

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)

Department of the Treasury
Internal Revenue Service

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

A For the 2011 calendar year, or tax year beginning 07/01, 2011, and ending 06/30, 2012

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization FURMAN UNIVERSITY			D Employer identification number 57-0314395
	Doing Business As			E Telephone number (864) 294-2141
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	G Gross receipts \$ 206,364,562.
	3300 POINSETT HIGHWAY City or town, state or country, and ZIP + 4 GREENVILLE, SC 29613			
F Name and address of principal officer: MARY LOU MERKT 3300 POINSETT HIGHWAY GREENVILLE, SC 29613			H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: ▶ WWW.FURMAN.EDU			H(c) Group exemption number ▶
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: 1826		M State of legal domicile: SC	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: FURMAN UNIVERSITY, A SELECTIVE, INDEPENDENT LIBERAL ARTS COLLEGE OF APPROXIMATELY 2,600 UNDERGRADUATE STUDENTS, PROVIDES A DISTINCTIVE EDUCATION WHICH EMPHASIZES AN ENGAGED APPROACH TO LIBERAL LEARNING.
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 36.
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 36.
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 2,723.
	6 Total number of volunteers (estimate if necessary) 6 1,062.
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7a 2,306,527. b Net unrelated business taxable income from Form 990-T, line 34 7b -14,190.

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	17,281,759.	30,063,845.
	9 Program service revenue (Part VIII, line 2g)	134,586,746.	145,304,966.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	43,542,383.	20,503,854.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,109,097.	-750,142.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	196,519,985.	195,122,523.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	45,482,164.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		71,790,897.	74,084,977.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 4,047,290.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		54,518,455.	58,646,246.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	171,791,516.	180,858,815.	
19 Revenue less expenses. Subtract line 18 from line 12	24,728,469.	14,263,708.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 905,096,947.	End of Year 899,154,155.
	21 Total liabilities (Part X, line 26)	138,821,804.	138,808,876.
	22 Net assets or fund balances. Subtract line 21 from line 20.	766,275,143.	760,345,279.

Part II Signature Block

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

Sign Here	▶ Signature of officer	Date			
	▶ Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00389595
	Firm's name ▶ CHERRY BEKAERT LLP	EIN ▶ 56-0574444		Phone no. ▶	
	Firm's address ▶ 201 WEST MCBEE AVENUE, SUITE 200 GREENVILLE, SC 29601				

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III Yes No

1 Briefly describe the organization's mission:

ATTACHMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 119,003,484. including grants of \$ 47,767,507.) (Revenue \$ 111,383,823.)

ATTACHMENT 2

4b (Code:) (Expenses \$ 22,085,726. including grants of \$ 0) (Revenue \$ 3,583,239.)

ATTACHMENT 3

4c (Code:) (Expenses \$ 17,931,187. including grants of \$ 0) (Revenue \$ 27,334,982.)

THE UNIVERSITY CONDUCTED AUXILIARY ENTERPRISES FOR THE CONVENIENCE OF STUDENTS, FACULTY, STAFF, AND THE AT-LARGE COMMUNITY. THESE AUXILIARY ENTERPRISES CONSIST OF STUDENT HOUSING, GOLF COURSE, ARENA, AND CONFERENCE CENTER.

4d Other program services (Describe in Schedule O.) ATTACHMENT 4
(Expenses \$ 2,382,130. including grants of \$ 360,085.) (Revenue \$)

4e Total program service expenses 161,402,527.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	X	
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	X	
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>	X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a through 14b regarding Form 1096, Form W-2G, backup withholding, Form W-3, foreign accounts, prohibited transactions, and charitable trusts.

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

Check if Schedule O contains a response to any question in this Part VI. [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include questions 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include questions 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SC,
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: LINDA SARRATT 3300 POINSETT HIGHWAY GREENVILLE, SC 29613 864-294-2141

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

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROBERT H. BUCKMAN TRUSTEE	2.00	X					0	0	0	
(2) JOLLEY BRUCE CHRISTMAN TRUSTEE	2.00	X					0	0	0	
(3) C. JORDAN CLARK TRUSTEE	2.00	X					0	0	0	
(4) MERL F. CODE TRUSTEE	2.00	X					0	0	0	
(5) RICHARD CULLEN TRUSTEE	2.00	X					0	0	0	
(6) W. RANDY EADDY TRUSTEE	2.00	X					0	0	0	
(7) DAVID G. ELLISON TRUSTEE	2.00	X					0	0	0	
(8) ANGELA WALKER FRANKLIN TRUSTEE	2.00	X					0	0	0	
(9) DOUGLAS K. FREEMAN TRUSTEE	2.00	X					0	0	0	
(10) P. EDWIN GOOD TRUSTEE	2.00	X					0	0	0	
(11) SEAN P. HARTNESS TRUSTEE	2.00	X					0	0	0	
(12) DAVID L. HAUSER TRUSTEE	2.00	X					0	0	0	
(13) FRANCIE M. HELLER TRUSTEE	2.00	X					0	0	0	
(14) GORDON R. HERRING TRUSTEE	2.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) ROBERT E. HILL TRUSTEE	2.00	X						0	0	0
(16) STANFORD J. JENNINGS TRUSTEE	2.00	X						0	0	0
(17) JUAN D. JOHNSON TRUSTEE	2.00	X						0	0	0
(18) CARL F. KOHRT TRUSTEE	2.00	X						0	0	0
(19) JAMES C. MABRY, IV TRUSTEE	2.00	X						0	0	0
(20) E. EDWIN MADDREY, II TRUSTEE	2.00	X						0	0	0
(21) RONALD A. MALONE TRUSTEE	2.00	X						0	0	0
(22) KATHLEEN C. MCKINNEY TRUSTEE	2.00	X						0	0	0
(23) JAMES M. NEY TRUSTEE	2.00	X						0	0	0
(24) CELESTE H. PATRICK TRUSTEE	2.00	X						0	0	0
(25) LINTON B. PUCKETT TRUSTEE	2.00	X						0	0	0
1b Sub-total								0	0	0
c Total from continuation sheets to Part VII, Section A								3,031,367.	0	571,534.
d Total (add lines 1b and 1c)								3,031,367.	0	571,534.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 69

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 5		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶** 37

