

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

2005

Open to Public Inspection

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

- B** Check if applicable:
- ☐ Address change
 - ☐ Name change
 - ☐ Initial return
 - ☐ Final return
 - ☐ Amended return
 - ☐ Application pending

C Name of organization

CUMBERLAND UNIVERSITY

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

ONE CUMBERLAND SQUARE

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

LEBANON, TN 37087-3554

D Employer identification number

62-0599339

E Telephone number

(615) 444-2562

F Accounting method: ☐ Cash ☒ Accrual
☐ Other (specify):

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates: **N/A**

H(c) Are all affiliates included? **N/A** ☐ Yes ☐ No

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number: **N/A**

M Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

G Website: **WWW.CUMBERLAND.EDU**

J Organization type (check only one): ☒ 501(c)(3) (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12: **26,074,318.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1	Contributions, gifts, grants, and similar amounts received			
	a	Direct public support	1a	1,257,901.	
	b	Indirect public support	1b		
	c	Government contributions (grants)	1c	1,379,639.	
	d	Total (add lines 1a through 1c) (cash \$ 2,637,540. noncash \$)	1d	2,637,540.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	21,233,694.	
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4	120,891.	
	5	Dividends and interest from securities	5	279,951.	
	6a	Gross rents	6a		
	b	Less: rental expenses	6b		
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		
Expenses	7	Other investment income (describe: OGDEN, UT)	7		
	8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other
	b	Less: cost or other basis and sales expenses	8a	1,094,202.	
	c	Gain or (loss) (attach schedule)	8b	1,244,051.	
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c	<149,849.>	
	9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>	9d	<149,849.>	
	a	Gross revenue (not including \$ of contributions reported on line 1a)	9a		
	b	Less: direct expenses other than fundraising expenses	9b		
	c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c		
	10a	Gross sales of inventory, less returns and allowances	10a	708,040.	
	b	Less: cost of goods sold	10b	592,630.	
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	115,410.	
Net Assets	11	Other revenue (from Part VII, line 103)	11		
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	24,237,637.	
	13	Program services (from line 44, column (B))	13	19,250,268.	
	14	Management and general (from line 44, column (C))	14	2,580,941.	
	15	Fundraising (from line 44, column (D))	15	346,735.	
	16	Payments to affiliates (attach schedule)	16		
	17	Total expenses (add lines 16 and 44, column (A))	17	22,177,944.	
	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	2,059,693.	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	17,430,082.		
20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 4	20	156,303.		
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	19,646,078.		

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Part II Statement of Functional Expenses

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ 9,222,334, noncash \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	22 9,222,334.	9,222,334.	STATEMENT 7	
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc. **	25 496,512.	243,859.	164,216.	88,437.
26 Other salaries and wages	26 4,914,599.	3,710,736.	1,076,228.	127,635.
27 Pension plan contributions	27 104,662.	79,872.	21,771.	3,019.
28 Other employee benefits	28 512,885.	375,146.	117,367.	20,372.
29 Payroll taxes	29 468,628.	342,774.	107,240.	18,614.
30 Professional fundraising fees	30			
31 Accounting fees	31 31,600.		31,600.	
32 Legal fees	32 2,265.		2,265.	
33 Supplies	33 699,331.	615,173.	78,244.	5,914.
34 Telephone	34 175,553.	10,205.	161,528.	3,820.
35 Postage and shipping	35			
36 Occupancy	36 649,883.	527,055.	113,080.	9,748.
37 Equipment rental and maintenance	37 577,699.	175,531.	379,501.	22,667.
38 Printing and publications	38 48,813.	48,276.		537.
39 Travel	39 133,029.	113,864.	16,542.	2,623.
40 Conferences, conventions, and meetings	40 5,433.	5,433.		
41 Interest	41 185,959.	185,959.		
42 Depreciation, depletion, etc. (attach schedule)	42 783,745.	635,617.	136,372.	11,756.
43 Other expenses not covered above (itemize):				
a	43a			
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g SEE STATEMENT 5	43g 3,165,014.	2,958,434.	174,987.	31,593.
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 22,177,944.	19,250,268.	2,580,941.	346,735.

