733

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
109	MR. AND MRS. SCOTT T. PRICE 1032 TYNE BLVD NASHVILLE, TN 37220-1027	\$ 15,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
110	MR. AND MRS. STANLEY MILES EZELL 946 TYNE BLVD NASHVILLE, TN 37220-1507	\$ 39,909.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
111	MR. AND MRS. STEPHEN A. BRIDGES 1 SAWGRASS LN BRENTWOOD, TN 37027	\$ 7,141.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
112	MR. AND MRS. THOMAS J. TRIMBLE 7302 E. BERRIDGE LN SCOTTSDALE, AZ 85250-5506	\$ 37,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
113	MR. AND MRS. TIM S. THOMAS 403 RUSHTON LN CLARKSVILLE, TN 37043	\$ 33,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
114	MR. AND MRS. WILLIAM DICKERSON 507 CEDARBROOK LN. NOLENSVILLE, TN 37135-9780	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
LIPSCOMB UNIVERSITY	62-0485733

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
115	MR. AND MRS. WILLIAM R. HUSTON 2810 RAINTREE DR SOUTHLAKE, TX 76092	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
116	MR. EDMOND RAY QUEEN 799 ELYSIAN FIELDS NASHVILLE, TN 37204	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
117	MR. GERALD A. WRIGHT 5 WYNSTONE 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.)
118	MR. JASON P. BERRY 9 STOCKTON ST. NW HUNTSVILLE, AL 35806	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
119	MR. JUSTIN LOUIS SCOTT 4415 GRANNY WHITE PIKE NASHVILLE, TN 37204	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
120	MRS. ANNE CHILTON WRIGHT 149 COUNTY RD 255 ATHENS, TN 37303	\$ 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 instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
121	MRS. CAROLYN T. WILSON 1115 GRANDVIEW DR. NASHVILLE, TN 37204-3210	\$ 7,425.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
122	MRS. ELIZABETH S. HUGHES 11 BURTON HILLS BLVD APT. 265S NASHVILLE, TN 37215	\$ 229,781.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
123	MRS. JENNIFER SENN 105 PALOS VERDES DR. TROY, AL 36079-1703	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
124	MRS. LINDA P. HAYES PO BOX 582 DICKSON, TN 37056-0582	\$ 57,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
125	MRS. MORRIS LANDISS 1418 GRAYBAR LN NASHVILLE, TN 37215-1624	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
126	MRS. NEIKA BREWER STEPHENS 6160 PASQUO RD NASHVILLE, TN 37221-9709	\$ 132,409.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
LIPSCOMB UNIVERSITY	62-0485733

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
127	MRS. RICHARD ALLEN HALL 1254 BRENTWOOD PT BRENTWOOD, TN 37027-2946	\$ 5,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
128	MRS. ROBERT A. ADAIR 4400 BELMONT PARK TER UNIT 233 NASHVILLE, TN 37215	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
129	MS. LYDIA A. HORTON 957 GRAYBAR LN NASHVILLE, TN 37204	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
130	NASBA 150 FOURTH AVE N STE 700 NASHVILLE, TN 37219-2417	\$ 5,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
131	NISSAN NORTH AMERICA P O BOX 685001 FRANKLIN, TN 37068-5001	\$ 23,850.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
132	NORTH ALABAMA FABRICATING CO., INC. P. O. BOX 593 BIRMINGHAM, AL 35201	\$ 50,000.	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
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
133	OTTER CREEK CHURCH OF CHRIST 409 FRANKLIN RD BRENTWOOD, TN 37027	\$ 44,946.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
134	PATRICIA AND RODES HART FOUNDATION 4414 CHICKERING LN NASHVILLE, TN 37215	\$ 17,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
135	PEPPERDINE UNIVERSITY 24255 PACIFIC COAST HWY MALIBU, CA 90263	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
136	PURITY FOUNDATION PO BOX 100957 NASHVILLE, TN 37224	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
137	REGIONS BANK OF TENNESSEE 315 DEADERICK STREET NASHVILLE, TN 37237	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
138	RIO GRANDE FENCE CO. 1410 LEBANON RD NASHVILLE, TN 37210	\$ 10,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
139	SUNTRUST BANK CHARITABLE GIVING, PO BOX 305110, MAIL CODE 7045 NASHVILLE, TN 37230-5110	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
140	TENNESSEE COMMERCE BANK 381 MALLORY STATION RD NO. 207 FRANKLIN, TN 37067	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
141	THE DON R. ELLIOTT FOUNDATION NUMBER 104A, 33 MUSIC SQUARE NASHVILLE, TN 37203-3226	\$ 81,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
142	THE GOOD SHEPHERD FOUNDATION 1407 AVON CIRCLE BIRMINGHAM, AL 35213	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
143	THE KINGDOM TRUST P O BOX 150223 NASHVILLE, TN 37215	\$ 25,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
144	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.)