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) RICHARD W. RILEY TRUSTEE	2.00	X						0	0	0
(27) PAUL L. ROBERTSON TRUSTEE	2.00	X						0	0	0
(28) R. TODD RUPPERT TRUSTEE	2.00	X						0	0	0
(29) DANIEL S. SANDERS TRUSTEE	2.00	X						0	0	0
(30) L. STEWART SPINKS TRUSTEE	2.00	X						0	0	0
(31) PEACE STERLING SULLIVAN TRUSTEE	2.00	X						0	0	0
(32) LIZANNE THOMAS TRUSTEE	2.00	X						0	0	0
(33) WILLIAM R. TIMMONS III TRUSTEE	2.00	X						0	0	0
(34) DAVID TRONE TRUSTEE	2.00	X						0	0	0
(35) BAXTER M. WYNN TRUSTEE	2.00	X						0	0	0
(36) JOHN C. YATES TRUSTEE	2.00	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 69

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) RODNEY SMOLLA PRESIDENT	40.00			X			427,392.	0	82,057.	
(38) MARY LOU MERKT VP FOR FINANCE & ADMINISTRATIO	40.00			X			208,045.	0	44,813.	
(39) JOHN BECKFORD VP OF ACADEMIC AFFAIRS & DEAN	40.00			X			167,442.	0	37,945.	
(40) GARY E. CLARK VP OF INTERCOLLEGIATE ATHLETIC	40.00			X			159,399.	0	34,206.	
(41) MICHAEL GATCHELL VICE PRESIDENT OF DEVELOPMENT	40.00			X			153,592.	0	38,164.	
(42) CONNIE L. CARSON VICE PRESIDENT OF STUDENT LIFE	40.00			X			149,361.	0	25,695.	
(43) MARK KELLY VP OF MARKETING & PR	40.00			X			154,085.	0	34,358.	
(44) BRUCE FOWLER HEAD FOOTBALL COACH	40.00					X	247,082.	0	44,216.	
(45) KRISTOPHER N. KAPOOR CHIEF INVESTMENT OFFICER	40.00					X	182,393.	0	29,379.	
(46) KENNETH C. ABERNATHY PROFESSOR	40.00					X	191,752.	0	31,655.	
(47) LON B. KNIGHT PROFESSOR	40.00					X	189,714.	0	37,002.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 69

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	42,115.				
	d Related organizations	1d					
	e Government grants (contributions) . .	1e	3,842,077.				
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	26,179,653.				
	g Noncash contributions included in lines 1a-1f: \$		1,202,011.				
	h Total. Add lines 1a-1f			30,063,845.			
	Program Service Revenue	Business Code					
2a TUITION AND FEES			900099	111,383,823.	111,383,823.		
b AUXILIARY SALES			713990	27,334,982.		1,271,157.	26,063,825.
c INTERCOLLEGIATE ATHLETICS			900099	3,583,239.	3,583,239.		
d OTHER INCOME			621300	2,782,922.		652,670.	2,130,252.
e COMMISSION INCOME			561499	220,000.		220,000.	
f All other program service revenue							
g Total. Add lines 2a-2f				145,304,966.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts). ATTACHMENT 6			9,300,083.		-83,925.	9,384,008.
	4 Income from investment of tax-exempt bond proceeds			3.			3.
	5 Royalties			23,228.		23,228.	
		(i) Real	(ii) Personal				
	6a Gross rents		1,255,061.				
	b Less: rental expenses		1,073,671.				
	c Rental income or (loss)		181,390.				
	d Net rental income or (loss)			181,390.		181,390.	
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory		21,141,031.	40,885.			
	b Less: cost or other basis and sales expenses		9,587,465.	390,683.			
	c Gain or (loss)		11,553,566.	-349,798.			
	d Net gain or (loss)			11,203,768.			11,203,768.
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 a		188,562.				
	b Less: direct expenses b		118,816.				
c Net income or (loss) from fundraising events ATTACH 7			69,746.			69,746.	
9a Gross income from gaming activities. See Part IV, line 19 a							
b Less: direct expenses b							
c Net income or (loss) from gaming activities			0.				
10a Gross sales of inventory, less returns and allowances a		114,179.					
b Less: cost of goods sold b		71,404.					
c Net income or (loss) from sales of inventory ATTACH 8			42,775.		42,007.	768.	
Miscellaneous Revenue			Business Code				
11a LOSS ON INTEREST RATE SWAP				-1,067,281.			-1,067,281.
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d				-1,067,281.			
12 Total revenue. See instructions				195,122,523.	114,967,062.	2,306,527.	47,785,089.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	117,500.	117,500.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	46,631,222.	46,631,222.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	1,378,870.	1,378,870.		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	2,347,396.	1,054,722.	1,096,149.	196,525.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	51,891,130.	46,387,502.	3,423,808.	2,079,820.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,023,747.	4,358,415.	446,725.	218,607.
9 Other employee benefits	11,094,094.	9,423,880.	1,114,434.	555,780.
10 Payroll taxes	3,728,610.	3,281,662.	289,783.	157,165.
11 Fees for services (non-employees):				
a Management	3,868,946.	3,151,234.	681,453.	36,259.
b Legal	148,852.	9,675.	139,177.	
c Accounting	97,483.		97,483.	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	2,338,877.		2,338,877.	
g Other	0			
12 Advertising and promotion	230,748.	210,880.	19,518.	350.
13 Office expenses	3,235,946.	2,925,693.	249,708.	60,545.
14 Information technology	2,321,181.	2,166,999.	129,944.	24,238.
15 Royalties	0			
16 Occupancy	3,331,411.	3,331,411.		
17 Travel	7,390,591.	7,112,138.	145,609.	132,844.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	1,947,527.	1,663,369.	152,681.	131,477.
20 Interest	3,713,692.	2,636,623.	1,077,069.	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	11,776,279.	10,266,246.	1,510,033.	
23 Insurance	673,952.	672,195.	1,757.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>STUDENT MEAL PLAN COSTS</u>	6,432,752.	6,432,752.		
b <u>POSTAGE</u>	544,312.	391,662.	103,587.	49,063.
c <u>EQUIPMENT RENTAL & MAINTENAN</u>	1,779,666.	1,604,529.	161,649.	13,488.
d <u>MEMBERSHIPS</u>	279,605.	174,757.	97,676.	7,172.
e All other expenses	8,534,426.	6,018,591.	2,131,878.	383,957.
25 Total functional expenses. Add lines 1 through 24e	180,858,815.	161,402,527.	15,408,998.	4,047,290.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,648,339.	1	2,299,806.
	2 Savings and temporary cash investments	12,323,331.	2	17,960,222.
	3 Pledges and grants receivable, net	10,952,173.	3	20,279,463.
	4 Accounts receivable, net	812,700.	4	943,609.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	52,288.	5	26,796.
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)	0	6	0
	7 Notes and loans receivable, net ATCH. 9.	5,273,800.	7	4,940,768.
	8 Inventories for sale or use	271,104.	8	274,132.
	9 Prepaid expenses and deferred charges	1,070,658.	9	1,586,065.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 380,850,610.		
	b Less: accumulated depreciation	10b 127,572,338.	253,190,765.	10c 253,278,272.
	11 Investments - publicly traded securities ATCH. 10.	68,770,653.	11	66,815,671.
	12 Investments - other securities. See Part IV, line 11	546,760,241.	12	525,400,638.
	13 Investments - program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	3,970,895.	15	5,348,713.
16 Total assets. Add lines 1 through 15 (must equal line 34)	905,096,947.	16	899,154,155.	
Liabilities	17 Accounts payable and accrued expenses	6,441,482.	17	8,267,344.
	18 Grants payable	0	18	0
	19 Deferred revenue	7,987,920.	19	7,774,964.
	20 Tax-exempt bond liabilities	102,430,000.	20	100,570,000.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties ATCH. 11.	6,400,000.	23	6,794,450.
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	15,562,402.	25	15,402,118.	
26 Total liabilities. Add lines 17 through 25	138,821,804.	26	138,808,876.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	278,318,212.	27	278,903,705.
	28 Temporarily restricted net assets	344,960,140.	28	335,719,308.
	29 Permanently restricted net assets	142,996,791.	29	145,722,266.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	766,275,143.	33	760,345,279.	
34 Total liabilities and net assets/fund balances	905,096,947.	34	899,154,155.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	195,122,523.
2	Total expenses (must equal Part IX, column (A), line 25)	2	180,858,815.
3	Revenue less expenses. Subtract line 2 from line 1	3	14,263,708.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	766,275,143.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-20,193,572.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	760,345,279.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

