

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No. 1545-0047

2009Open to Public
Inspection**A** For the 2009 calendar year, or tax year beginning **JUN 1, 2009** and ending **MAY 31, 2010****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

Please use IRS label or print or type.

See Specific instructions.

C Name of organization**CUMBERLAND UNIVERSITY**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite

ONE CUMBERLAND SQUARE

City or town, state or country, and ZIP + 4

LEBANON, TN 37087-3554**F** Name and address of principal officer: **JUDY JORDAN****ONE CUMBERLAND SQ, LEBANON, TN 37087****D** Employer identification number**62-0599339****E** Telephone number**(615) 444-2562****G** Gross receipts \$**31,546,837.****H(a)** Is this a group return

for affiliates?

☐ Yes ☒ No**H(b)** Are all affiliates included?☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c) (**3**) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.CUMBERLAND.EDU****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1842** **M** State of legal domicile: **TN****Part I** Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: PROVIDING PRIVATE CO-EDUCATIONAL POST-SECONDARY EDUCATION TO ALL RACES AND CREEDS OF THE GENERAL
	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
	4	Number of independent voting members of the governing body (Part VI, line 1b) 4
	5	Total number of employees (Part V, line 2a) 521
	6	Total number of volunteers (estimate if necessary) 0
		7a
7b		Net unrelated business taxable income from Form 990-T, line 34 0.
Revenue	8	Contributions and grants (Part VIII, line 1h) 2,699,785.
	9	Program service revenue (Part VIII, line 2g) 24,341,451.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 249,208.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 139,346.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 27,429,790.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) 11,344,031.
	14	Benefits paid to or for members (Part IX, column (A), line 4) 7,005,469.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 8,049,248.
	16a	Professional fundraising fees (Part IX, column (A), line 11e) 44,719.
	b	Total fundraising expenses (Part IX, column (D), line 25) 397,523.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 7,868,562.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 26,262,781.
	19	Revenue less expenses. Subtract line 18 from line 12 1,167,009.
Net Assets or Fund Balances	20	Total assets (Part X, line 16) 30,093,054.
	21	Total liabilities (Part X, line 26) 6,545,180.
	22	Net assets or fund balances. Subtract line 21 from line 20 23,547,874.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

Date

JUDY JORDAN, VICE PRESIDENT/FINANCE

Type or print name and title

Paid Preparer's Use Only

Preparer's signature

PAUL B. VANTREASE, JR., CPA

Date

04/08/11Check if self-employed ☒

Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4

DEMPSEY VANTREASE & FOLLIS PLLC**630 S. CHURCH ST., STE 300****MURFREESBORO, TN 37130**

EIN ▶

Phone no. ▶ **(615) 893-6666**

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

932001 02-04-10

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments**1** Briefly describe the organization's mission:

TO PROVIDE PRIVATE CO-EDUCATIONAL POST-SECONDARY EDUCATION TO ALL
RACES AND CREEDS OF THE GENERAL PUBLIC.

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 \$ 5,690,613. including grants of \$) (Revenue \$ 22284887.)
INSTRUCTION - PRIVATE UNIVERSITY PROVIDING EDUCATION FOR APPROXIMATELY
900 FULL-TIME AND 150 PART-TIME UNDERGRADUATE AND 315 GRADUATE STUDENTS
THROUGH ITS FIVE UNDERGRADUATE DIVISIONS AND GRADUATE PROGRAMS.

4b (Code:) (Expenses \$ 4,124,435. including grants of \$) (Revenue \$ 2,724,464.)
STUDENT SERVICES - PROVIDE SERVICES TO THE APPROXIMATELY 1,365 STUDENTS
ENROLLED IN UNDERGRADUATE AND GRADUATE PROGRAMS.

4c (Code:) (Expenses \$ 1,639,723. including grants of \$) (Revenue \$ 0.)
OTHER SERVICES - SERVICES OPERATED FOR THE CONVENIENCE OF ITS STUDENTS,
FACULTY, AND STAFF.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 11602097. including grants of \$ 2,088,764.) (Revenue \$)

4e Total program service expenses \$ 23,056,868.

