

Form **990****Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

**2006**Department of the Treasury  
Internal Revenue Service

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

Open to Public  
InspectionA For the 2006 calendar year, or tax year beginning **JUN 1, 2006** and ending **MAY 31, 2007**

B Check if applicable:

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

Please use IRS label or print or type. See Specific Instructions.

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 ☒ NoH(b) If "Yes," enter number of affiliates ▶ **N/A**H(c) Are all affiliates included? **N/A** ☐ Yes ☐ No  
(If "No," attach a list.)H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ NoI 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 ☐ 527K Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **25,980,666.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

1 Contributions, gifts, grants, and similar amounts received:					
a Contributions to donor advised funds	1a				
b Direct public support (not included on line 1a)	1b	<b>1,605,288.</b>			
c Indirect public support (not included on line 1a)	1c				
d Government contributions (grants) (not included on line 1a)	1d	<b>1,239,318.</b>			
e Total (add lines 1a through 1d) (cash \$ <b>2,844,606.</b> noncash \$ )	1e			<b>2,844,606.</b>	
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			<b>20,766,664.</b>	
3 Membership dues and assessments	3				
4 Interest on savings and temporary cash investments	4			<b>341,108.</b>	
5 Dividends and interest from securities	5			<b>204,068.</b>	
6 a Gross rents	6a				
b Less: rental expenses	6b				
c Net rental income or (loss). Subtract line 6b from line 6a	6c				
7 Other investment income (describe ▶ )	7				
8 a Gross amount from sales of assets other than inventory	(A) Securities	8a	(B) Other		
	<b>981,850.</b>				
b Less: cost or other basis and sales expenses	<b>972,506.</b>	8b			
c Gain or (loss) (attach schedule)	<b>9,344.</b>	8c			
d Net gain or (loss). Combine line 8c, columns (A) and (B)	<b>STMT 2</b>	8d			<b>9,344.</b>
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>					
a Gross revenue (not including \$ <b>0.</b> of contributions reported on line 1b)	9a	<b>154,996.</b>			
b Less: direct expenses other than fundraising expenses	9b	<b>88,830.</b>			
c Net income or (loss) from special events. Subtract line 9b from line 9a	<b>SEE STATEMENT 3</b>	9c			<b>66,166.</b>
10 a Gross sales of inventory, less returns and allowances	10a	<b>687,374.</b>			
b Less: cost of goods sold	10b	<b>556,498.</b>			
c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	<b>STMT 4</b>	10c			<b>130,876.</b>
11 Other revenue (from Part VII, line 103)	11				
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12			<b>24,362,832.</b>	
13 Program services (from line 44, column (B))	13			<b>18,749,338.</b>	
14 Management and general (from line 44, column (C))	14			<b>2,804,618.</b>	
15 Fundraising (from line 44, column (D))	15			<b>772,792.</b>	
16 Payments to affiliates (attach schedule)	16				
17 Total expenses. Add lines 16 and 44, column (A)	17			<b>22,326,748.</b>	
18 Excess or (deficit) for the year. Subtract line 17 from line 12	18			<b>2,036,084.</b>	
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19			<b>19,646,078.</b>	
20 Other changes in net assets or fund balances (attach explanation)	<b>SEE STATEMENT 5</b>	20			<b>666,413.</b>
21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21			<b>22,348,575.</b>	