FURMAN UNIVERSITY

Employer identification number

57-0314395

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)

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

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

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

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

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

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

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2011

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2011; 15 Public support percentage from 2010 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2011; b 33 1/3% support test - 2010; 17a 10%-facts-and-circumstances test - 2011; b 10%-facts-and-circumstances test - 2010; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule of Contributors

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

2011

Name of the organization
 FURMAN UNIVERSITY

Employer identification number
 57-0314395

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **FURMAN UNIVERSITY**

Employer identification number

57-0314395

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 20,580.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	----- ----- -----	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	----- ----- -----	\$ 800,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	----- ----- -----	\$ 14,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	----- ----- -----	\$ 19,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	----- ----- -----	\$ 52,939.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	----- ----- -----	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	----- ----- -----	\$ 165,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	----- ----- -----	\$ 21,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	----- ----- -----	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	----- ----- -----	\$ 15,792.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	----- ----- -----	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	----- ----- -----	\$ 13,460.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	----- ----- -----	\$ 85,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	----- ----- -----	\$ 73,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	----- ----- -----	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20	----- ----- -----	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21	----- ----- -----	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22	----- ----- -----	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23	----- ----- -----	\$ 23,960.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24	----- ----- -----	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	----- ----- -----	\$ 29,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26	----- ----- -----	\$ 35,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28	----- ----- -----	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29	----- ----- -----	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30	----- ----- -----	\$ 33,320.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	----- ----- -----	\$ 10,725.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34	----- ----- -----	\$ 284,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35	----- ----- -----	\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36	----- ----- -----	\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	----- ----- -----	\$ ----- 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
38	----- ----- -----	\$ ----- 23,046.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
39	----- ----- -----	\$ ----- 155,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
40	----- ----- -----	\$ ----- 595,418.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
41	----- ----- -----	\$ ----- 310,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
42	----- ----- -----	\$ ----- 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	----- ----- -----	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
44	----- ----- -----	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
45	----- ----- -----	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
46	----- ----- -----	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
47	----- ----- -----	\$ 9,480.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
48	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	----- ----- -----	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
50	----- ----- -----	\$ 21,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
51	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
52	----- ----- -----	\$ 39,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
53	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
54	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
56	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
57	----- ----- -----	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
58	----- ----- -----	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
59	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
60	----- ----- -----	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	----- ----- -----	\$ 37,611.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
62	----- ----- -----	\$ 90,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
63	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
64	----- ----- -----	\$ 15,607.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
65	----- ----- -----	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
66	----- ----- -----	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
68	----- ----- -----	\$ 37,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
69	----- ----- -----	\$ 28,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
70	----- ----- -----	\$ 24,810.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
71	----- ----- -----	\$ 551,805.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
72	----- ----- -----	\$ 1,712,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73	----- ----- -----	\$ 24,486.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
74	----- ----- -----	\$ 13,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
75	----- ----- -----	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
76	----- ----- -----	\$ 76,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
77	----- ----- -----	\$ 194,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
78	----- ----- -----	\$ 76,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79	----- ----- -----	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
80	----- ----- -----	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
81	----- ----- -----	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
82	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
83	----- ----- -----	\$ 194,690.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
84	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85	----- ----- -----	\$ 26,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
86	----- ----- -----	\$ 33,950.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
87	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
88	----- ----- -----	\$ 7,647.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
89	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
90	----- ----- -----	\$ 5,019.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91	----- ----- -----	\$ ----- 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
92	----- ----- -----	\$ ----- 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
93	----- ----- -----	\$ ----- 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
94	----- ----- -----	\$ ----- 50,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
95	----- ----- -----	\$ ----- 62,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
96	----- ----- -----	\$ ----- 10,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97	----- ----- -----	\$ 42,891.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
98	----- ----- -----	\$ 20,476.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
99	----- ----- -----	\$ 9,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
100	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
101	----- ----- -----	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
102	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
104	----- ----- -----	\$ 14,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
105	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
106	----- ----- -----	\$ 5,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
107	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
108	----- ----- -----	\$ 45,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
109	----- ----- -----	\$ 5,020.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
110	----- ----- -----	\$ 6,521.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
111	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
112	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
113	----- ----- -----	\$ 6,849.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
114	----- ----- -----	\$ 5,460.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
115	----- ----- -----	\$ ----- 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
116	----- ----- -----	\$ ----- 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
117	----- ----- -----	\$ ----- 113,539.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
118	----- ----- -----	\$ ----- 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
119	----- ----- -----	\$ ----- 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
120	----- ----- -----	\$ ----- 10,495.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
121	----- ----- -----	\$ 13,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
122	----- ----- -----	\$ 14,333.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
123	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
124	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
125	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
126	----- ----- -----	\$ 16,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
127	----- ----- -----	\$ 23,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
128	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
129	----- ----- -----	\$ 48,866.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
130	----- ----- -----	\$ 7,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
131	----- ----- -----	\$ 5,332.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
132	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
133	----- ----- -----	\$ 5,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
134	----- ----- -----	\$ 14,025.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
135	----- ----- -----	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
136	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
137	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
138	----- ----- -----	\$ 24,658.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
139	----- ----- -----	\$ 84,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
140	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
141	----- ----- -----	\$ 11,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
142	----- ----- -----	\$ 7,075.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
143	----- ----- -----	\$ 188,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
144	----- ----- -----	\$ 5,360.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
145	----- ----- -----	\$ ----- 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
146	----- ----- -----	\$ ----- 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
147	----- ----- -----	\$ ----- 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
148	----- ----- -----	\$ ----- 5,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
149	----- ----- -----	\$ ----- 10,128.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
150	----- ----- -----	\$ ----- 5,443.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
151	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
152	----- ----- -----	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
153	----- ----- -----	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
154	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
155	----- ----- -----	\$ 31,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
156	----- ----- -----	\$ 6,855.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
157	----- ----- -----	\$ 11,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
158	----- ----- -----	\$ 55,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
159	----- ----- -----	\$ 8,647.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
160	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
161	----- ----- -----	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
162	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
163	----- ----- -----	\$ ----- 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
164	----- ----- -----	\$ ----- 5,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
165	----- ----- -----	\$ ----- 10,293.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
166	----- ----- -----	\$ ----- 6,740.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
167	----- ----- -----	\$ ----- 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
168	----- ----- -----	\$ ----- 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
169	----- ----- -----	\$ 12,102.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
170	----- ----- -----	\$ 7,825.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
171	----- ----- -----	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
172	----- ----- -----	\$ 17,571.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
173	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
174	----- ----- -----	\$ 10,485.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
175	----- ----- -----	\$ 25,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
176	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
177	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
178	----- ----- -----	\$ 5,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