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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)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		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? If "Yes," complete Schedule C, Part III		
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? If "Yes," complete Schedule D, Part I		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? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	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? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		
• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		
• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
• 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? If "Yes," complete Schedule D, Part X.		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	X	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	Yes X	No X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	X	
14a Did the organization maintain an office, employees, or agents outside of the United States?		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? If "Yes," complete Schedule F, Part I		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? If "Yes," complete Schedule F, Part II		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? If "Yes," complete Schedule F, Part III		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? If "Yes," complete Schedule G, Part I		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? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		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
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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
b 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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	X	
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c 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	79	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
1c	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	521	
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	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
4b	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
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	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
6b	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).			
7a	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	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7h	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?		
9a	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

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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

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body	27			
b Enter the number of voting members that are independent		27		
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.)

	10a	11	12a	12b	12c	13	14	15a	15b	16a	16b	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 ► NONE

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: ►
MS. JUDY JORDAN - (615) 444-2562
ONE CUMBERLAND SQUARE, LEBANON, TN 37087-3554

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			
ROBERT CARVER BONE, M.D. TRUSTEE	1.00	X						0.	0.	0.
W.P. BONE, III TRUSTEE	2.00	X						0.	0.	0.
MARTHA BRADSHAW TRUSTEE	1.00	X						0.	0.	0.
DR JIM CARROLL, D.LL (HO TRUSTEE	1.00	X						0.	0.	0.
RANDALL CLEMONS TRUSTEE	1.00	X						0.	0.	0.
SANDRA MOSS DUNCAN TRUSTEE	2.00	X						0.	0.	0.
SAM HATCHER TRUSTEE	1.00	X						0.	0.	0.
WILLIAM D HEYDEL, D.LL (TRUSTEE	1.00	X						0.	0.	0.
EDWARD A. LABRY III TRUSTEE	1.00	X						0.	0.	0.
JIM K LANCASTER, D.LL (H TRUSTEE	1.00	X						0.	0.	0.
BOB MCDONALD TRUSTEE	2.00	X						0.	0.	0.
FRAN MOSCARDELLI TRUSTEE	1.00	X						0.	0.	0.
MARK RIGGINS TRUSTEE	1.00	X						0.	0.	0.
ANNE B. ROBERTS TRUSTEE	1.00	X						0.	0.	0.
JEANETTE C RUDY, D.LL (H TRUSTEE	1.00	X						0.	0.	0.
DR EDWARD L THACKSTON, P TRUSTEE	8.00	X						0.	0.	0.
ROBERT H. TRAEGER TRUSTEE	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			
SANDRA G. WELBORN TRUSTEE	1.00	X						0.	0.	0.
JOE ADAMS TRUSTEE	4.00	X						0.	0.	0.
JACQUELINE COWDEN TRUSTEE	1.00	X						0.	0.	0.
TRENT MCCracken TRUSTEE	1.00	X						0.	0.	0.
VINCE CHERRY TRUSTEE	1.00	X						0.	0.	0.
FORREST SHOAF TRUSTEE	1.00	X						0.	0.	0.
BILL VALLETT TRUSTEE	1.00	X						0.	0.	0.
ROBERT N VERO TRUSTEE	1.00	X						0.	0.	0.
DAVID PAUL TRUSTEE	1.00	X						0.	0.	0.
LEWIS RANKIN TRUSTEE	4.00	X						0.	0.	0.
1b Total								533,604.	0.	0.

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 **1**

- 3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual **3** **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 **4** **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 **5** **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
SODEXHO FOOD SERVICE P O BOX 536922, ATLANTA, GA 30353	FOOD SERVICE	826,902.
BLUE CROSS BLUE SHIELD PO BOX 180172, CHATTANOOGA, TN 37401	INSURANCE	565,514.
MTEMC PO BOX 220, LEBANON, TN 37088	UTILITIES	352,563.
PEARSON EDUCATION PO BOX 409479, ATLANTA, GA 30384	BOOK VENDOR	247,300.
CENGAGE LEARNING PO BOX 95999, CHICAGO, IL 60694	BOOK VENDOR	235,823.