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

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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
22a Grants paid from donor advised funds (attach schedule) (cash \$ 0, noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ 1,239,318, noncash \$ 7,549,250) If this amount includes foreign grants, check here <input type="checkbox"/>	8,788,568.	8,788,568.	STATEMENT 7 STATEMENT 8	
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	601,097.	175,350.	310,747.	115,000.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	5,271,129.	3,924,004.	1,008,562.	338,563.
27 Pension plan contributions not included on lines 25a, b, and c	120,453.	92,270.	17,822.	10,361.
28 Employee benefits not included on lines 25a - 27	453,051.	319,390.	100,773.	32,888.
29 Payroll taxes	473,657.	340,047.	98,595.	35,015.
30 Professional fundraising fees				
31 Accounting fees	28,000.		28,000.	
32 Legal fees	29,075.		29,075.	
33 Supplies	641,538.	527,731.	96,160.	17,647.
34 Telephone	199,808.	10,952.	188,149.	707.
35 Postage and shipping				
36 Occupancy	699,301.	608,042.	68,462.	22,797.
37 Equipment rental and maintenance	619,904.	254,315.	361,454.	4,135.
38 Printing and publications	94,561.	56,016.	27,927.	10,618.
39 Travel	164,770.	126,941.	11,501.	26,328.
40 Conferences, conventions, and meetings	3,437.	3,437.		
41 Interest	175,217.	175,217.		
42 Depreciation, depletion, etc. (attach schedule)	831,491.	722,981.	81,382.	27,128.
43 Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 6	3,131,691.	2,624,077.	376,009.	131,605.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	22,326,748.	18,749,338.	2,804,618.	772,792.

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

**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? ► <u>SEE STATEMENT 9</u>	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 <u>INSTRUCTION - PRIVATE UNIVERSITY PROVIDING EDUCATION FOR APPROXIMATELY 850 FULL-TIME AND 170 PART-TIME UNDERGRADUATE AND 310 GRADUATE STUDENTS THROUGH ITS FIVE UNDERGRADUATE DIVISIONS AND GRADUATE PROGRAMS.</u>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	5,118,416.
b <u>STUDENT SERVICES - PROVIDE SERVICES TO THE APPROXIMATELY 1,330 STUDENTS ENROLLED IN UNDERGRADUATE AND GRADUATE PROGRAMS.</u>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	3,434,222.
c <u>OTHER SERVICES - SERVICES OPERATED FOR THE CONVENIENCE OF ITS STUDENTS, FACULTY, AND STAFF.</u>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	1,408,132.
d <u>GRANTS &amp; 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 625 STUDENTS QUALIFYING FOR GOVT ASSISTANCE.</u>	
(Grants and allocations \$ 1,239,318. ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	8,788,568.
e Other program services (attach schedule)	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f <u>Total of Program Service Expenses (should equal line 44, column (B), Program services)</u>	18,749,338.

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**Part IV Balance Sheets** (See the instructions.)

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

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing .....	2,555,122.	45 423,070.
	46 Savings and temporary cash investments .....	116,685.	46 2,815,913.
	47 a Accounts receivable ..... 47a 922,580.		
	b Less: allowance for doubtful accounts ..... 47b 206,528.	1,062,765.	47c 716,052.
	48 a Pledges receivable ..... 48a 569,000.		
	b Less: allowance for doubtful accounts ..... 48b	500,000.	48c 569,000.
	49 Grants receivable .....		49
	50 a Receivables from current and former officers, directors, trustees, and key employees .....		50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....		50b
	51 a Other notes and loans receivable ..... 51a 191,088.		
	b Less: allowance for doubtful accounts ..... 51b	221,552.	51c 191,088.
	52 Inventories for sale or use .....	168,546.	52 228,955.
	53 Prepaid expenses and deferred charges .....	157,417.	53 97,174.
	54 a Investments - publicly-traded securities STMT 11 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV 5,583,943.		54a 6,690,565.
	b Investments - other securities STMT 18 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV 34,231.		54b 34,231.
55 a Investments - land, buildings, and equipment: basis STMT 10 55a 54,700.			
b Less: accumulated depreciation ..... 55b	54,700.	55c 54,700.	
56 Investments - other ..... SEE STATEMENT 12	1,259,975.	56 1,661,307.	
57 a Land, buildings, and equipment: basis ..... 57a 24,112,173.			
b Less: accumulated depreciation STMT 13 57b 9,636,568.	14,347,225.	57c 14,475,605.	
58 Other assets, including program-related investments (describe ► SEE STATEMENT 14 )	338,956.	58 361,146.	
59 Total assets (must equal line 74). Add lines 45 through 58	26,401,117.	59 28,318,806.	
Liabilities	60 Accounts payable and accrued expenses .....	1,259,810.	60 1,153,113.
	61 Grants payable .....		61
	62 Deferred revenue .....	1,404,147.	62 962,829.
	63 Loans from officers, directors, trustees, and key employees .....		63
	64 a Tax-exempt bond liabilities ..... 64a		
	b Mortgages and other notes payable STMT 15 STMT 16 3,551,076.		64b 3,135,572.
	65 Other liabilities (describe ► SEE STATEMENT 17 ) 540,006.		65 718,717.
66 Total liabilities. Add lines 60 through 65	6,755,039.	66 5,970,231.	
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 .....	11,294,556.	67 13,288,377.
	68 Temporarily restricted .....	4,397,869.	68 4,649,851.
	69 Permanently restricted .....	3,953,653.	69 4,410,347.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds .....		70
	71 Paid-in or capital surplus, or land, building, and equipment fund .....		71
	72 Retained earnings, endowment, accumulated income, or other funds .....		72
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	19,646,078.	73 22,348,575.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	26,401,117.	74 28,318,806.