Name of organization	Employer identification number
LIPSCOMB UNIVERSITY	62-0485733

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
145	THE WASHINGTON FOUNDATION PO BOX 159057 NASHVILLE, TN 37215-9057	\$ 55,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
146	TUA STEPHENS CHRISTIAN TRUST C/O EQUITABLE TRUST COMPANY, 4400 HARDING ROAD STE 310 NASHVILLE, TN 37205	\$ 58,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
147	VANGUARD CHARITABLE ENDOWMENT PROG. P O BOX 55766 BOSTON, MA 02205-5766	\$ 35,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
148	WALGREENS 102 WILMOT ROAD MS #1211 DEERFIELD, IL 60015	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
149	WAL-MART STORES, INC. 702 SW 8TH ST BENTONVILLE, AR 72716	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
150	WASTE MANAGEMENT P O BOX 3027 HOUSTON, TX 77253	\$ 7,625.	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
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Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
28	2452 SHARES OF WALT DISNEY	\$ 75,043.	12/03/09
32	1100 SHARES JACOB ENGR GROUP INC	\$ 41,415.	12/31/09
73	500 SHARES BANK OF AMERICA	\$ 8,125.	12/01/09
107	427 SHARES ROYAL BANK OF CANADA	\$ 13,132.	11/24/09
110	VARIOUS STOCKS	\$ 24,532.	12/31/09
126	3132.695 SHARES CAPITAL WORLD GROWTH & INCOME FUND	\$ 98,367.	09/16/09

Name of organization	Employer identification number
LIPSCOMB UNIVERSITY	62-0485733

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

LIPSCOMB UNIVERSITY

Employer identification number

62-0485733

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other _____

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

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

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	51,874,685.	78,746,075.			
b Contributions	2,209,722.	2,406,005.			
c Net investment earnings, gains, and losses	2,304,501.	-22,177,746.			
d Grants or scholarships	4,243,501.	6,922,131.			
e Other expenditures for facilities and programs					
f Administrative expenses	169,445.	177,518.			
g End of year balance	51,975,962.	51,874,685.			

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

- a Board designated or quasi-endowment ☐ 16.22 %
- b Permanent endowment ☐ 65.81 %
- c Term endowment ☐ 17.97 %

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings	10,872,054.	156,439,917.	63,129,945.	104,182,026.
c Leasehold improvements				
d Equipment		27,458,237.	11,079,465.	16,378,772.
e Other		2,121,763.		2,121,763.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				122,682,561.

Schedule D (Form 990) 2009

(c) Method of valuation:
Cost or end-of-year market value

(c) Method of valuation:
Cost or end-of-year market value

(b) Book value

Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)**(b) Amount**

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	10,467,125.
--	-------------

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	94,299,462.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	98,846,785.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-4,547,323.
4	Net unrealized gains (losses) on investments	4	7,903,098.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-4.
9	Total adjustments (net). Add lines 4 through 8	9	7,903,094.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	3,355,771.

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

1	Total revenue, gains, and other support per audited financial statements	1	87,241,948.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	7,903,098.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	646,289.
e	Add lines 2a through 2d	2e	8,549,387.
3	Subtract line 2e from line 1	3	78,692,561.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	216,966.
b	Other (Describe in Part XIV.)	4b	15,389,935.
c	Add lines 4a and 4b	4c	15,606,901.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	94,299,462.