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 **5**

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	2088764.			
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1470663.			
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f		3559427.			
Program Service Revenue	2 a	TUITION & FEES	Business Code	611310	22,284,887.	22,284,887.	
	b	BOARD CHARGES	611310	1221007.	1221007.		
	c	STUDENT HOUSING	611310	953,531.	953,531.		
	d	SUMMER CAMP, PROFESSIO	611310	294,741.	294,741.		
	e	AUXILIARY ENTERPRISES	611310	255,185.	255,185.		
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		25,009,351.			
	3	Investment income (including dividends, interest, and other similar amounts)		211,866.			211,866.
4	Income from investment of tax-exempt bond proceeds						
5	Royalties						
Other Revenue	6 a	Gross Rents	(i) Real				
	b	Less: rental expenses	(ii) Personal				
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	2,085,191.			
	b	Less: cost or other basis and sales expenses	(ii) Other				
	c	Gain or (loss)					
	d	Net gain or (loss)		-536,289.	-536,289.		
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	26,982.			
	b	Less: direct expenses	b	13,038.			
	c	Net income or (loss) from fundraising events		13,944.			13,944.
	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	654020.			
	b	Less: cost of goods sold	b	573949.			
	c	Net income or (loss) from sales of inventory		80,071.			80,071.
	Miscellaneous Revenue			Business Code			
11 a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See instructions.		28,338,370.	24,473,062.	0.	305,881.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	11,602,097.	11,602,097.		
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	556,515.	191,610.	315,025.	49,880.
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	6,345,274.	5,272,222.	858,341.	214,711.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	179,078.	141,776.	30,443.	6,859.
9 Other employee benefits	464,012.	367,358.	78,882.	17,772.
10 Payroll taxes	504,369.	399,309.	85,743.	19,317.
11 Fees for services (non-employees):				
a Management				
b Legal	181,963.		181,963.	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	1,196,299.	971,336.	223,119.	1,844.
12 Advertising and promotion	297,697.	42,097.	255,591.	9.
13 Office expenses	2,698,474.	2,021,416.	604,921.	72,137.
14 Information technology				
15 Royalties				
16 Occupancy	832,283.	241,776.	590,507.	
17 Travel	593,718.	538,035.	48,137.	7,546.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	8,963.	8,963.		
20 Interest	45,972.	45,972.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	923,232.	923,232.		
23 Insurance	100,413.	100,413.		
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 MEMBERSHIPS/SUBSCRIPTIONS	102,562.	55,515.	39,988.	7,059.
b PUBLICATIONS	54,744.	54,744.	0.	0.
c RECRUITING	43,691.	43,691.	0.	0.
d MISCELLANEOUS	39,670.	35,306.	3,975.	389.
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	26,771,026.	23,056,868.	3,316,635.	397,523.
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	4,163,345.	1	6,313,867.
	2 Savings and temporary cash investments	569,308.	2	569,712.
	3 Pledges and grants receivable, net	911,186.	3	735,401.
	4 Accounts receivable, net	1,805,916.	4	1,207,833.
	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	241,768.	7	276,622.
	8 Inventories for sale or use	304,855.	8	367,820.
	9 Prepaid expenses and deferred charges	91,273.	9	187,071.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 26,437,578.		
	b Less: accumulated depreciation	10b 12,363,079.		
		14,174,190.	10c	14,074,499.
	11 Investments - publicly traded securities	3,553,867.	11	4,657,823.
	12 Investments - other securities. See Part IV, line 11	4,042,382.	12	3,863,979.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	234,964.	15	210,313.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	30,093,054.	16	32,464,940.	
Liabilities	17 Accounts payable and accrued expenses	1,128,274.	17	1,631,638.
	18 Grants payable		18	
	19 Deferred revenue	1,932,223.	19	1,357,310.
	20 Tax-exempt bond liabilities		20	
	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	2,683,836.	23	2,427,182.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	800,847.	25	667,748.
	26 Total liabilities. Add lines 17 through 25	6,545,180.	26	6,083,878.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> X and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	14,515,429.	27	16,565,702.
	28 Temporarily restricted net assets	4,108,274.	28	4,838,107.
	29 Permanently restricted net assets	4,924,171.	29	4,977,253.
	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	23,547,874.	33	26,381,062.
	34 Total liabilities and net assets/fund balances	30,093,054.	34	32,464,940.