179	----- ----- -----	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
180	----- ----- -----	\$ 17,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
181	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
182	----- ----- -----	\$ 17,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
183	----- ----- -----	\$ 26,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
184	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
185	----- ----- -----	\$ 7,971.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
186	----- ----- -----	\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
187	----- ----- -----	\$ ----- 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
188	----- ----- -----	\$ ----- 10,915.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
189	----- ----- -----	\$ ----- 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
190	----- ----- -----	\$ ----- 24,988.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
191	----- ----- -----	\$ ----- 510,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
192	----- ----- -----	\$ ----- 8,440.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
193	----- ----- -----	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
194	----- ----- -----	\$ 91,486.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
195	----- ----- -----	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
196	----- ----- -----	\$ 6,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
197	----- ----- -----	\$ 9,055.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
198	----- ----- -----	\$ 21,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
199	----- ----- -----	\$ 185,351.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
200	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
201	----- ----- -----	\$ 9,664.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
202	----- ----- -----	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
203	----- ----- -----	\$ 5,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
204	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
205	----- ----- -----	\$ ----- 50,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
206	----- ----- -----	\$ ----- 13,253.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
207	----- ----- -----	\$ ----- 53,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
208	----- ----- -----	\$ ----- 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
209	----- ----- -----	\$ ----- 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
210	----- ----- -----	\$ ----- 24,622.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
211	----- ----- -----	\$ 16,541.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
212	----- ----- -----	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
213	----- ----- -----	\$ 10,350.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
214	----- ----- -----	\$ 11,118.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
215	----- ----- -----	\$ 10,551.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
216	----- ----- -----	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
217	----- ----- -----	\$ ----- 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
218	----- ----- -----	\$ ----- 27,084.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
219	----- ----- -----	\$ ----- 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
220	----- ----- -----	\$ ----- 13,651.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
221	----- ----- -----	\$ ----- 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
222	----- ----- -----	\$ ----- 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
223	----- ----- -----	\$ ----- 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
224	----- ----- -----	\$ ----- 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
225	----- ----- -----	\$ ----- 6,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
226	----- ----- -----	\$ ----- 10,036.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
227	----- ----- -----	\$ ----- 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
228	----- ----- -----	\$ ----- 10,223.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
229	----- ----- -----	\$ ----- 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
230	----- ----- -----	\$ ----- 36,054.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
231	----- ----- -----	\$ ----- 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
232	----- ----- -----	\$ ----- 56,262.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
233	----- ----- -----	\$ ----- 5,712.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
234	----- ----- -----	\$ ----- 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
235	----- ----- -----	\$ ----- 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
236	----- ----- -----	\$ ----- 11,475.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
237	----- ----- -----	\$ ----- 7,966.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
238	----- ----- -----	\$ ----- 13,569.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
239	----- ----- -----	\$ ----- 8,025.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
240	----- ----- -----	\$ ----- 5,115.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
241	----- ----- -----	\$ 7,278.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
242	----- ----- -----	\$ 10,674.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
243	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
244	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
245	----- ----- -----	\$ 28,695.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
246	----- ----- -----	\$ 148,296.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
247	----- ----- -----	\$ 66,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
248	----- ----- -----	\$ 9,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
249	----- ----- -----	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
250	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
251	----- ----- -----	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
252	----- ----- -----	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
253	----- ----- -----	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
254	----- ----- -----	\$ 400,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
255	----- ----- -----	\$ 10,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
256	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
257	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
258	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
259	----- ----- -----	\$ ----- 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
260	----- ----- -----	\$ ----- 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
261	----- ----- -----	\$ ----- 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
262	----- ----- -----	\$ ----- 126,980.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
263	----- ----- -----	\$ ----- 6,890.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
264	----- ----- -----	\$ ----- 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
265	----- ----- -----	\$ ----- 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
266	----- ----- -----	\$ ----- 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
267	----- ----- -----	\$ ----- 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
268	----- ----- -----	\$ ----- 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
269	----- ----- -----	\$ ----- 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
270	----- ----- -----	\$ ----- 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
271	----- ----- -----	\$ 70,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
272	----- ----- -----	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
273	----- ----- -----	\$ 26,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
274	----- ----- -----	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
275	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
276	----- ----- -----	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
277	----- ----- -----	\$ ----- 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
278	----- ----- -----	\$ ----- 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
279	----- ----- -----	\$ ----- 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
280	----- ----- -----	\$ ----- 95,130.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
281	----- ----- -----	\$ ----- 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
282	----- ----- -----	\$ ----- 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
283	----- ----- -----	\$ ----- 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
284	----- ----- -----	\$ ----- 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
285	----- ----- -----	\$ ----- 17,430.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
286	----- ----- -----	\$ ----- 13,923.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
287	----- ----- -----	\$ ----- 9,760.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
288	----- ----- -----	\$ ----- 18,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
289	----- ----- -----	\$ 8,319.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
290	----- ----- -----	\$ 28,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
291	----- ----- -----	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
292	----- ----- -----	\$ 10,131.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
293	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
294	----- ----- -----	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
295	----- ----- -----	\$ ----- 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
296	----- ----- -----	\$ ----- 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
297	----- ----- -----	\$ ----- 5,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
298	----- ----- -----	\$ ----- 5,929.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
299	----- ----- -----	\$ ----- 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
300	----- ----- -----	\$ ----- 15,441.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
301	----- ----- -----	\$ 10,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
302	----- ----- -----	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
303	----- ----- -----	\$ 6,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
304	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
305	----- ----- -----	\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
306	----- ----- -----	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
307	----- ----- -----	\$ ----- 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
308	----- ----- -----	\$ ----- 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
309	----- ----- -----	\$ ----- 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
310	----- ----- -----	\$ ----- 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
311	----- ----- -----	\$ ----- 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
312	----- ----- -----	\$ ----- 5,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
313	----- ----- -----	\$ ----- 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
314	----- ----- -----	\$ ----- 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
315	----- ----- -----	\$ ----- 12,525.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
316	----- ----- -----	\$ ----- 5,812.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
317	----- ----- -----	\$ ----- 39,644.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
318	----- ----- -----	\$ ----- 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
319	----- ----- -----	\$ 9,651.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
320	----- ----- -----	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
321	----- ----- -----	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
322	----- ----- -----	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
323	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
324	----- ----- -----	\$ 125,560.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
325	----- ----- -----	\$ ----- 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
326	----- ----- -----	\$ ----- 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
327	----- ----- -----	\$ ----- 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
328	----- ----- -----	\$ ----- 5,478.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
329	----- ----- -----	\$ ----- 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
330	----- ----- -----	\$ ----- 5,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
331	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
332	----- ----- -----	\$ 5,137.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
333	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
334	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
335	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
336	----- ----- -----	\$ 7,565.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
337	----- ----- -----	\$ ----- 10,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
338	----- ----- -----	\$ ----- 126,811.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
339	----- ----- -----	\$ ----- 8,076.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
340	----- ----- -----	\$ ----- 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
341	----- ----- -----	\$ ----- 5,606.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
342	----- ----- -----	\$ ----- 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
343	----- ----- -----	\$ 38,518.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
344	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
345	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
346	----- ----- -----	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
347	----- ----- -----	\$ 5,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
90	73 SHARES PEPSICO (PEP)	\$ 5,019.	07/14/2011
98	1,220 SHARES BANCO BILBAO VIZCAYA ARGENTARIA ON 12/20/11 1,165 SHARES BANCO BILBAO VIZCAYA ARGENTARIA ON 1/30/12	\$ 20,476.	12/20/2011
99	STEINWAY PIANO	\$ 8,000.	04/11/2012
108	HISTORICAL PAPERS AND MEMORABILIA	\$ 45,100.	12/31/2011
110	247 SHARES ALTRIA GROUP (MO)	\$ 6,521.	08/24/2012
117	1,288 SHARES OF BULAB HOLDINGS (CLOSELY HELD STOCK)	\$ 50,039.	04/23/2012