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Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return			
a	Total expenses and losses per audited financial statements		23023761.
b	Amounts included on line a but not on Part I, line 17:		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify): SEE STATEMENT 20	b4	697,013.
	Add lines b1 through b4		697,013.
c	Subtract line b from line a		22326748.
d	Amounts included on Part I, line 17, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	
	Add lines d1 and d2		0.
e	Total expenses (Part I, line 17). Add lines c and d		22326748.

[illegible]



**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? ..... N/A	84b	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? ..... N/A	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? ..... N/A	85b	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members ..... 85c N/A		
d	Section 162(e) lobbying and political expenditures ..... 85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices ..... 85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) ..... 85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? ..... N/A	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? ..... N/A	85h	
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 a	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 .....	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI ..... ▶	88b	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction .....	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.		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? .....	89e	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? .....	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? .....	89g	X
90 a	List the states with which a copy of this return is filed ▶ TN		
b	Number of employees employed in the pay period that includes March 12, 2006 ..... 90b 205		
91 a	The books are in care of ▶ MS. JUDY JORDAN Telephone no. ▶ (615) 444-2562		
	Located at ▶ ONE CUMBERLAND SQUARE, LEBANON, TN ZIP + 4 ▶ 37087-3554		
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)? .....	91b	X
	If "Yes," enter the name of the foreign country ▶ N/A		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		

**Part VI Other Information** (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c

X

If "Yes," enter the name of the foreign country **N/A**92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here ☐ and enter the amount of tax-exempt interest received or accrued during the tax year **92 N/A****Part VII Analysis of Income-Producing Activities** (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

93 Program service revenue:

a **SEE STATEMENT 22**

b

c

d

e

f Medicare/Medicaid payments

g Fees and contracts from government agencies

94 Membership dues and assessments

95 Interest on savings and temporary cash investments

96 Dividends and interest from securities

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

101 Net income or (loss) from special events

102 Gross profit or (loss) from sales of inventory

103 Other revenue:

a

b

c

d

e

104 Subtotal (add columns (B), (D), and (E))

105 Total (add line 104, columns (B), (D), and (E))

Note: Line 105 plus line 1e, 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 23****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
	%			
<b>N/A</b>	%			
	%			
	%			

**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).



**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). **N/A**

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
-----	----

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
<b>Totals</b>				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
-----	----

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
<b>Totals</b>				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
-----	----

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.

Please  
Sign  
Here

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_  
**VICE PRESIDENT / FINANCE**  
 Type or print name and title \_\_\_\_\_

**Taxpayers Copy**

Paid  
Preparer's  
Use Only

Preparer's signature **PAUL B. VANTREASE, JR., CPA** Date **12/06/07** Check if self-employed ☒  
 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**  
 EIN **62-0599339** Phone no. **(615) 893-6666**

Form 990 (2006)