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)

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** ☐

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 A (Form 990 or 990-EZ) 2009

Schedule of Contributors

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

OMB No. 1545-0047

2009

Name of the organization

CUMBERLAND UNIVERSITY

Employer identification number

62-0599339

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

CUMBERLAND UNIVERSITY

62-0599339

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ADAMS FAMILY FOUNDATION 616 WEST MAIN ST LEBANON, TN 37087	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	CEDARSTONE BANK PO BOX 724 LEBANON, TN 37088	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	CHAMBERLAIN, JAMES WEST PO BOX 298 LAFAYETTE, TN 37083	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	CHATLOS FOUNDATION INC PO BOX 915048 LONGWOOD, FL 32791	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	CUSTOM PACKAGING, INC. 1315 WEST BADDOUR PKWY LEBANON, TN 37088	\$ 51,391.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	DEPARTMENT OF THE ARMY MTSU MURFREESBORO, TN 37132	\$ 8,715.	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

CUMBERLAND UNIVERSITY

62-0599339

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	GERTRUDE E SKELLY CHARITABLE FOUNDATION 4600 N OCEAN BLVD, STE 206 BOYNTON BEACH, FL 33435	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	GRAY, JOSEPH 4161 BRANDYWINE POINT BLVD OLD HICKORY, TN 37138	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	GULLETT, B.B. 11 BURTON HILLS BOULEVARD # 453-S 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.)
10	LANCASTER, JIM 413 W, SPRING ST. LEBANON, TN 37087	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	LETTIE PATE WHITEHEAD FOUNDATION, INC. 50 HURT PLAZA, SUITE 1200 ATLANTA, GA 30303	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	MAGRUDER, RONALD N 2855 BLOOR STREET WEST TORONTO, ONTARIO, CANADA M8X3A1	\$ 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

CUMBERLAND UNIVERSITY

62-0599339

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	MCCALL, A.B. 722 JACKSON AVE CARTHAGE, TN 37030	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	PEGGY AND LAWRENCE WEST FOUNDATION 204 WOODLAKE DR GALLATIN, TN 37066	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	PRECISION RUBBER PRODUCTS 104 HARTMANN DRIVE LEBANON, TN 37087	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	RANKIN, LEWIS WAYNE 507 ALLIBAR PL BRENTWOOD, TN 37027	\$ 28,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	RUDY, JEANETTE CANTRELL 2730 PENNINGTON BEND RD NASHVILLE, TN 37214	\$ 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	SCHUMPF, HENRY A 527 DERBY DOWNS LEBANON, TN 37087	\$ 18,319.	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

CUMBERLAND UNIVERSITY

62-0599339

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19	SHOAF, FORREST PO BOX 787 LEBANON, TN 37088	\$ 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	SODEXHO INC 10 EARHART DRIVE BUFFALO, NY 14240	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21	ST THOMAS HEALTH SERVICES PO BOX 380 NASHVILLE, TN 37202	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22	THACKSTON FAMILY FOUNDATION 2010 PRIEST ROAD NASVHILLE, 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.)
23	THE BELK FOUNDATION 2801 W TYVOLA RD CHARLOTTE, NC 28217	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24	UMC VOLUNTEER AUXILARY 1411 BADDOUR PARKWAY LEBANON, TN 37087	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

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CUMBERLAND UNIVERSITY

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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25	VICKERS, HARRY 476 HEATHERWOOD DR. BIRMINGAM, AL 35244	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26	WAUFORD, J ROY 317 BETHLEHEM RD LEBANON, TN 37087	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27	WELBORN, SANDRA G. 918 WESTVIEW AVENUE NASHVILLE, TN 37205	\$ 25,860.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28	BAIRD SCHOLARSHIP 200 E SPRING ST LEBANON, TN 37087	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29	BARNETT, RUSSELL A 100 CUMBERLAND AVE TULLAHOMA, TN 37388	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30	BELL, CHARLES 514 OLD HORN SPRINGS RD 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.)