Joint Costs. Check ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

Yes ☐ No ☒

If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A, (ii) the amount allocated to Program services \$ N/A,

(iii) the amount allocated to Management and general \$ N/A, and (iv) the amount allocated to Fundraising \$ N/A.

** SEE STATEMENT 6

Form 990 (2005)

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

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

What is the organization's primary exempt purpose? ► SEE STATEMENT 8	Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a INSTRUCTION - PRIVATE UNIVERSITY PROVIDING EDUCATION FOR APPROXIMATELY 850 FULL-TIME AND 150 PART-TIME UNDERGRADUATE AND 470 GRADUATE STUDENTS THROUGH ITS FIVE UNDERGRADUATE DIVISIONS AND GRADUATE PROGRAMS.	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	5,682,188.
b STUDENT SERVICES - PROVIDE SERVICES TO THE APPROXIMATELY 1,470 STUDENTS ENROLLED IN UNDERGRADUATE AND GRADUATE PROGRAMS.	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	3,129,208.
c OTHER SERVICES - SERVICES OPERATED FOR THE CONVENIENCE OF ITS STUDENTS, FACULTY, AND STAFF.	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	1,216,538.
d GRANTS & ALLOCATIONS - PROVIDES ASSISTANCE THROUGH FUNDED AND UNFUNDED SCHOLARSHIPS AND AWARDS TO THE APPROX 1,470 STUDENTS AND THROUGH GOVT FUNDED STUDENT FINANCIAL AID PROGRAMS TO APPROX 420 STUDENTS QUALIFYING FOR GOVT ASSISTANCE.	
(Grants and allocations \$ 1,379,639.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	9,222,334.
e Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	19,250,268.

Form 990 (2005)

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing	1,693,926.	2,555,122.
	46 Savings and temporary cash investments	409,387.	116,685.
	47 a Accounts receivable	1,296,685.	
	b Less: allowance for doubtful accounts	233,920.	
	47 c	1,494,697.	1,062,765.
	48 a Pledges receivable	500,000.	
	b Less: allowance for doubtful accounts		
	48 c	38,302.	500,000.
	49 Grants receivable		
	50 Receivables from officers, directors, trustees, and key employees		
	51 a Other notes and loans receivable	221,552.	
	b Less: allowance for doubtful accounts		
	51 c	247,711.	221,552.
	52 Inventories for sale or use	132,904.	168,546.
	53 Prepaid expenses and deferred charges	120,635.	157,417.
54 Investments - securities STMT 9 STMT 10 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	4,692,820.	5,618,174.	
55 a Investments - land, buildings, and equipment: basis	54,700.		
b Less: accumulated depreciation	54,700.		
55 c	54,700.	54,700.	
56 Investments - other	1,084,415.	1,259,975.	
57 a Land, buildings, and equipment: basis	23,153,663.		
b Less: accumulated depreciation	8,806,438.		
57 c	14,598,821.	14,347,225.	
58 Other assets (describe SEE STATEMENT 12)	336,015.	338,956.	
59 Total assets (must equal line 74). Add lines 45 through 58	24,904,333.	26,401,117.	
Liabilities	60 Accounts payable and accrued expenses	1,127,302.	1,259,810.
	61 Grants payable		
	62 Deferred revenue	1,766,967.	1,404,147.
	63 Loans from officers, directors, trustees, and key employees		
	64 a Tax-exempt bond liabilities		
	b Mortgages and other notes payable STMT 13 STMT 14	3,936,864.	3,551,076.
	65 Other liabilities (describe SEE STATEMENT 15)	643,118.	540,006.
	66 Total liabilities. Add lines 60 through 65	7,474,251.	6,755,039.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	9,548,378.	11,294,556.
	68 Temporarily restricted	4,544,791.	4,397,869.
	69 Permanently restricted	3,336,913.	3,953,653.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		
	71 Paid-in or capital surplus, or land, building, and equipment fund		
	72 Retained earnings, endowment, accumulated income, or other funds		
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19; column (B) must equal line 21)	17,430,082.	19,646,078.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	24,904,333.	26,401,117.