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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
120	409 SHARES BB&T (BBT)	\$ 10,045.	12/21/2011
129	30 SHARES OF MARKEL (MKL) ON 8/23/11 600 SHARES OF BB&Y (BBT) AND 445 SHARES OF WALT DISNEY (DIS) ON 12/22/11	\$ 42,866.	12/21/2011
131	50 SHARES OF CHEVRON CORPORATION (CVX)	\$ 5,332.	02/17/2012
133	300 SHARES OF GENERAL ELECTRIC (GE)	\$ 5,100.	12/16/2011
149	173 SHARES OF EQUITY RESIDENTIAL REIT (EQR)	\$ 10,128.	11/08/2011
150	72 SHARES OF EXXON MOBIL (XOM)	\$ 5,193.	10/03/2011

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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
169	400 SHARES OF HANESBRAND (HBI)	\$ 9,952.	11/11/2011
185	52 SHARES OF AMERICAN FUNDS FUNDAMENTAL INVESTORS (AFIFX) ON 7/14/11 53 SHARES RUSSELL GLOBAL REAL ESTATE (RRESX) & 207 SHARES RFBSX ON 7/11/11	\$ 7,971.	07/11/2011
188	236 SHARES OF CHICAGO BRIDGE & IRON CO (CBI)	\$ 10,565.	02/22/2012
190	342 SHARES EXXON MOBIL (XOM)	\$ 24,988.	08/24/2011
191	14,600 SHARES OF SCANSOURCE (SCSC)	\$ 485,377.	12/14/2011
201	515 SHARES OF CISCO (CSCO)	\$ 9,664.	05/08/2012

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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
210	512 ENERGEN CORPORATION (EGN)	\$ 24,622.	12/19/2011
211	29 SHARES OF APPLE (APL)	\$ 16,541.	06/14/2012
226	155 SHARES OF SIGMA-ALDRICH CORP (SIAL)	\$ 10,036.	12/20/2011
228	437 SHARES OF FLOWER FOODS INC (FLO)	\$ 10,034.	06/28/2012
230	515 SHARE OF HOME DEPOT INC (HD)	\$ 25,554.	03/21/2012
236	1999 HONDA VAN	\$ 6,475.	12/31/2011

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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
238	755 SHARES OF SUNTRUST BANKS INC (STI) ON 12/28/11 AND 20 SHARES OF SUNTRUST BANKS INC. (STI) ON 12/28/11	\$ 13,419.	12/28/2011
246	100 SH GD, 75 SH IBM, 100 SH JNJ, 150 SH PEP, 100 SH SLB ON 7/8/11; 100SH XOM 250 SH CSCO, 25 SH AAPL, 25 SH WMT, 250 SH AFL, 100 SH MDY ON 12/9/11	\$ 148,296.	08/01/2011
285	SHEATHING FOR BUILDING PROJECT	\$ 17,430.	04/11/2012
286	LIGHT FIXTURES FOR DANIEL RECITAL HALL	\$ 13,923.	02/14/2012
287	FOOTBALL TEAM MEALS FOR 2011 FOOTBALL SEASON	\$ 9,760.	
288	CUSTOMIZED VAN	\$ 18,800.	06/30/2012