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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
31	CHERRY, VINCENT T 706 RIDGECREST LN LEBANON, TN 37087	\$ 174,855.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32	COX'S GIFTS & JEWELRY 230 W MAIN ST LEBANON, TN 37087	\$ 7,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33	CRACKER BARRELL OLD COUNTRY STORE FOUNDATION PO BOX 787 LEBANON, TN 37088	\$ 8,125.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34	DAVIS, GWENDOLYN L DECEASED LEBANON, TN 37087	\$ 143,554.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35	DYE, EVERETT G 6830 BEASLEY BEND RD LEBANON, TN 37087	\$ 7,350.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36	EDUCATIONAL SERVICES OF AMERICA INC 104 N SEVEN OAKS DR KNOXVILLE, TN 37922	\$ 14,000.	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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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
37	INDIAN HEALTH SERVICE UNKNOWN LEBANON, TN 37087	\$ 8,715.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
38	J.E. CRAIN & SON, INC 2525 WINDFORD AVE NASHVILLE, TN 37211	\$ 11,916.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
39	LOCHINVAR 300 MADDOX SIMPSON PKWY LEBANON, TN 37090	\$ 41,318.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
40	MEMORIAL FOUNDATION 100 BLUEGRASS COMMONS STE 320 HENDERSONVILLE, TN 37075	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
41	METRO/DAVIDSON CO GOVERNMENT DAVIDSON COUNTY NASHVILLE, TN 37215	\$ 10,313.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
42	MISSISSIPPI BAND OF CHOCTAW INDIANS PO BOX 6090 CHOCTAW, MS 39350	\$ 12,136.	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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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
43	PICKLE FOUNDATION, THE JAMES WALTER 905 HARPEETH VALLEY PLACE NASHVILLE, TN 37221	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
44	THACKSTON, EDWARD L 2010 PRIEST ROAD NASHVILLE, TN 37215	\$ 6,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
45	WELLS FARGO FOUNDATION PO BOX 2157 PRINCETON, NJ 08543	\$ 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	WILSON COUNTY, TN PO BOX 248 LEBANON, TN 37088	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
47	CIC FOUNDATION 2206 21ST AVE S NASHVILLE, TN 37212	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
48	EASTERN BAND OF CHEROKEE INDIANS PO BOX 455 CHEROKEE, NC 28719	\$ 8,054.	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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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
49	EXPRESS RANCHES PROGRESSIVE JUNIOR SCHOLARSHIP PO BOX 512 PIEDMONT, OK 73078	\$ 7,943.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
50	INTERNATIONAL SCHOLARSHIP AND TUITION SERVICES INC PO BOX 23737 NASHVILLE, TN 37202	\$ 10,380.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
51	LEA, EDWARD R & RUBY CHARITABLE TRUST PO BOX 500 CARTHAGE, TN 37030	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
52	BONE, MCALLESTER NORTON PLLC 511 UNION STREET, STE 1600 NASHVILLE, TN 37219	\$ 22,576.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
53	WILSON COUNTY MOTORS 1310 W MAIN ST LEBANON, TN 37087	\$ 5,500.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
54	FORREST SHOAF PO BOX 787 LEBANON, TN 37087	\$ 13,444.	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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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
31	RENT FREE USE OF SPACE AT MCFARLAND CAMPUS OF UMC 1411 W BADDOUR PKWY, LEBANON, TN 37087	\$ 174,855.	11/24/09
32	NECKLACE FOR PHOENIX BALL AUCTION	\$ 7,000.	05/20/10
38	CONSULTING WORK FOR RESIDENCE HALL	\$ 11,916.	05/20/10
39	WATER HEATERS	\$ 41,318.	06/24/09
52	LEGAL SERVICES	\$ 22,576.	VARIOUS
53	RENTAL CAR USE	\$ 5,500.	VARIOUS

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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

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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 d ☐ Loan or exchange programs
 b ☐ Scholarly research e ☐ Other _____
 c ☒ Preservation for future generations

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

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

Part IV 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	7645949.	8806248.			
b Contributions	37,383.	284,247.			
c Net investment earnings, gains, and losses	990,062.	-1,122,349.			
d Grants or scholarships	101,892.	322,197.			
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	8571502.	7645949.			

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

- a Board designated or quasi-endowment ☒ 6.26 %
 b Permanent endowment ☒ 54.85 %
 c Term endowment ☒ 38.89 %

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

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X

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

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	1,056,198.			1,056,198.
b Buildings	17,472,903.		6,552,041.	10,920,862.
c Leasehold improvements				
d Equipment	5,762,525.		4,727,458.	1,035,067.
e Other	2,145,952.		1,083,580.	1,062,372.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				14,074,499.

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Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
CERTIFICATE OF DEPOSITS AND		
MONEY MARKET FUNDS	3,843,966.	END-OF-YEAR MARKET VALUE
ACCRUED INTEREST RECEIVABLE	20,013.	END-OF-YEAR MARKET VALUE
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ►	3,863,979.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.[illegible]

Part IX	Other Assets. See Form 990, Part X, line 15.
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[illegible]

Part X **Other Liabilities.** See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Amount
	Federal income taxes	
	FEDERAL STUDENT LOAN FUNDS	323,119.
	LIABILITIES UNDER ANNUITY AGREEMENTS	164,446.
	CAPITAL LEASE OBLIGATIONS	180,183.
	Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	667,748.