Form 990 (2005)

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 31			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b		X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? Note. Related organizations include section 509(a)(3) supporting organizations. If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization	75c		X
d	Does the organization have a written conflict of interest policy?	75d		X

Part V-B	Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other	120
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Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
NONE				

Part VI	Other Information (See the instructions.)
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		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization <u>N/A</u>		
		and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt	
81 a	Enter direct or indirect political expenditures. (See line 81 instructions.)	81a	0.
b	Did the organization file Form 1120-POL for this year?	81b	X

Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	174,855.
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a	List the states with which a copy of this return is filed <u>NONE</u>		
b	Number of employees employed in the pay period that includes March 12, 2005	90b	174
91 a	The books are in care of <u>MS. JUDY JORDAN</u> Telephone no <u>(615) 444-2562</u> Located at <u>ONE CUMBERLAND SQUARE, LEBANON, TN</u> ZIP + 4 <u>37087-3554</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <u>N/A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country <u>N/A</u>	91c	X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <u>N/A</u>	92	N/A

Form 990 (2005)

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a TUITION & FEES					19,113,663.
b STUDENT HOUSING					686,123.
c BOARD CHARGES					841,990.
d AUXILIARY ENTERPRISES					338,573.
e OTHER INCOME					253,345.
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	120,891.	
96 Dividends and interest from securities			14	279,951.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	<149,849.>	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory			03	115,410.	
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		366,403.	21,233,694.
105 Total (add line 104, columns (B), (D), and (E))					21,600,097.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	SEE STATEMENT 20

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

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

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

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

☐ Yes ☒ No

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

Please Sign Here	Under penalties of perjury, I declare that I have examined the information contained on this Form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	Signature of officer		Date	Type or print name and title
Paid Preparer's Use Only	Preparer's signature	PAUL B. VANTREASE, JR., CPA	Date	11/15/06
	Firm's name (or yours if self-employed), address, and ZIP + 4	DEMPSEY VANTREASE & FOLLIS PLLC 630 S. CHURCH ST., STE 300 MURFREESBORO, TENNESSEE 37130		
	Check if self-employed	<input checked="" type="checkbox"/>	Preparer's SSN or PTIN	408-96-7961
	EIN	62-1736974	Phone no	(615) 893-6666

Form 990 (2005)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information-(See separate instructions.)

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

OMB No 1545-0047

2005

Name of the organization

CUMBERLAND UNIVERSITY

Employer identification number

62 0599339

Part I

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

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
DR. PAUL STUMB ONE CUMBERLAND SQUARE, LEBANON, TN 3	DEAN/BUSINESS SCHOOL	100,000.	0.	
DR. WILLIAM MCKEE ONE CUMBERLAND SQUARE, LEBANON, TN 3	DIRECTOR/MSP PROGRAM	78,722.	3,927.	
LEANNE BUSBY ONE CUMBERLAND SQUARE, LEBANON, TN 3	DEAN/SCH OF NURSING	77,664.	3,633.	
CHRISTY GLOVER ONE CUMBERLAND SQUARE, LEBANON, TN 3	PROFESSOR	72,276.	0.	
STEVEN FARNSLEY ONE CUMBERLAND SQUARE, LEBANON, TN 3	INSTRUCTOR	61,576.	2,895.	
Total number of other employees paid over \$50,000 ▶	16			

Part II-A

Compensation of the Five Highest Paid Independent Contractors for Professional Services

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶	0	

Part II-B

Compensation of the Five Highest Paid Independent Contractors for Other Services

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶	0	

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

Yes No

1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities: \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)	1		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.				
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE STATEMENT 22	2d	X	
e	Transfer of any part of its income or assets?	2e		X
3 a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.) SEE STATEMENT 21	3a	X	
b	Do you have a section 403(b) annuity plan for your employees?	3b	X	
c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c		X
4 a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a		X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

The organization is not a private foundation because it is: (Please check only ONE applicable box.)