**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

**2006**

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 2 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
<b>DR. PAUL STUMB</b> ONE CUMBERLAND SQUARE, LEBANON, TN 3	<b>DEAN/BUSINESS SCHOOL</b> 40.00	<b>100,000.</b>	<b>4,583.</b>	
<b>DR. WILLIAM MCKEE</b> ONE CUMBERLAND SQUARE, LEBANON, TN 3	<b>DIRECTOR/MSP</b> 40.00	<b>78,875.</b>	<b>3,944.</b>	
<b>JONATHON HAWKINS</b> ONE CUMBERLAND SQUARE, LEBANON, TN 3	<b>PROFESSOR</b> 40.00	<b>72,212.</b>	<b>0.</b>	
<b>CHRISTY GLOVER</b> ONE CUMBERLAND SQUARE, LEBANON, TN 3	<b>PROFESSOR</b> 40.00	<b>67,000.</b>	<b>0.</b>	
<b>LISA COBB</b> ONE CUMBERLAND SQUARE, LEBANON, TN 3	<b>PROFESSOR</b> 40.00	<b>65,000.</b>	<b>450.</b>	
Total number of other employees paid over \$50,000 ▶	<b>0</b>			

**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
<b>WHITE THOMPSON ADVERTISING</b> P O BOX 305172 DEPT 19, NASHVILLE, TN, 37230	<b>ADVERTISING</b>	<b>244,440.</b>
Total number of others receiving over \$50,000 for professional services ▶	<b>0</b>	

**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
<b>SODEXHO FOOD SERVICE</b> P O BOX 536922, ATLANTA, GA, 30353	<b>FOOD SERVICE</b>	<b>773,632.</b>
<b>CANTER EDUCATIONAL PRODUCTS</b> 1001 FLEET STREET 5TH FLOOR, BALTIMORE, MD, 21202	<b>MAE OUTSOURCING</b>	<b>152,541.</b>
<b>GORDON CONSTRUCTION</b> 56 W DIVISION STREET, MT. JULIET, TN, 37122	<b>CONSTRUCTION</b>	<b>127,307.</b>
<b>5 BRAVO CONSTRUCTION CO, LLC</b> 936 CARTHAGE HWY, LEBANON, TN, 37087	<b>CONSTRUCTION</b>	<b>112,130.</b>
Total number of other contractors receiving over \$50,000 for other services ▶	<b>0</b>	

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

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property? .....	2a	X
b Lending of money or other extension of credit? .....	2b	X
c Furnishing of goods, services, or facilities? .....	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? ..... SEE STATEMENT 24	2d	X
e Transfer of any part of its income or assets? .....	2e	X
3 a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) ..... SEE STATEMENT 25	3a	X
b Did the organization have a section 403(b) annuity plan for its employees? .....	3b	X
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement .....	3c	X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? .....	3d	X
4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g .....	4a	X
b Did the organization make any taxable distributions under section 4966? ..... N/A	4b	
c Did the organization make a distribution to a donor, donor advisor, or related person? ..... N/A	4c	
d Enter the total number of donor advised funds owned at the end of the tax year ..... ▶ N/A		
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ..... ▶ N/A		
f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ..... ▶ 0.		
g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year ..... ▶ 0.		

Schedule A (Form 990 or 990-EZ) 2006

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☒ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(ii). Enter the hospital's name, city, and state
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
- 11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 12 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total <span style="float: right;">▶</span>					

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

Schedule A (Form 990 or 990-EZ) 2006

**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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	0.	0.	0.	0.	0.
24 Line 23 minus line 17					
25 Enter 1% of line 23					
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a N/A				
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	26b N/A				
c Total support for section 509(a)(1) test: Enter line 24, column (e)	26c N/A				
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____	26d N/A				
e Public support (line 26c minus line 26d total)	26e N/A				
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f N/A %				
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2005) _____ (2004) _____ (2003) _____ (2002) _____					
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: (2005) _____ (2004) _____ (2003) _____ (2002) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____	27c N/A				
d Add: Line 27a total _____ and line 27b total _____	27d N/A				
e Public support (line 27c total minus line 27d total)	27e N/A				
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)	27f N/A				
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g N/A %				
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h N/A %				