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

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	28,338,370.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	26,771,026.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	1,567,344.
4	Net unrealized gains (losses) on investments	4	1,250,145.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	15,699.
9	Total adjustments (net). Add lines 4 through 8	9	1,265,844.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	2,833,188.

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	20,823,707.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	1,250,145.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	748,526.
e	Add lines 2a through 2d	2e	1,998,671.
3	Subtract line 2e from line 1	3	18,825,036.
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	
b	Other (Describe in Part XIV.)	4b	9,513,334.
c	Add lines 4a and 4b	4c	9,513,334.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	28,338,370.

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

1	Total expenses and losses per audited financial statements	1	17,990,519.
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	732,827.
e	Add lines 2a through 2d	2e	732,827.
3	Subtract line 2e from line 1	3	17,257,692.
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	
b	Other (Describe in Part XIV.)	4b	9,513,334.
c	Add lines 4a and 4b	4c	9,513,334.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	26,771,026.

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 III, LINE 4: THE UNIVERSITY HOUSES A COLLECTION OF MOUNTED ANIMAL

SPECIES FROM VARIOUS COUNTRIES IN ITS ADMINISTRATION BUILDING. THE

COLLECTION IS VISITED FREQUENTLY BY CLASSES FROM DAY CARES, ELEMENTARY

SCHOOLS, AND THE GENERAL PUBLIC.

THE UNIVERSITY HOUSES A COLLECTION OF HISTORICAL RECORDS INCLUDING

ORIGINAL MINUTES FROM ITS ORIGINATION IN THE LIBRARY ARCHIVES. THESE

RECORDS ARE AVAILABLE TO THE PUBLIC BY APPOINTMENT FOR PERSONAL RESEARCH

Part XIV Supplemental Information (continued)

AND ARE PRESERVED FOR FUTURE GENERATIONS.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS: 15699.

PART XII; LINE 2D: COST OF GOODS SOLD \$573,949, DONATED FACILITY USE
\$161,539, FUNDRAISING EXPENSE \$59,608,

PART XII; LINE 4B: SCHOLARSHIPS \$9,513,333, ROUNDING \$1

PART XIII; LINE 2D: COST OF GOODS SOLD \$573,949, DONATED FACILITY USE
\$161,539, FUNDRAISING EXPENSE \$59,608, CHANGE IN VALUE OF SPLIT INTEREST
AGREEMENTS -\$15,699

PART XIII; LINE 4B: SCHOLARSHIPS \$9,513,333, ROUNDING \$1

SCHEDULE E
(Form 990 or 990-EZ)

Schools

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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.**

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- 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)
- IN COMMERCIALS AND MEDIA COVERAGE OF THE UNIVERSITY, THE
NONDISCRIMINATORY POLICY IS MENTIONED.**

- 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.**

OMB No. 1545-0047

2009

Open To Public Inspection

Name of the organization

CUMBERLAND UNIVERSITY

Employer identification number
62-0599339

Part I

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.

1. Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☒ Mail solicitations
- b ☒ Internet and email solicitations
- c ☒ Phone solicitations
- d ☒ In-person solicitations
- e ☒ Solicitation of non-government grants
- f ☒ Solicitation of government grants
- g ☒ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☒ No

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

Total

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

TN

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
	PHOENIX BALL		NONE	(add col. (a) through col. (c))
	(event type)	(event type)	(total number)	
Revenue				
1 Gross receipts	26,982.			26,982.
2 Less: Charitable contributions				
3 Gross income (line 1 minus line 2)	26,982.			26,982.
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	59,608.			59,608.
10 Direct expense summary. Add lines 4 through 9 in column (d)				(59,608.)
11 Net income summary. Combine line 3, column (d), and line 10				-32,626.

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

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				
1 Gross revenue				
Direct Expenses				
2 Cash prizes				
3 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				

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

	Yes	No
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in:

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

14 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 G (Form 990 or 990-EZ) 2009

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?