5	<input type="checkbox"/> A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
6	<input checked="" type="checkbox"/> A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
7	<input type="checkbox"/> A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
8	<input type="checkbox"/> A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
9	<input type="checkbox"/> A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
10	<input type="checkbox"/> An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
11a	<input type="checkbox"/> An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
11b	<input type="checkbox"/> A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
12	<input type="checkbox"/> An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)
13	<input type="checkbox"/> An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Type 3

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

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

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

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

N/A

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

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

29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?

Yes No

29 X

30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?

30 X

31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?

31 X

If "Yes," please describe, if "No," please explain. (If you need more space, attach a separate statement.)

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

32 Does the organization maintain the following

- a** Records indicating the racial composition of the student body, faculty, and administrative staff?
- b** Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
- c** Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
- d** Copies of all material used by the organization or on its behalf to solicit contributions?

If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)

32a X

32b X

32c X

32d X

33 Does the organization discriminate by race in any way with respect to.

- a** Students' rights or privileges?
- b** Admissions policies?
- c** Employment of faculty or administrative staff?
- d** Scholarships or other financial assistance?
- e** Educational policies?
- f** Use of facilities?
- g** Athletic programs?
- h** Other extracurricular activities?

If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)

33a X

33b X

33c X

33d X

33e X

33f X

33g X

33h X

34 a Does the organization receive any financial aid or assistance from a governmental agency?

34a X

b Has the organization's right to such aid ever been revoked or suspended?

34b X

If you answered "Yes" to either 34a or b, please explain using an attached statement.

35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation.

35 X

Schedule A (Form 990 or 990-EZ) 2005

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)
(To be completed ONLY by an eligible organization that filed Form 5768)

N/A

Check ☒ a ☐ if the organization belongs to an affiliated group Check ☐ b ☐ if you checked "a" and "limited control" provisions apply**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred)

(a)
Affiliated group
totals(b)
To be completed for ALL
electing organizations

N/A

- 36 Total lobbying expenditures to influence public opinion (grassroots lobbying)
- 37 Total lobbying expenditures to influence a legislative body (direct lobbying)
- 38 Total lobbying expenditures (add lines 36 and 37)
- 39 Other exempt purpose expenditures
- 40 Total exempt purpose expenditures (add lines 38 and 39)
- 41 Lobbying nontaxable amount. Enter the amount from the following table -
- | | |
|--|---|
| If the amount on line 40 is - | The lobbying nontaxable amount is - |
| Not over \$500,000 | 20% of the amount on line 40 |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 |
| Over \$17,000,000 | \$1,000,000 |
- 42 Grassroots nontaxable amount (enter 25% of line 41)
- 43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36
- 44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38

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

4-Year Averaging Period Under Section 501(h)

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

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

Part VI-B Lobbying Activity by Nonelecting Public Charities

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

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)

Yes	No	Amount
		0.

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

FOOTNOTES

STATEMENT 1

SCHEDULE A, PART V, LINE 34A:PART IV, BALANCE SHEETS

FROM PAGE 11 OF AUDITED FINANCIAL STATEMENTS

LAND	1,006,498.
BUILDINGS	16,255,001.
EQUIPMENT	4,695,968.
VANS	137,035.
LIBRARY BOOKS	999,527.
CONSTRUCTION IN PROCESS	59,634.
TOTAL FIXED ASSETS	23,153,663.
LESS: ACCUMULATED DEPRECIATION	8,806,438.

LAND, BUILDINGS & EQUIPMENT - NET, LINE 57C	14,347,225.
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FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 2

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
VARIOUS INVESTMENT SECURITIES	1,094,202.	1,244,051.	0.	<149,849.>
TO FORM 990, PART I, LINE 8	1,094,202.	1,244,051.	0.	<149,849.>

FORM 990

INCOME AND COST OF GOODS SOLD
INCLUDED ON PART I, LINE 10

STATEMENT 3

INCOME

1. GROSS RECEIPTS	708,040	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		708,040
4. COST OF GOODS SOLD (LINE 13)	592,630	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		115,410

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR	132,904	
7. MERCHANDISE PURCHASED		
8. COST OF LABOR		
9. MATERIALS AND SUPPLIES	628,272	
10. OTHER COSTS		
11. ADD LINES 6 THROUGH 10		761,176
12. INVENTORY AT END OF YEAR	168,546	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12)		592,630

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 4

DESCRIPTION	AMOUNT
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	14,584.
UNREALIZED GAINS ON INVESTMENTS	141,719.
TOTAL TO FORM 990, PART I, LINE 20	156,303.