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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 9 of the instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....	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? .....	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? .....	X	
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
<u>IN COMMERCIALS AND MEDIA COVERAGE OF THE UNIVERSITY, THE</u>		
<u>NONDISCRIMINATORY POLICY IS MENTIONED.</u>		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff? .....	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....	X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....	X	
d Copies of all material used by the organization or on its behalf to solicit contributions? .....	X	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges? .....		X
b Admissions policies? .....		X
c Employment of faculty or administrative staff? .....		X
d Scholarships or other financial assistance? .....		X
e Educational policies? .....		X
f Use of facilities? .....		X
g Athletic programs? .....		X
h Other extracurricular activities? .....		X
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34 a Does the organization receive any financial aid or assistance from a governmental agency? .....	X	
b Has the organization's right to such aid ever been revoked or suspended? .....		X
If you answered "Yes" to either 34a or b, please explain using an attached statement. <b>SEE STATEMENT 26</b>		
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 .....	X	

Schedule A (Form 990 or 990-EZ) 2006

**Part VI-A** Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

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

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

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

N/A

36 Total lobbying expenditures to influence public opinion (grassroots lobbying) .....

36

37 Total lobbying expenditures to influence a legislative body (direct lobbying) .....

37

38 Total lobbying expenditures (add lines 36 and 37) .....

38

39 Other exempt purpose expenditures .....

39

40 Total exempt purpose expenditures (add lines 38 and 39) .....

40

41 Lobbying nontaxable amount. Enter the amount from the following table -

If the amount on line 40 is -

The lobbying nontaxable amount is -

Not over \$500,000 ..... 20% of the amount on line 40 .....

Over \$500,000 but not over \$1,000,000 ..... \$100,000 plus 15% of the excess over \$500,000 .....

Over \$1,000,000 but not over \$1,500,000 ..... \$175,000 plus 10% of the excess over \$1,000,000 .....

Over \$1,500,000 but not over \$17,000,000 ..... \$225,000 plus 5% of the excess over \$1,500,000 .....

Over \$17,000,000 ..... \$1,000,000 .....

41

42 Grassroots nontaxable amount (enter 25% of line 41) .....

42

43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....

43

44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....

44

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

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

**Lobbying Expenditures During 4-Year Averaging Period**

N/A

Calendar year (or  
fiscal year beginning in) ▶(a)  
2006(b)  
2005(c)  
2004(d)  
2003(e)  
Total45 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 13 of the instructions.)

N/A

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

Yes

No

Amount

a Volunteers .....

b Paid staff or management (Include compensation in expenses reported on lines c through h.) .....

c Media advertisements .....

d Mailings to members, legislators, or the public .....

e Publications, or published or broadcast statements .....

f Grants to other organizations for lobbying purposes .....

g Direct contact with legislators, their staffs, government officials, or a legislative body .....

h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....

i Total lobbying expenditures (Add lines c through h.) .....

0.

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

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

N/A

[illegible]☐ Yes ☒ No

N/A

[illegible]





## FOOTNOTES

STATEMENT 1

PART IV, BALANCE SHEETS

FROM PAGE 10 OF AUDITED FINANCIAL STATEMENTS

LAND	1,006,498.
BUILDINGS	16,734,003.
EQUIPMENT	5,167,041.
VANS	137,035.
LIBRARY BOOKS	1,007,125.
CONSTRUCTION IN PROCESS	60,471.
TOTAL FIXED ASSETS	24,112,173.
LESS: ACCUMULATED DEPRECIATION	9,636,568.
LAND, BUILDINGS & EQUIPMENT - NET, LINE 57C	14,475,605.

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FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES	STATEMENT	2
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DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
VARIOUS INVESTMENT SECURITIES	981,850.---	972,506.	0.	9,344.
TO FORM 990, PART I, LINE 8	981,850.	972,506.	0.	9,344.

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FORM 990	SPECIAL EVENTS AND ACTIVITIES	STATEMENT	3
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DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
PHOENIX BALL	154,996.		154,996.	88,830.	66,166.
TO FM 990, PART I, LINE 9	154,996.		154,996.	88,830.	66,166.

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FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES	STATEMENT	2
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DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
VARIOUS INVESTMENT SECURITIES	981,850.	972,506.	0.	9,344.
TO FORM 990, PART I, LINE 8	981,850.	972,506.	0.	9,344.