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

Part I **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

[illegible]

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

3 Enter total number of other organizations

Part II 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
STUDENT SCHOLARSHIPS	0	11,602,097.	0.		

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

SCHEDULE I, PART I, LINE 2: STUDENTS ARE VERIFIED FOR ELIGIBILITY AND FUNDS ARE POSTED TO EACH STUDENT'S ACCOUNT. ACCOUNT IS REFUNED IF NOT USED IN SPECIFIED TIME OR IF STUDENT WITHDRAWS.

**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

CUMBERLAND UNIVERSITY

Employer identification number

62-0599339

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 checked="" 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 III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

PART I, LINE 1A: PRESIDENT HARVILLE EATON IS PROVIDED A RESIDENCE AS

PROVIDED FOR BY HIS EMPLOYMENT CONTRACT. IT HAS A VALUE OF \$1,050/MONTH.

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

CUMBERLAND UNIVERSITY

Employer Identification number
62-0599339

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

[illegible]

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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

OMB No. 1545-0047

2009

**Open To Public
Inspection**

Name of the organization

CUMBERLAND UNIVERSITY

Employer identification number
62-0599339

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total ▶ \$										

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
WP BONE	WILSON COUNTY MOTOR	13,062.	PURCHASE ON		X
CUMBERLAND DIRECTORS	BAIRD FOUNDATION	0.			X
BRYANT, CARROLL, BRADSHAW	BAIRD TRUST	0.			X
JOHN VAN MOL	DYE, VAN MOL AND LA	11,951.	ADVERTISING		X

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

Schedule L (Form 990 or 990-EZ) 2009

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No. 1545-0047

2009

Open to Public
Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization

CUMBERLAND UNIVERSITY

Employer identification number
62-0599339

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				
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 ▶ (<u>USE OF SPACE/</u>)	X	1	161,539.	FAIR MARKET VALUE OF
26 Other ▶ (<u>WATER HEATERS</u>)	X	1	41,318.	FAIR MARKET VALUE -
27 Other ▶ (<u>LEGAL SERVICE</u>)	X	1	22,576.	FAIR MARKET VALUE -
28 Other ▶ (<u>CONSULTING WO</u>)	X	1	11,916.	FAIR MARKET VALUE -

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

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33.
Also complete this part for any additional information.**PART I, OTHER TYPES OF PROPERTY:****JEWELRY FOR AUCTION/FUNDRAISER**

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 7000.

(D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE - RETAIL

USE OF RENTAL CAR

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 5500.

(D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE - RENTAL RATES

SCHEDULE M, LINE 32B: WACHOVIA IS HIRED TO SELL GIFTS OF SECURITIES

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

CUMBERLAND UNIVERSITY

Employer identification number
62-0599339

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

PUBLIC.

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

GRANTS & ALLOCATIONS - PROVIDES ASSISTANCE THROUGH FUNDED AND UNFUNDED
SCHOLARSHIPS AND AWARDS TO THE APPROX 1,330 STUDENTS AND THROUGH GOVT
FUNDED STUDENT FINANCIAL AID PROGRAMS TO APPROX 778 STUDENTS QUALIFYING
FOR GOVT ASSISTANCE.

EXPENSES \$ 11602097. INCLUDING GRANTS OF \$ 2088764. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2: BUSINESS RELATIONSHIP: THREE

DIRECTORS OF CUMBERLAND UNIVERSITY ARE ALSO DIRECTORS OF CEDARSTONE BANK,
ONE OF WHOM IS THE PRESIDENT OF THE BANK.

THE MEMBERS ARE FRAN MOSCARDELLI, BOB MCDONALD, AND JACKIE DOWDEN.

FORM 990, PART VI, SECTION B, LINE 11: THE CHAIRMAN OF THE BOARD RECEIVES
AN E-MAIL COPY OF THE COMPLETED 990 BEFORE FILING AND IS RESPONSIBLE FOR
REVIEWING AND/OR DISTRIBUTING TO THE BOARD MEMBERS FOR REVIEW AND FOR
APPROVAL BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C: OFFICERS, DIRECTORS, AND TRUSTEES
ARE REQUIRED TO SIGN AN ANNUAL CONFLICT OF INTEREST DISCLOSURE STATEMENT.