FORM 990 OTHER EXPENSES STATEMENT 5

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
MEMBERSHIPS/SUBSCRIPTIONS	58,788.	14,588.	41,286.	2,914.
MISCELLANEOUS	233,215.	102,017.	102,519.	28,679.
BAD DEBTS	13,424.	13,424.		
INTERCOLLEGIATE ATHLETICS	1,420,126.	1,420,126.		
CANTER COSTS	798,888.	798,888.		
DINING HALL	490,784.	490,784.		
COMMENCEMENT	37,931.	37,931.		
ADVERTISING	111,858.	80,676.	31,182.	
TOTAL TO FM 990, LN 43	3,165,014.	2,958,434.	174,987.	31,593.

FORM 990

OFFICER COMPENSATION ALLOCATION
PART II, LINE 25

STATEMENT 6

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
DR. HARVILL EATON	173,333.	3,542.		176,875.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	86,667.	1,771.		88,438.
C. FUNDRAISING	86,666.	1,771.		88,437.

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
EDDIE PAWLAWSKI	96,667.	4,583.		101,250.
A. PROGRAM SERVICES	96,667.	4,583.		101,250.
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
DR. JAMES DRESSLER	71,724.	4,054.		75,778.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	71,724.	4,054.		75,778.
C. FUNDRAISING				

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NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
WILBUR PETERSON	75,000.	3,750.		78,750.
A. PROGRAM SERVICES	75,000.	3,750.		78,750.
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
EDWARD ZEAGLER	63,859.	0.		63,859.
A. PROGRAM SERVICES	63,859.			63,859.
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING				

TOTAL PROGRAM SERVICES				243,859.
TOTAL MANAGEMENT AND GENERAL				164,216.
TOTAL FUNDRAISING				88,437.
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PARTS V-A AND V-B				496,512.

FORM 990	CASH GRANTS AND ALLOCATIONS	STATEMENT	7
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CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
SCHOLARSHIPS & GRANTS	VARIOUS		NONE	7,842,695.
GOVERNMENT GRANTS	VARIOUS		NONE	1,379,639.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				9,222,334.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 8

PART III

EXPLANATION

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

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 9

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
MUTUAL FUNDS	FMV			1,825,951.	1,825,951.
BONDS	FMV		1,099,604.		1,099,604.
SECURITIES	FMV	1,236,455.			1,236,455.
TO FORM 990, LINE 54, COL B		1,236,455.	1,099,604.	1,825,951.	4,162,010.

FORM 990 GOVERNMENT SECURITIES STATEMENT 10

DESCRIPTION	COST/FMV	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
GOVERNMENT OBLIGATIONS	FMV	1,421,933.		1,421,933.
TOTAL TO FORM 990, LINE 54, COL B		1,421,933.		1,421,933.

FORM 990 OTHER INVESTMENTS STATEMENT 11

DESCRIPTION	VALUATION METHOD	AMOUNT
CASH AND MONEY MARKET FUNDS	MARKET VALUE	1,259,975.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		1,259,975.

FORM 990	OTHER ASSETS	STATEMENT 12
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DESCRIPTION	AMOUNT
ASSETS HELD UNDER SPLIT INTEREST AGREEMENT	277,395.
DEPOSITS WITH TRUSTEES	61,561.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	338,956.

FORM 990	MORTGAGES PAYABLE	STATEMENT 13
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DESCRIPTION	BALANCE DUE
UNITED STATES GOVERNMENT	228,000.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64B, COLUMN B	228,000.