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FORM 990	SPECIAL EVENTS AND ACTIVITIES	STATEMENT	3
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DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
PHOENIX BALL	154,996.		154,996.	88,830.	66,166.
TO FM 990, PART I, LINE 9	154,996.		154,996.	88,830.	66,166.

FORM 990

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

STATEMENT 4

## INCOME

1. GROSS RECEIPTS . . . . .	687,374	
2. RETURNS AND ALLOWANCES . . . . .		
3. LINE 1 LESS LINE 2 . . . . .		687,374
4. COST OF GOODS SOLD (LINE 13) . . . . .	556,498	
5. GROSS PROFIT (LINE 3 LESS LINE 4) . . . . .		130,876

## COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR . . . . .	168,546	
7. MERCHANDISE PURCHASED . . . . .		
8. COST OF LABOR . . . . .		
9. MATERIALS AND SUPPLIES . . . . .	616,907	
10. OTHER COSTS . . . . .		
11. ADD LINES 6 THROUGH 10 . . . . .		785,453
12. INVENTORY AT END OF YEAR . . . . .	228,955	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12). .		556,498

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	5
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DESCRIPTION	AMOUNT
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	34,340.
UNREALIZED GAINS ON INVESTMENTS	632,073.
TOTAL TO FORM 990, PART I, LINE 20	666,413.

FORM 990	OTHER EXPENSES	STATEMENT	6
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
MEMBERSHIPS/SUBSCRIPTIONS	69,180.	19,294.	43,010.	6,876.
MISCELLANEOUS	181,589.	54,385.	117,517.	9,687.
BAD DEBTS	3,968.	3,968.		
INTERCOLLEGIATE ATHLETICS	1,686,361.	1,686,361.		
CANTER COSTS	176,614.	176,614.		
DINING HALL	542,165.	542,165.		
COMMENCEMENT	32,229.	32,229.		
ADVERTISING	244,999.	29,517.	215,482.	
SPECIAL STUDENT ACTIVITIES	79,544.	79,544.		
OUTSIDE SERVICES	69,589.			69,589.
SPECIAL EVENTS	45,453.			45,453.
TOTAL TO FM 990, LN 43	3,131,691.	2,624,077.	376,009.	131,605.

FORM 990

CASH GRANTS AND ALLOCATIONS  
TO OTHERS

STATEMENT 7

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS

AMOUNT

GOVERNMENT GRANTS  
VARIOUS

1,239,318.

TOTAL INCLUDED ON FORM 990, PART II, LINE 22B

1,239,318.

FORM 990	NONCASH GRANTS AND ALLOCATIONS	STATEMENT	8
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CLASS OF ACTIVITY: SCHOLARSHIPS &amp; GRANTS

DONEE'S NAME AND ADDRESS

VARIOUS

RELATIONSHIP OF DONEE	DESCRIPTION OF PROPERTY	DATE OF GIFT
-----------------------	-------------------------	--------------

NONE

METHOD USED TO DETERMINE BOOK VALUE

METHOD USED TO DETERMINE FAIR MARKET VALUE	BOOK VALUE	AMOUNT GIVEN
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	0.	7,549,250.
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TOTAL INCLUDED ON FORM 990, PART II, LINE 22B

7,549,250.

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT	9
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EXPLANATION

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

FORM 990	NON-GOVERNMENT SECURITIES	STATEMENT	10
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SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
MUTUAL FUNDS	FMV			2,433,788.	2,433,788.
BONDS	FMV		1,296,436.		1,296,436.
SECURITIES	FMV	1,494,643.			1,494,643.
TO FORM 990, LINE 54A, COL B		1,494,643.	1,296,436.	2,433,788.	5,224,867.



FORM 990		GOVERNMENT SECURITIES		STATEMENT	11
DESCRIPTION	COST/FMV	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES	
GOVERNMENT OBLIGATIONS	FMV	1,465,698.		1,465,698.	
TOTAL TO FORM 990, LINE 54A, COL B		1,465,698.		1,465,698.	