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

1	Total expenses and losses per audited financial statements	1	83,886,177.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	646,291.
e	Add lines 2a through 2d	2e	646,291.
3	Subtract line 2e from line 1	3	83,239,886.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	216,966.
b	Other (Describe in Part XIV.)	4b	15,389,933.
c	Add lines 4a and 4b	4c	15,606,899.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	98,846,785.

Part XIV Supplemental Information

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

PART V, LINE 4: THE ENDOWMENT FUNDS ARE USED TO PROVIDE FUNDS FOR

PROFESSORSHIPS, CHAIRS AND SCHOLARSHIPS FOR STUDENTS AND GENERAL SUPPORT

FOR OPERATIONS.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

ROUNDING : -4.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

Part XIV Supplemental Information (continued)

RENTAL EXPENSES: 428503.

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

TAX RETURN: 12290.

LOSS ON SALE OF ASSET INCLUDED IN EXPENSE ON F/S RECLASSSED TO

INCOME FOR T/R: 205496.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

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

TAX RETURN: 61350.

FINANCIAL AID NETTED WITH REVENUE ON THE F/S: 15328583.

ROUNDING: 2.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES: 428503.

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

TAX RETURN: 12290.

LOSS ON SALE OF ASSET INCLUDED IN EPENSE ON F/S RECLASSSED TO

INCOME FOR T/R: 205496.

ROUNDING: 2.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

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

TAX RETURN: 61350.

FINANCIAL AID NETTED WITH REVENUE ON THE F/S: 15328583.

SCHEDULE E
(Form 990 or 990-EZ)

Schools

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

► **Attach to Form 990 or Form 990-EZ.**

Name of the organization

LIPSCOMB UNIVERSITY

Employer identification number

62-0485733

- 1** Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?
- 2** Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?
- 3** Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.
If you need more space, use Schedule O (Form 990)
- LIPSCOMB UNIVERSITY PUBLISHES ITS NONDISCRIMINATORY POLICY IN
BROCHURES, STUDENT HANDBOOKS, CATALOGS, AND ON THE WEBSITE.
- 4** Does the organization maintain the following?
- a** Records indicating the racial composition of the student body, faculty, and administrative staff?
- b** Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
- c** Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
- d** Copies of all material used by the organization or on its behalf to solicit contributions?
- If you answered "No" to any of the above, please explain. If you need more space, use Schedule O (Form 990).
.....
- 5** Does the organization discriminate by race in any way with respect to:
- a** Students' rights or privileges?
- b** Admissions policies?
- c** Employment of faculty or administrative staff?
- d** Scholarships or other financial assistance?
- e** Educational policies?
- f** Use of facilities?
- g** Athletic programs?
- h** Other extracurricular activities?
- If you answered "Yes" to any of the above, please explain. If you need more space, use Schedule O (Form 990).
.....
- 6a** Does the organization receive any financial aid or assistance from a governmental agency?
- b** Has the organization's right to such aid ever been revoked or suspended?
- If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990).
.....
- 7** Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form 990).

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

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

Schedule E (Form 990 or 990-EZ) 2009

SEE SCHEDULE O FOR LINE 6 STATEMENT

Department of the Treasury
Internal Revenue Service

► **Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**
 ► **Attach to Form 990 or Form 990-EZ.** ► **See separate instructions.**

2009

Open To Public Inspection

LIPSCOMB UNIVERSITY

62-0485733

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- d** ☒ In-person solicitations

- ☐
- No

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		CS ART EVENT (event type)	DON MEYER EVENT (event type)	2 (total number)	
Revenue	1 Gross receipts	144,215.	227,304.	114,715.	486,234.
	2 Less: Charitable contributions	55,450.	197,729.	106,435.	359,614.
	3 Gross income (line 1 minus line 2)	88,765.	29,575.	8,280.	126,620.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	12,289.			12,289.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(12,289)
	11 Net income summary. Combine line 3, column (d), and line 10				114,331.