FORM 990, PART VI, SECTION B, LINE 15A: THE BOARD OF TRUST (ALL UNPAID)
APPOINTS A COMMITTEE (EXCLUSIVE OF BOARD OFFICERS) TO EVALUATE THE

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

Schedule O (Form 990) 2009

932211
02-03-10

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

CUMBERLAND UNIVERSITY

Employer identification number
62-0599339

PRESIDENT'S PERFORMANCE COMPARED TO ESTABLISHED GOALS. THE COMMITTEE USES
AAUP SURVEYS FOR COMPARABLE SCHOOLS AND RECOMMENDS TO THE BOARD ANY CHANGES
IN SALARY SUBJECT TO THE COMPLETE BOARD OF TRUST VOTE. MINUTES ARE KEPT OF
COMMITTEE AND BOARD MEETINGS TO SUBSTANTIATE THE DECISION PROCESS.

FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST

FORM 990, PART XI, LINE 2C

990 REVIEW PROCESS

THE CHAIRMAN OF THE BOARD RECEIVES AN E-MAIL COPY OF THE COMPLETED FORM
990 BEFORE FILING AND IS RESPONSIBLE FOR REVIEWING AND/OR DISTRIBUTING
TO THE BOARD MEMBERS FOR REVIEW AND FOR APPROVAL BEFORE FILING.

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

THE UNIVERSITY RECEIVES MONIES FROM U.S. DEPT OF EDUCATION AND TENNESSEE
STUDENT ASSISTANCE CORPORATION IN THE FORM OF VARIOUS GRANTS. FEDERAL
GRANTS INCLUDE PELL, SEOG, FEDERAL WORK STUDY. UNIVERSITY ALSO MAINTAINS
ELIGIBILITY TO PARTICIPATE IN FEDERAL STAFFORD LOAN AND FEDERAL PERKINS
LOAN PROGRAMS. STATE GRANTS RECEIVED IN FORM OF TSAC AND VOCATIONAL REHAB
GRANTS.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: WP BONE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

WILSON COUNTY MOTORS

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
932211
02-03-10

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

CUMBERLAND UNIVERSITY

Employer identification number
62-0599339

(C) AMOUNT OF TRANSACTION \$ 13062.

(D) DESCRIPTION OF TRANSACTION: PURCHASE ONE USED VEHICLE AND VARIOUS
MAINTENANCE TO VEHICLES.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: JOHN VAN MOL

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
DYE, VAN MOL AND LAWRENCE

(C) AMOUNT OF TRANSACTION \$ 11951.

(D) DESCRIPTION OF TRANSACTION: ADVERTISING AGENCY

(E) SHARING OF ORGANIZATION REVENUES? = NO

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II		Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).	
Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization		Employer identification number
	CUMBERLAND UNIVERSITY		62-0599339
	Number, street, and room or suite no. If a P.O. box, see instructions.		For IRS use only
	ONE CUMBERLAND SQUARE		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
	LEBANON, TN 37087-3554		

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

☒ Form 990
 ☐ Form 990-EZ
 ☐ Form 990-T (sec. 401(a) or 408(a) trust)
 ☐ Form 1041-A
 ☐ Form 5227
 ☐ Form 8870
☐ Form 990-BL
☐ Form 990-PF
☐ Form 990-T (trust other than above)
☐ Form 4720
☐ Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

MS. JUDY JORDAN

• The books are in the care of **ONE CUMBERLAND SQUARE - LEBANON, TN 37087-3554**

Telephone No. **(615) 444-2562**

FAX No. **(615) 444-2569**

• 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 is for.

4 I request an additional 3-month extension of time until **APRIL 15, 2011**.

5 For calendar year _____, or other tax year beginning **JUN 1, 2009**, and ending **MAY 31, 2010**.

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

7 State in detail why you need the extension **SEE STATEMENT 1**

8a	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.	8a	\$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c	Balance Due. Subtract line 8b from line 8a. 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.	8c	\$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **▶**

Title **▶ VICE PRESIDENT/FINANCE**

Date **▶**

Form 8868 (Rev. 4-2009)

FORM 8688

EXPLANATION FOR EXTENSION

STATEMENT 1

EXPLANATION

ADDITIONAL TIME IS NEEDED TO OBTAIN ALL OF THE DETAILED INFORMATION
REQUIRED FOR THE FORM 990 IN ORDER TO ACCURATELY COMPLETE THE FORM AND
ALL RELATED SCHEDULES.