FORM 990	OTHER INVESTMENTS	STATEMENT	12
DESCRIPTION	VALUATION METHOD	AMOUNT	
CERTIFICATE OF DEPOSITS AND MONEY MARKET FUNDS	MARKET VALUE	1,661,307.	
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		1,661,307.	

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	13
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND	1,006,498.	0.	1,006,498.
CAMPUS IMPROVEMENTS	465,129.	113,542.	351,587.
BUILDINGS	14,190,610.	4,285,082.	9,905,528.
BUILDING IMPROVEMENTS	2,078,265.	627,061.	1,451,204.
EQUIPMENT	3,737,604.	2,798,628.	938,976.
CAPITAL LEASED EQUIPMENT	485,314.	325,799.	159,515.
VANS	137,035.	135,185.	1,850.
LIBRARY BOOKS	1,007,125.	813,404.	193,721.
COMPUTER HARDWARE	835,506.	479,066.	356,440.
COMPUTER SOFTWARE	108,616.	58,433.	50,183.
CONSTRUCTION IN PROGRESS	60,471.	368.	60,103.
TOTAL TO FORM 990, PART IV, LN 57	24,112,173.	9,636,568.	14,475,605.

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FORM 990	OTHER ASSETS	STATEMENT 14
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DESCRIPTION	AMOUNT
ASSETS HELD UNDER SPLIT INTEREST AGREEMENT	294,736.
DEPOSITS WITH TRUSTEES	66,410.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	361,146.

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FORM 990	MORTGAGES PAYABLE	STATEMENT 15
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DESCRIPTION	BALANCE DUE
UNITED STATES GOVERNMENT	213,000.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64B, COLUMN B	213,000.

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FORM 990

OTHER NOTES AND LOANS PAYABLE

STATEMENT 16

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.	42,572.

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.	2,880,000.

LENDER'S NAMETERMS OF REPAYMENT

<u>DATE OF NOTE</u>	<u>MATURITY DATE</u>	<u>ORIGINAL LOAN AMOUNT</u>	<u>INTEREST RATE</u>
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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

2,922,572.

FORM 990

OTHER LIABILITIES

STATEMENT 17

DESCRIPTIONAMOUNT

FEDERAL STUDENT LOAN FUNDS

278,744.

LIABILITIES UNDER ANNUITY AGREEMENTS

221,502.

CAPITAL LEASE OBLIGATIONS

218,471.

TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B

718,717.

FORM 990

OTHER SECURITIES

STATEMENT 18

SECURITY DESCRIPTIONCOST/FMVOTHER  
SECURITIES

ACCRUED INTEREST RECEIVABLE

FMV

34,231.

TO FORM 990, LINE 54B, COL B

34,231.

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FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT	19
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DESCRIPTION	AMOUNT
COST OF GOODS SOLD	556,498.
VALUE OF DONATED FACILITY USE	174,855.
TOTAL TO FORM 990, PART IV-A	731,353.

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FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT	20
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DESCRIPTION	AMOUNT
COST OF GOODS SOLD	556,498.
VALUE OF DONATED FACILITY USE	174,855.
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	-34,340.
TOTAL TO FORM 990, PART IV-B	697,013.

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FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 21

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
DR. HARVILL EATON 516 WEST SPRING STREET LEBANON, TN 37087	UNIVERSITY PRESIDENT 40.00	170,000.	8,500.	0.
EDDIE PAWLAWSKI ONE CUMBERLAND SQUARE LEBANON, TN 37087	VP ENROLLMENT MANAGEMENT 40.00	92,000.	4,600.	0.
WILBUR PETERSON ONE CUMBERLAND SQUARE LEBANON, TN 37087	VP ACADEMIC AFFAIRS 40.00	75,000.	3,750.	0.
JOE GRAY ONE CUMBERLAND SQUARE LEBANON, TN 37087	VP ADMINISTRATION 40.00	72,346.	0.	0.
GARVIN MAFFETT ONE CUMBERLAND SQUARE LEBANON, TN 37087	VP ADVANCEMENT 40.00	115,000.	0.	0.
JUDY JORDAN ONE CUMBERLAND SQUARE LEBANON, TN 37087	VP FINANCE 1.00	57,049.	2,852.	0.
JUDGE RODNEY V. AHLES P.O. BOX 765 LEBANON, TN 37087	TRUSTEE 1.00	0.	0.	0.
ROBERT CARVER BONE, M.D. P.O. BOX 808 LEBANON, TN 37088-0808	TRUSTEE 1.00	0.	0.	0.
W.P. BONE, III 1310 WEST MAIN STREET LEBANON, TN 37087	TRUSTEE 1.00	0.	0.	0.
MARTHA BRADSHAW 108 OAK HILL CIRCLE LEBANON, TN 37087	TRUSTEE 1.00	0.	0.	0.
DR. JOE F. BRYANT 200 EAST SPRING STREET LEBANON, TN 37087	TRUSTEE 1.00	0.	0.	0.