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

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

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states?		
b If "No," explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?		
b If "Yes," explain: _____		
11 Does the organization operate gaming activities with nonmembers?		
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?		

13 Indicate the percentage of gaming activity operated in:

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

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

Name ► _____

Address ► _____

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

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

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

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

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **17a**
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

LIPSCOMB UNIVERSITY

Employer identification number

62-0485733

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ... ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MADAGASCAR HEALTH EDUCATION FUND 605 BRADLEY COURT FRANKLIN, TN 37067	26-2385286		50,000.	0.	FMV		FOR ASSISTANCE IN SECURING STUDENTS FOR THE UNIVERSITY
BEST BUDDIES 121 SEABOARD LANE FRNAKLIN, TN 37067			10,372.	0.	FMV		DONATION FROM MONEY COLLECTED FOR BEST BUDDIES

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

Schedule I (Form 990) 2009

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	3039	15,328,583.	0.	FMV	

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

LIPSCOMB UNIVERSITY

Employer identification number

62-0485733

Part I Questions Regarding Compensation

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

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

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

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

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

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

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

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

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

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

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

a The organization?

b Any related organization?

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

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

a The organization?

b Any related organization?

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

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

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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b X

2 X

4a X

4b X

4c X

5a X

5b X

6a X

6b X

7 X

8 X

9

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

Schedule J (Form 990) 2009

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
RANDY LOWRY	(i)	215,294.	0.	22,434.	17,150.	117,738.	372,616.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
CRAIG BLEDSOE	(i)	130,214.	0.	20,230.	10,161.	425.	161,030.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
DANNY TAYLOR	(i)	128,772.	0.	19,175.	10,042.	5,147.	163,136.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
JOSEPH IVEY	(i)	122,584.	0.	15,345.	9,963.	11,554.	159,446.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
BENNIE HARRIS	(i)	125,763.	0.	14,060.	9,291.	2,827.	151,941.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
SCOTT H. SANDERSON	(i)	217,725.	0.	19,467.	12,984.	6,706.	256,882.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
ROGER L. DAVIS	(i)	192,445.	0.	20,849.	13,706.	3,996.	230,996.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
THOMAS M. CAMPBELL	(i)	154,555.	0.	17,593.	12,433.	5,588.	190,169.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
CHARLES TURNEY STEVENS	(i)	137,518.	0.	10,439.	5,294.	8,504.	161,755.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE J-2**(Form 990)**Department of the Treasury
Internal Revenue Service**Continuation Sheet for Form 990**▶ **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**▶ **See the Instructions for Form 990.**

OMB No. 1545-0047

2009**Open to Public
Inspection**

Name of the Organization

LIPSCOMB UNIVERSITY

Employer Identification number

62-0485733

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
H. CARLTON STINSON BOARD MEMBER	1.00	X						0.	0.	0.
TIM S. THOMAS BOARD MEMBER	1.00	X						0.	0.	0.
WILLIAM THOMAS BOARD MEMBER	1.00	X						0.	0.	0.
ROBERT E. WOOD BOARD MEMBER	1.00	X						0.	0.	0.
MARK H. YOKLEY BOARD MEMBER	1.00	X						0.	0.	0.
KEN SHUMARD BOARD MEMBER	1.00	X						0.	0.	0.
NANCY MAGNUSSON DURHAM SENIOR VICE PRESIDENT	40.00	X						0.	0.	0.
CRAIG BLEDSOE PROVOST	40.00			X				150,444.	0.	10,586.
WALT LEAVER VP OF UNIVERSITY RELATIO	40.00			X				89,431.	0.	10,371.
DANNY TAYLOR SR VP FOR FINANCE & ADMI	40.00			X				147,947.	0.	15,189.
PHILIP HUTCHESON ATHLETIC DIRECTOR	40.00			X				133,862.	0.	8,889.
JOSEPH IVEY SR VP - ADVANCEMENT	40.00			X				137,929.	0.	21,517.
SCOTT MCDOWELL VICE PRESIDENT STUDENT D	40.00			X				87,824.	0.	14,072.
BENNIE HARRIS VICE PRESIDENT DEVELOPME	40.00			X				139,823.	0.	12,118.
MIKE HAMMOND HEADMASTER OF CAMPUS SCH	40.00			X				105,515.	0.	7,485.
DEBY SAMUELS VP COMMUNICATIONS & MARK	40.00			X				35,314.	0.	772.
SUSAN GALBREATH PROFESSOR	40.00			X				103,732.	0.	13,029.
JIM THOMAS EXECUTIVE ASSITANT TO TH	40.00			X				94,543.	0.	6,596.
JOHN YORK PROFESSOR	40.00			X				46,959.	0.	45,014.
SCOTT H. SANDERSON HEAD BASKETBALL COACH	40.00					X		237,192.	0.	19,690.