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Employer identification number

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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
289	FLOOR COVERINGS FOR BASKETBALL SUITES	\$ 8,319.	08/30/2011
292	98 SHARES NIKE (NKE)	\$ 10,131.	02/02/2012
300	179 SHARES OF EXXON COPR (XOM)	\$ 15,191.	04/05/2012
319	130 SHARES OF DEERE (DE)	\$ 9,651.	12/14/2011
328	85 SHARES OF TJX COMPANIES (TJX)	\$ 5,128.	11/29/2011
332	88 SHARES OF FIDELITY OTC PORTFOLIO FUND (FOCPX)	\$ 5,137.	06/29/2012

Name of organization FURMAN UNIVERSITY

Employer identification number

57-0314395

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
341	<u>172 SHARES OF RAYMOND JAMES (RFJ)</u> _____ _____	\$ <u>5,294.</u>	<u>12/06/2011</u>
343	<u>300 SHARES OF ELI LILLY CO (LLY) AND</u> <u>97 SHARES OF VF CORP (VFC)</u> _____ _____	\$ <u>25,268.</u>	<u>01/03/2012</u>
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization **FURMAN UNIVERSITY**

Employer identification number
57-0314395

Part III *Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year.* Complete columns (a) through (e) and the following line entry.

For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____

Use duplicate copies of Part III if additional space is needed.

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

**SCHEDULE D
(Form 990)**

Supplemental Financial Statements

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

FURMAN UNIVERSITY

Employer identification number

57-0314395

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		7.
2 Aggregate contributions to (during year)		50,039.
3 Aggregate grants from (during year)		101,150.
4 Aggregate value at end of year		2,022,982.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$	53,107.
(ii) Assets included in Form 990, Part X	▶ \$	3,766,999.

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a [X] Public exhibition
b [] Scholarly research
c [X] Preservation for future generations
d [] Loan or exchange programs
e [] Other

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

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

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

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

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

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

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

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

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a-1g (Beginning of year balance, Contributions, Net investment earnings, gains, and losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, End of year balance).

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 17.1300 %
b Permanent endowment 25.4200 %
c Temporarily restricted endowment 57.4500 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

- (i) unrelated organizations
(ii) related organizations

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b.

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

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

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

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other, Total.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests	50,039.	ATTACHMENT 1
(3) Other ATTACHMENT 2		
(A) COMMONFUND INTERMEDIATE	1,037,164.	FMV
(B) TIFF ABSOLUTE RETURN FUND	6,697,813.	FMV
(C) S&P 500 COMMON TRUST FUND	442,293.	FMV
(D) S&P MID CAP NON LENDING CTF		FMV
(E) SMALL CAP INDEX PLUS CTF	83,461.	FMV
(F) DAILY ACTIVE EMERGING MARKETS	168,733.	FMV
(G) INTERNATIONAL ALPH SELECT CTF	202,092.	FMV
(H) REIT INDEX CTF	46,328.	FMV
(I) HIGH YIELD CTF	83,733.	FMV
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	525,400,638.	

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes ATTACHMENT 3	
(2) SPLIT INTEREST AGREEMENTS	2,534,663.
(3) STUDENT LOAN ADVANCES	4,788,870.
(4) INTEREST PAYABLE	756,427.
(5) AGENCY FUNDS	100,427.
(6) ACCRUED RETIREMENT EXPENSE	41,932.
(7) ACCRUED MEDICAL CLAIMS	1,300,000.
(8) INTEREST RATE SWAP AGREEMENT	2,847,211.
(9) ASSET RETIREMENT OBLIGATION	993,330.
(10) BOND PREMIUM	1,557,701.
(11) CAPITAL LEASE AGREEMENTS	461,518.
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	15,402,118.

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	195,122,523.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	180,858,815.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	14,263,708.
4	Net unrealized gains (losses) on investments	4	-20,193,572.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	-20,193,572.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-5,929,864.

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

1	Total revenue, gains, and other support per audited financial statements	1	173,438,265.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-20,193,572.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	-20,193,572.
3	Subtract line 2e from line 1	3	193,631,837.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	2,754,577.
b	Other (Describe in Part XIV.)	4b	-1,263,891.
c	Add lines 4a and 4b	4c	1,490,686.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	195,122,523.

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

1	Total expenses and losses per audited financial statements	1	179,368,129.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	1,263,891.
e	Add lines 2a through 2d	2e	1,263,891.
3	Subtract line 2e from line 1	3	178,104,238.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	2,754,577.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	2,754,577.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	180,858,815.

Part XIV Supplemental Information

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

SEE PAGE 5

Part XIV Supplemental Information (continued)

FIN 48 FOOTNOTE

SCHEDULE D-PART X

THE UNIVERSITY'S POLICY IS TO RECORD A LIABILITY FOR ANY TAX POSITION TAKEN THAT IS BENEFICIAL TO THE UNIVERSITY, INCLUDING ANY RELATED INTEREST AND PENALTIES, WHEN IT IS MORE LIKELY THAN NOT THE POSITION TAKEN BY MANAGEMENT WITH RESPECT TO A TRANSACTION OR CLASS OF TRANSACTIONS WILL BE OVERTURNED BY A TAXING AUTHORITY UPON EXAMINATION. MANAGEMENT BELIEVES THERE ARE NO SUCH POSITIONS AS OF JUNE 30, 2012 AND 2011 AND, ACCORDINGLY, NO LIABILITY HAS BEEN ACCRUED.

USES OF ENDOWMENT FUNDS

SCHEDULE D-PART V, LINE 4

THE UNIVERSITY'S ENDOWMENT CONSISTS OF ALMOST 900 SEPARATE FUNDS ESTABLISHED OVER MANY YEARS FOR SCHOLARSHIPS, PROFESSORSHIPS, LECTURESHIPS, ACADEMIC PROGRAMS AND AWARDS, BUILDING MAINTENANCE, AND GENERAL INSTITUTIONAL SUPPORT. THE OVERALL FINANCIAL OBJECTIVES OF THE ENDOWMENT ARE TO SUPPORT THE CURRENT AND FUTURE OPERATIONS OF FURMAN UNIVERSITY AND TO PRESERVE AND ENHANCE THE PURCHASING POWER OF THE UNIVERSITY'S ENDOWMENT. THE BOARD OF TRUSTEES DESIGNATES ONLY A PORTION OF THE UNIVERSITY'S CUMULATIVE INVESTMENT RETURN FOR SUPPORT OF CURRENT OPERATIONS; THE REMAINDER IS RETAINED TO SUPPORT OPERATIONS OF FUTURE YEARS AND TO OFFSET POTENTIAL MARKET DECLINES. THE AMOUNT COMPUTED UNDER THE ENDOWMENT SPENDING POLICY OF THE INVESTMENT POOL IS USED TO SUPPORT CURRENT OPERATIONS. THE UNIVERSITY EXPECTS THE CURRENT SPENDING POLICY TO ALLOW ITS ENDOWMENT TO MAINTAIN ITS PURCHASING POWER BY GROWING AT A RATE EQUAL TO OR GREATER THAN PLANNED PAYOUTS.