FORM 990

OTHER NOTES AND LOANS PAYABLE

STATEMENT 14

LENDER'S NAME

TERMS OF REPAYMENT

SUNTRUST

MTHLY

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
/ /02	/ /05	825,000.	5.50%

SECURITY PROVIDED BY BORROWER

PURPOSE OF LOAN

REFINANCE

RELATIONSHIP OF LENDER

NONE

DESCRIPTION OF CONSIDERATION

FMV OF CONSIDERATION	BALANCE DUE
0.	243,076.

LENDER'S NAME

TERMS OF REPAYMENT

HEALTH & EDUCATION
FACILITIES BOARD
NASHVILLE, TN

SEMI-ANNUAL

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
/ /97	/ /19	4,300,000.	4.00%

SECURITY PROVIDED BY BORROWER

PURPOSE OF LOAN

COMMONS DORMITORIES

RELATIONSHIP OF LENDER

NONE

DESCRIPTION OF CONSIDERATION

FMV OF CONSIDERATION	BALANCE DUE
0.	3,080,000.

LENDER'S NAMETERMS OF REPAYMENT

<u>DATE OF NOTE</u>	<u>MATURITY DATE</u>	<u>ORIGINAL LOAN AMOUNT</u>	<u>INTEREST RATE</u>
		0.	.00%

SECURITY PROVIDED BY BORROWERPURPOSE OF LOANRELATIONSHIP OF LENDER

<u>DESCRIPTION OF CONSIDERATION</u>	<u>FMV OF CONSIDERATION</u>	<u>BALANCE DUE</u>
	0.	0.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B		3,323,076.

<u>FORM 990</u>	<u>OTHER LIABILITIES</u>	<u>STATEMENT</u>
		15

<u>DESCRIPTION</u>	<u>AMOUNT</u>
FEDERAL STUDENT LOAN FUNDS	281,951.
LIABILITIES UNDER ANNUITY AGREEMENTS	238,501.
CAPITAL LEASE OBLIGATIONS	19,554.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	540,006.

<u>FORM 990</u>	<u>OTHER SECURITIES</u>	<u>STATEMENT</u>
		16

<u>SECURITY DESCRIPTION</u>	<u>COST/FMV</u>	<u>OTHER SECURITIES</u>
ACCRUED INTEREST RECEIVABLE	FMV	34,231.
TO FORM 990, LINE 54, COL B		34,231.

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT 17
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DESCRIPTION	AMOUNT
COST OF GOODS SOLD	592,630.
VALUE OF DONATED FACILITY USE	174,855.
TOTAL TO FORM 990, PART IV-A	767,485.

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT 18
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DESCRIPTION	AMOUNT
COST OF GOODS SOLD	592,630.
VALUE OF DONATED FACILITY USE	174,855.
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	<14,584.>
TOTAL TO FORM 990, PART IV-B	752,901.

FORM 990

PART V-A - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 19

EMPLOYEE	TITLE AND	COMPEN-	CONTRIB	EXPENSE
		SATION	ACCOUNT	
DR. HARVILL EATON	UNIVERSITY PRESIDENT	173,333.	3,542.	0.
516 WEST SPRING STREET LEBANON, TN 37087		40.00		
EDDIE PAWLAWSKI	VP ENROLLMENT MANAGEMENT	96,667.	4,583.	0.
ONE CUMBERLAND SQUARE LEBANON, TN 37087		40.00		
WILBUR PETERSON	VP ACADEMIC AFFAIRS	75,000.	3,750.	0.
ONE CUMBERLAND SQUARE LEBANON, TN 37087		40.00		
DR. JAMES DRESSLER	VP ADMINISTRATION	71,724.	4,054.	0.
ONE CUMBERLAND SQUARE LEBANON, TN 37087		40.00		
EDWARD ZEAGLER	VP EXTERNAL AFFAIRS	63,859.	0.	0.
ONE CUMBERLAND SQUARE LEBANON, TN 37087		40.00		
JOE ADAMS	TRUSTEE	0.	0.	0.
616 W. MAIN STREET LEBANON, TN 37087		1.00		
JUDGE RODNEY V. AHLES	TRUSTEE	0.	0.	0.
P.O. BOX 765 LEBANON, TN 37087		1.00		
ROBERT CARVER BONE, M.D.	TRUSTEE	0.	0.	0.
P.O. BOX 808 LEBANON, TN 37088-0808		1.00		
W.P. BONE, III	TRUSTEE	0.	0.	0.
1310 WEST MAIN STREET LEBANON, TN 37087		1.00		
MARTHA BRADSHAW	TRUSTEE	0.	0.	0.
108 OAK HILL CIRCLE LEBANON, TN 37087		1.00		
DR. JOE F. BRYANT	TRUSTEE	0.	0.	0.
200 EAST SPRING STREET LEBANON, TN 37087		1.00		