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

Schedule J-2 (Form 990) 2009

Supplemental Information on Tax-Exempt Bonds

► **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).**
► **Attach to Form 990. See separate instructions.**

OMB No. 1545-0047

2009
Open to Public
Inspection

Name of the organization

LIPSCOMB UNIVERSITY

Employer identification number
62-0485733

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

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer	
						Yes	No	Yes	No
THE HEALTH & EDUCATIONAL FACILITIES BOARD OF THE METRO GOV. OF NASHVILLE	58-0466330	592041SH1	08/12/09	74,560,000.	REFUND SERIES 2003, 2003B, 2006 AND 2008 BONDS		X		X
B									
C									
D									
E									

Part II Proceeds

	A		B		C		D		E	
1 Total proceeds of issue	74,560,000.									
2 Gross proceeds in reserve funds										
3 Proceeds in refunding or defeasance escrows										
4 Other unspent proceeds										
5 Issuance costs from proceeds	900,000.									
6 Working capital expenditures from proceeds										
7 Capital expenditures from proceeds										
8 Year of substantial completion										
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9 Were the bonds issued as part of a current refunding issue? ...	X									
10 Were the bonds issued as part of an advance refunding issue?		X								
11 Has the final allocation of proceeds been made?	X									
12 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X									

Part III Private Business Use

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X								
2 Are there any lease arrangements with respect to the financed property which may result in private business use?		X								

Part III Private Business Use (Continued)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts with respect to the financed property which may result in private business use?		X								
b Are there any research agreements with respect to the financed property which may result in private business use? ...		X								
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		X								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government00 %									
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government00 %									
6 Total of lines 4 and 500 %									
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X									

Part IV Arbitrage

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X								
2 Is the bond issue a variable rate issue?	X									
3a Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?	X									
b Name of provider	SUNTRUST ROBINSON HUMPHREY									
c Term of hedge	20.0000000									
4a Were gross proceeds invested in a GIC?		X								
b Name of provider										
c Term of GIC										
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5 Were any gross proceeds invested beyond an available temporary period?		X								
6 Did the bond issue qualify for an exception to rebate?		X								

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

► **Complete if the organizations answered "Yes" on Form
990, Part IV, lines 29 or 30.
► Attach to Form 990.**

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

LIPSCOMB UNIVERSITY

Employer identification number

62-0485733

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	9	264,454.	FMV AT DATE OF SALE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (.....				
26 Other ► (.....				
27 Other ► (.....				
28 Other ► (.....				

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for
at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for
the entire holding period?

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

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

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

b If "Yes," describe in Part II.

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,
describe in Part II.

Yes No

30a		X
31		X
32a		X

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

Schedule M (Form 990) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

LIPSCOMB UNIVERSITY

Employer identification number

62-0485733

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

AND PRACTICE WITH ACADEMIC EXCELLENCE. THIS COMPLETE EDUCATION, WHICH

INCLUDES LIBERAL ARTS STUDIES AND PROFESSIONAL PREPARATION, DOES NOT

SUGGEST A FINISHED EDUCATION. RATHER, IT REFLECTS LIPSCOMB'S COMMITMENT

TO THE COMPREHENSIVE DEVELOPMENT OF EACH STUDENT - SPIRITUALLY,

INTELLECTUALLY, SOCIALLY, AND PHYSICALLY - AS LIPSCOMB PREPARES ITS

GRADUATES FOR A LIFE OF LEARNING, LEADING, AND SERVING.