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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.
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.
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.
DR. JIM K. LANCASTER 413 WEST SPRING STREET LEBANON, TN 37087	TRUSTEE 1.00	0.	0.	0.
CHARLES MANN 200 RIVER HILLS DRIVE NASHVILLE, TN 37210	TRUSTEE 1.00	0.	0.	0.

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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.
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

V.P. AL GORE, JR.

2100 WEST END AVENUE

NASHVILLE, TN 37203

SEN. WILLIAM PEELER

102 S. COURT SQUARE

WAVERLY, TN 37185-2113

DR. RAY C. PHILLIPS

10100 HILLVIEW DRIVE

PENSACOLA, FL 32514

JOE ADAMS

616 W. MAIN STREET

LEBANON, TN 37087

TOTALS INCLUDED ON FORM 990, PART V-A

581,395. 19,702. 0.

FORM 990 PROGRAM SERVICE REVENUE STATEMENT 22

DESCRIPTION	BUS CODE	UNRELATED BUSINESS INC CODE	EXCL EXCLUDED AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
TUITION & FEES				18,364,978.
STUDENT HOUSING				719,489.
BOARD CHARGES				905,017.
AUXILIARY ENTERPRISES				349,591.
SUMMER CAMP, PROFESSIONAL WORKSHOPS, OTHER				427,589.

TO FORM 990, PART VII, LINE 93

20,766,664.

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES STATEMENT 23

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,

## PRIMARYLY CHARGES FOR SUMMER CAMP PROGRAMS.

SCHEDULE A	EXPLANATION OF TRANSACTIONS PART III, LINE 2D	STATEMENT 24
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COMPENSATION TO CERTAIN OFFICERS AND KEY EMPLOYEES EXCEEDS \$1,000.

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SCHEDULE A ..... EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS      STATEMENT      25  
PART III, LINE 3A

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

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SCHEDULE A GOVERNMENT FINANCIAL ASSISTANCE STATEMENT STATEMENT 26  
PART V, LINE 34

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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.

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

OMB No. 15

For calendar year 2006, or fiscal year beginning JUN 1, 2006, and ending MAY 31, 2007**2006**Department of the Treasury  
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.

▶ See instructions.

Return ID (20-digit number) ▶

N/A

Name of exempt organization

**CUMBERLAND UNIVERSITY**

Employer identification number

**62-0599339**

Name and title of officer

**JUDY JORDAN****VICE PRESIDENT/FINANCE****Part I** Type of Return and Return Information (Whole Dollars Only)

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

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12) .....	1b <u>24362832</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) .....	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22) .....	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax Based on Investment Income (Form 990-PF, Part VI, line 5) .....	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c) .....	5b _____

**Part II** Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2006 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize **DEMPSEY VANTREASE & FOLLIS PLLC** to enter my PIN **01842**  
ERO firm name do not enter all zeros  
as my signature on the organization's tax year 2006 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2006 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Part III** Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

**62427601945**

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2006 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4206, Information for Authorized IRS e-file Providers of Exempt Organization Filings.

ERO's signature ▶ \_\_\_\_\_ Date ▶ **12/06/07****ERO Must Retain This Form - See Instructions****Do Not Submit This Form To the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2006)

623051  
10-30-06