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2005.06010 CUMBERLAND UNIVERSITY

STATEMENT(S) 19
12021 1

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DR. JIM CARROLL 680 PALMER ROAD LEBANON, TN 37090	TRUSTEE 1.00	0.	0.	0.
HON. BOB CLEMENT 2525 WEST END AVE, SUITE 1100 NASHVILLE, TN 37203	TRUSTEE 1.00	0.	0.	0.
RANDALL CLEMONS 623 WEST MAIN STREET LEBANON, TN 37087	TRUSTEE 1.00	0.	0.	0.
BASCOM COOKSEY P.O. BOX 99 LEBANON, TN 37088	TRUSTEE 1.00	0.	0.	0.
DR. PAUL DEDICK 166 PHILADELPHIA ROAD LEBANON, TN 37087	TRUSTEE 1.00	0.	0.	0.
SANDRA MOSS DUNCAN 3310 WEST END AVENUE, SUITE 465 NASHVILLE, TN 37203	TRUSTEE 1.00	0.	0.	0.
V.F. (BUD) FRANCIS 467 CHESTNUT STREET NASHVILLE, TN 37203	TRUSTEE 1.00	0.	0.	0.
STEVEN W. GUYNN 1713 BLAIRMONT DRIVE LEBANON, TN 37087	TRUSTEE 1.00	0.	0.	0.
SAM HATCHER P.O. BOX 857 LEBANON, TN 37088-0857	TRUSTEE 1.00	0.	0.	0.
KENNETH J. HAWKINS 3464 TROUSDALE FERRY PIKE LEBANON, TN 37087	TRUSTEE 1.00	0.	0.	0.
DR. WILLIAM D. HEYDEL 524 CROWELL LANE LEBANON, TN 37087	TRUSTEE 1.00	0.	0.	0.
DIXIE TAYLOR HUFF 932 BADDOUR PKWY. LEBANON, TN 37087	TRUSTEE 1.00	0.	0.	0.
EDWARD A. LABRY III 1715 AARON BRENNER DR. STE 504 MEMPHIS, TN 38133	TRUSTEE 1.00	0.	0.	0.

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DR. JIM K. LANCASTER 413 WEST SPRING STREET LEBANON, TN 37087	TRUSTEE 1.00	0.	0.	0.
DR. VIRGINIA W. LOCKMILLER 4343 LEBANON ROAD, APT 1711 HERMITAGE, TN 37076	TRUSTEE 1.00	0.	0.	0.
CHARLES MANN 200 RIVER HILLS DRIVE NASHVILLE, TN 37210	TRUSTEE 1.00	0.	0.	0.
BOB MCDONALD P.O. BOX 724 LEBANON, TN 37090	TRUSTEE 1.00	0.	0.	0.
FRAN MOSCARDELLI P.O. BOX 235 GORDONSVILLE, TN 38563	TRUSTEE 1.00	0.	0.	0.
MARK RIGGINS 1100 CIRCLE 75 PARKWAY, SE STE 1500 ATLANTA, GA 30339	TRUSTEE 1.00	0.	0.	0.
ANNE B. ROBERTS 203 GORDON DRIVE LEBANON, TN 37087	TRUSTEE 1.00	0.	0.	0.
DR. JEANETTE C. RUDY 2730 PENNINGTON BEND ROAD NASHVILLE, TN 37214	TRUSTEE 1.00	0.	0.	0.
DR. EDWARD L. THACKSTON 2010 PRIEST ROAD NASHVILLE, TN 37215	TRUSTEE 1.00	0.	0.	0.
ROBERT H. TRAEGER 123 BRIGHTON CLOSE NASHVILLE, TN 37205	TRUSTEE 1.00	0.	0.	0.
DR. HARRY VISE 4337 BEEKMAN DRIVE NASHVILLE, TN 37215	TRUSTEE 1.00	0.	0.	0.
SANDRA G. WELBORN 10 CADILLAC DRIVE, CREEKSIEDE CROSSING, SUITE 300 BRENTWOOD, TN 37027	TRUSTEE 1.00	0.	0.	0.