Part XIV Supplemental Information (continued)

REVENUE RECONCILIATION

SCHEDULE D-PART XII, LINE 4B

OTHER AMOUNTS INCLUDED ON FORM 990, PART VIII, LINE 12, BUT NOT ON LINE 1 ABOVE INCLUDE RENTAL EXPENSES OF \$1,073,671, COST OF GOODS SOLD OF \$71,404 AND DIRECT COSTS OF FUNDRAISING OF \$118,816.

EXPENSE RECONCILIATION

PART XIII, LINE 2D

OTHER AMOUNTS INCLUDED IN TOTAL EXPENSES PER FINANCIAL STATEMENTS, BUT NOT ON FORM 990, PART IX, LINE 25 INCLUDE RENTAL EXPENSES OF \$1,073,671 COST OF GOODS SOLD OF \$71,404 AND DIRECT COSTS OF FUNDRAISING OF \$118,816.

COLLECTIONS OF ART AND HISTORICAL TREASURES

SCHEDULE D, PART III, LINE 4

THE UNIVERSITY HAS A COLLECTION OF DECORATIVE AND FINE ART MATERIALS THAT IS BOTH EXTENSIVE AND DIVERSE. COMPRISED OF OVER 2,600 OBJECTS, MANY PIECES ARE DISPLAYED THROUGHOUT CAMPUS, WHILE OTHERS ARE PRESERVED. THE OBJECTS HAVE BEEN GENEROUSLY DONATED TO FURMAN AND THE OBJECTS CONNECT THE UNIVERSITY TO THE WIDER WORLD AND ARE GATEWAYS TO STUDYING MANY DIFFERENT TIME PERIODS, CULTURES, AND DISCIPLINES. THE COLLECTION'S MAIN PURPOSES ARE TO PRESERVE THE OBJECTS FOR FUTURE GENERATIONS, EDUCATIONAL OPPORTUNITIES, AND EXHIBITS.

Part XIV Supplemental Information (continued)ATTACHMENT 1SCHEDULE D, PART VII - INVESTMENTS - CLOSELY HELD EQUITY INTERESTS

<u>DESCRIPTION</u>	<u>BOOK VALUE</u>	<u>COST OR FMV</u>
BULAB HOLDINGS	50,039.	FMV
TOTALS	<u>50,039.</u>	

ATTACHMENT 2SCHEDULE D, PART VII - INVESTMENTS - OTHER SECURITIES

<u>DESCRIPTION</u>	<u>BOOK VALUE</u>	<u>COST OR FMV</u>
PASSIVE BOND MARKET SI CTF	194,755.	FMV
PASSIVE BOND MARKET INDEX CTF		FMV
TREASURY INFLATION PROTECTED	49,901.	FMV
CF ENDOWMENT VENTURE PTNRS IV	1,229,265.	FMV
MERIT ENERGY PARTNERS	17,091,109.	FMV
CF ENDOWMENT VENTURE PTNRS V	2,042,472.	FMV
CF ENDOWMENT VENTURE PTNRS III	357,640.	FMV
CITY OF LONDON EMERGING MKTS	33,137,870.	FMV
CF PRIVATE EQUITY PARTNERS IV	1,352,222.	FMV
STATE STREET INTERNAL CASH	7,179,577.	FMV
SSGA US TREASURY 3-10	16,368,128.	FMV
TIFF ABSOLUTE RETURN	23,314,789.	FMV
ADAGE CAPITAL PARTNERS	38,186,477.	FMV
CF PRIVATE EQUITY PTNRS VI	1,737,563.	FMV
CF ENDOWMENT VENTURE PTNRS VII	1,949,959.	FMV
CF INTERNATIONAL PTNRS V	1,838,506.	FMV
MFS INVESTMENT MANAGEMENT	31,900,569.	FMV
CF INTERNATIONAL PTNRS VI	2,547,308.	FMV

Part XIV Supplemental Information (continued)ATTACHMENT 2 (CONT'D)SCHEDULE D, PART VII - INVESTMENTS - OTHER SECURITIES

<u>DESCRIPTION</u>	<u>BOOK VALUE</u>	<u>COST OR FMV</u>
CF PRIVATE EQUITY PTNRS VII	3,298,730.	FMV
CF CAPITAL VENT PTNRS VIII	3,412,840.	FMV
NB DISTRESSED OPPORT FUND	7,148,848.	FMV
HIGHLINE CAPITAL	4,289,763.	FMV
DAVIDSON KEMPNER INST PTNRS	7,466,329.	FMV
ALYDAR FUND LIMITED	4,228,507.	FMV
HIGHFIELDS CAPITAL IV LP	8,029,543.	FMV
SILCHESTER INTNATIONAL EQUITY	27,847,973.	FMV
MONDRIAN INT SMALL CAP EQ FUND	9,576,149.	FMV
HOPLITE OFFSHORE FUND, LTD	4,899,457.	FMV
GENERATION GLOBAL EQUITY FUND	8,273,037.	FMV
HOLLINGSWORTH FUNDS	148,131,239.	FMV
REAL ESTATE	2,039,678.	COST
FUNDS HELD IN TRUST BY OTHERS	4,490,809.	FMV
RUSSELL 2000 NON-LEND CTF		FMV
REAL ESTATE	379,120.	FMV
OCH ZIFF OVERSEAS FUND II, LTD	8,544,833.	FMV
ORION EUROPEAN RE FUND III	2,036,241.	FMV
THE TAP FUND USD T-BILL, LTD	9,133,070.	FMV
CONVEXITY CAPITAL OFFSHORE	9,819,073.	FMV
COLCHESTER GLOBAL BOND FUND	23,511,481.	FMV
CANYON VALUE REALIZATION FUND	6,631,554.	FMV
METROPOLITAN DISTRESSED STRAT	1,616,942.	FMV
COATUE QUALIFIED PARTNERS, LP	5,031,521.	FMV

Part XIV Supplemental Information (continued)ATTACHMENT 2 (CONT'D)SCHEDULE D, PART VII - INVESTMENTS - OTHER SECURITIES