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

RATHER, IT REFLECTS LIPSCOMB'S COMMITMENT TO THE COMPREHENSIVE

DEVELOPMENT OF EACH STUDENT - SPIRITUALLY, INTELLECTUALLY, SOCIALLY,

AND PHYSICALLY - AS LIPSCOMB PREPARES ITS GRADUATES FOR A LIFE OF

LEARNING, LEADING, AND SERVING.

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

ACADEMIC SUPPORT:

INCLUDES ACADEMIC COUNSELING & TESTING SERVICES, ACADEMIC PROGRAM

DEVELOPMENT, UNIVERSITY DEANS, INSTRUCTIONAL TECHNOLOGY, LIBRARY

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

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

EXPENSES \$ 8525900. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

PUBLIC SERVICES:

INCLUDES COMMUNITY OUTREACH ACTIVITIES, SPIRITUAL FORMATION ACTIVITIES,

AND SUSTAINABILITY WHERE LIPSCOMB CAN POSITIVELY IMPACT COMMUNITIES AND

THE ENVIRONMENT.

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

Schedule O (Form 990) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

LIPSCOMB UNIVERSITY

Employer identification number

62-0485733

EXPENSES \$ 1396520. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

RESEARCH:

INCLUDES POTENTIAL DISCOVERIES OF NEW OUTCOMES WITH A GOAL OF ADVANCING

PROGRESS BOTH INSTITUTIONALLY AND GLOBALLY.

EXPENSES \$ 12392. INCLUDING GRANTS OF \$ 11072. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11: BOARD DELEGATES THIS RESPONSIBILITY

TO THE AUDIT COMMITTEE OF THE BOARD.

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

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

ADMINISTRATION, AS WELL AS THE UNIVERSITY'S INDEPENDENT ACCOUNTING FIRM,

LBMC, ON AN ANNUAL BASIS.

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

SALARY ANNUALLY BASED ON HIS CONTRACT. HIS INITIAL COMPENSATION WAS

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

THIS SAME PROCESS OCCURS WITH OTHER OFFICERS AND KEY EMPLOYEES WITH THE

PRESIDENT CONDUCTING AN ANNUAL EVALUATION. SALARY POOL INCREASES ARE ALSO A

COMPONENT OF ANNUAL COMPENSATION BASED ON APPROVED BUDGET FUNDING.

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

AVAILABLE TO THE PUBLIC UPON REQUEST.

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

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

Schedule O (Form 990) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization <div>LIPSCOMB UNIVERSITY</div>	Employer identification number <div>62-0485733</div>
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DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE
TO THE PUBLIC UPON REQUEST.

PART XI, FINANCIAL STATEMENTS & REPORTING

PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

SCHEDULE E, LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:

GOVERNMENT GRANTS TOTALED \$500,732 FOR PERIOD ENDING MAY 31, 2010.

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME:

THE HEALTH & EDUCATIONAL FACILITIES BOARD OF THE METRO GOV. OF NASHVILLE

(B) DESCRIPTION OF PURPOSE: REFUND SERIES 2003, 2003B, 2006 AND 2008 BONDS

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

▶ File a separate application for each return.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

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

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

Part I only ☐

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

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

Type or print	Name of Exempt Organization	Employer identification number
	LIPSCOMB UNIVERSITY	62-0485733
	Number, street, and room or suite no. If a P.O. box, see instructions. ONE UNIVERSITY PARK DRIVE	
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NASHVILLE, TN 37204-3951	

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

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

DANNY H. TAYLOR, SVP/FINANCE

• The books are in the care of ▶ ONE UNIVERSITY PARK DRIVE - NASHVILLE, TN 37204

Telephone No. ▶ 615-966-1000

FAX No. ▶

• If the organization does not have an office or place of business in the United States, check this box ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until JANUARY 15, 2011, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ▶ ☐ calendar year 2010 or
- ▶ ☒ tax year beginning JUN 1, 2009, and ending MAY 31, 2010.

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

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

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

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

Form **8868** (Rev. 4-2009)