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ALFRED A. ADAMS 7320 HIGHWAY 109 NORTH LEBANON, TN 37087	TRUSTEE EMERITUS 1.00	0.	0.	0.
COLONEL BERNIE S. BASS 1904 SHENANDOAH TRAIL LEBANON, TN 37087	TRUSTEE EMERITUS 1.00	0.	0.	0.
WILLIAM D. CASTLEMAN 5118 HERSCHAL SPEARS CIRCLE BRENTWOOD, TN 37027	TRUSTEE EMERITUS 1.00	0.	0.	0.
LYNN HILL LESTER - COSBY 6560 VISTA POINT SOUTHSIDE, AL 35907	TRUSTEE EMERITUS 1.00	0.	0.	0.
V.P.AL GORE, JR. NASHVILLE, TN	TRUSTEE EMERITUS 1.00	0.	0.	0.
SEN. WILLIAM PEELER 102 S. COURT SQUARE WAVERLY, TN 37185-2113	TRUSTEE EMERITUS 1.00	0.	0.	0.
DR. RAY C. PHILLIPS 10100 HILLVIEW DRIVE PENSACOLA, FL 32514	TRUSTEE EMERITUS 1.00	0.	0.	0.
DAVID K. WILSON 4343 GLEN EDEN DRIVE NASHVILLE, TN 37205	TRUSTEE EMERITUS 1.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		480,583.	15,929.	0.

FORM 990	PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES	STATEMENT 20
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LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	TUITION AND FEES ARE USED TO OFFSET THE COSTS OF PROVIDING EDUCATION.
93B	PROVIDE HOUSING FOR STUDENTS ENROLLED AT THE UNIVERSITY
93C	PROVIDE MEAL PLANS FOR STUDENTS ENROLLED AT THE UNIVERSITY
93D	AUXILIARY ENTERPRISES ARE PROVIDED AS A CONVENIENCE TO STUDENTS AND FACULTY TO ENABLE THEM TO SPEND MORE TIME PURSUING THEIR EDUCATIONAL AND TEACHING GOALS.
93E	OTHER CHARGES TO OFFSET VARIOUS SERVICES PROVIDED BY THE UNIVERSITY, PRIMARILY CHARGES FOR SUMMER CAMP PROGRAMS.

SCHEDULE A	EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS	STATEMENT	21
	PART III, LINE 3A		

LOANS AND SCHOLARSHIPS ARE MADE IN ACCORDANCE WITH GUIDELINES SET BY THE
DEPARTMENT OF EDUCATION AND ARE BASED ON NEED.

SCHEDULE A	EXPLANATION OF TRANSACTIONS	STATEMENT 22
	PART III, LINE 2D	

COMPENSATION TO CERTAIN OFFICERS AND KEY EMPLOYEES EXCEEDS \$1,000.

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ☒
- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

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

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

Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile

Type or print	Name of Exempt Organization CUMBERLAND UNIVERSITY	Employer identification number 62-0599339
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. ONE 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):

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

- The books are in the care of **MS. JUDY JORDAN**

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

FAX No. ☐

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

- 1 I request an automatic 3-month (6-months for a Form 990-T corporation) extension of time until **JANUARY 16, 2007** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☐ calendar year ☐ or
- ☒ tax year beginning **JUN 1, 2005**, and ending **MAY 31, 2006**

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

- 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$

- b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$

- c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ **N/A**

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

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

Form 8868 (Rev. 12-2004)