<u>DESCRIPTION</u>	<u>BOOK VALUE</u>	<u>COST OR FMV</u>
MERIT ENERGY PARTNERS H	617,319.	FMV
ACTIVE INTL SMALL CAP SI CTF	67,245.	FMV
SPDR S&P INTL SMALL CAP ETF	78,540.	FMV
INVESTMENTS TRANSITION	4,000,000.	FMV
RENAISSANCE INSTI EQ FUND	20,459,675.	FMV
DAILY ACTIVE EMERGING MKT CTF		FMV
DENHAM COMMODITY PARTNERS FUND	151,021.	FMV
GREENSPRING GLOBAL PARTNER V-B	650,975.	FMV
DOW JONES AIG COMMODITY INDEX	84,779.	FMV
INTERMEDIATE CREDIT INDEX	82,735.	FMV
S&P MID CAP LENDING CTF	81,846.	FMV
TOTALS	<u>525,350,599.</u>	

ATTACHMENT 3SCHEDULE D, PART X - OTHER LIABILITIES

<u>DESCRIPTION</u>	<u>BOOK VALUE</u>
MISCELLANEOUS PAYABLES	20,039.
TOTALS	<u>15,402,118.</u>

**SCHEDULE E
(Form 990 or 990-EZ)**

Schools

OMB No. 1545-0047

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

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization
FURMAN UNIVERSITY

Employer identification number
57-0314395

Part I

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	X	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	X	
3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	X	
SEE SUPPLEMENTAL PAGE		
4 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? If you answered "No" to any of the above, please explain. If you need more space, use Part II.	X	
5 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? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		X
6a 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? If you answered "Yes" to either line 6a or line 6b, explain on Part II.		X
7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	X	

Part II **Supplemental Information.** Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions).

RACIALLY NONDISCRIMINATORY POLICY

SCHEDULE E PART I LINE 3

THE UNIVERSITY'S NONDISCRIMINATION POLICY STATEMENT IS ACCESSIBLE ON ALL PAGES OF THE UNIVERSITY'S WEBSITE FOR PROSPECTIVE STUDENTS, EMPLOYMENT APPLICANTS, AND THE GENERAL PUBLIC. ADDITIONALLY, THE NONDISCRIMINATION POLICY STATEMENT IS INCLUDED IN ALL BROCHURES, CATALOGS, NEWSPAPER ADVERTISEMENTS AND OTHER WRITTEN COMMUNICATION WITH THE PUBLIC RELATED TO STUDENT ADMISSIONS, PROGRAMS, AND SCHOLARSHIPS AS WELL AS EMPLOYMENT OPPORTUNITIES.

FINANCIAL AID FROM GOVERNMENT AGENCY

SCHEDULE E PART I LINE 6A

THE UNIVERSITY PARTICIPATES IN THE PELL GRANT PROGRAM, THE SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANTS PROGRAM, THE FEDERAL COLLEGE WORK STUDY PROGRAM, AND THE PERKINS LOAN PROGRAM. ADDITIONALLY, THE UNIVERSITY HAS RECEIVED A NUMBER OF GRANTS FROM THE NATIONAL SCIENCE FOUNDATION, THE UNITED STATES DEPARTMENT OF EDUCATION, THE DEPARTMENT OF HEALTH AND HUMAN SCIENCES, AND THE LIBRARY OF CONGRESS.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.**
▶ **Attach to Form 990. ▶ See separate instructions.**

Name of the organization

Employer identification number

FURMAN UNIVERSITY

57-0314395

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA/CARIBBEAN			PROGRAM SERVICES	STUDY AWAY-INSTRUCTION	282,518.
(2) EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	STUDY AWAY-INSTRUCTION	120,607.
(3) EUROPE			PROGRAM SERVICES	STUDY AWAY-INSTRUCTION	2,666,587.
(4) SOUTH AMERICA			PROGRAM SERVICES	STUDY AWAY-INSTRUCTION	62,684.
(5) SOUTH ASIA			PROGRAM SERVICES	STUDY AWAY-INSTRUCTION	263,265.
(6) SUB-SAHARAN AFRICA			PROGRAM SERVICES	STUDY AWAY-INSRUTION	108,385.
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					3,504,046.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					3,504,046.

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000.

Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter.

3 Enter total number of other organizations or entities.

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) SCHOLARSHIPS TO ATTEND FURMAN UNIVERSITY	CENT. AMERICA/CARIBBEAN	5.	189,572.	REDUCE FEES			
(2) SCHOLARSHIPS TO ATTEND FURMAN UNIVERSITY	EAST ASIA/PACIFIC	22.	280,978.	REDUCE FEES			
(3) SCHOLARSHIPS TO ATTEND FURMAN UNIVERSITY	EUROPE/ICELAND/GREENLAND	10.	383,388.	REDUCE FEES			
(4) SCHOLARSHIPS TO ATTEND FURMAN UNIVERSITY	NORTH AMERICA	4.	166,842.	REDUCE FEES			
(5) SCHOLARSHIPS TO ATTEND FURMAN UNIVERSITY	SOUTH AMERICA	1.	38,980.	REDUCE FEES			
(6) SCHOLARSHIPS TO ATTEND FURMAN UNIVERSITY	SOUTH ASIA	6.	274,110.	REDUCE FEES			
(7) SCHOLARSHIPS TO ATTEND FURMAN UNIVERSITY	SUB-SAHARAN AFRICA	2.	45,000.	REDUCE FEES			
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* Yes No

Part V **Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

MONITORING THE USE OF GRANT FUNDS

SCHEDULE F, PART I, LINE 2

FURMAN PROVIDES SCHOLARSHIPS AND/OR FINANCIAL AID TO INDIVIDUALS OUTSIDE OF THE UNITED STATES TO ATTEND THE UNIVERSITY. THESE GRANTS FOR INTERNATIONAL STUDENTS ARE AWARDED BASED ON NEED, MERIT, AND/OR GOODWILL AND COVER THE COSTS OF TUITION, ROOM AND BOARD. THE SCHOLARSHIP AND/OR FINANCIAL AID IS APPLIED BY THE FINANCIAL AID DEPARTMENT DIRECTLY AGAINST THE STUDENT'S ACCOUNT WITH THE UNIVERSITY AS A REDUCTION IN FEES. AS A RESULT, THE GRANT CAN ONLY BE USED FOR ITS INTENDED PURPOSE (I.E. COST OF ATTENDANCE) AND CAN NOT BE DIVERTED FROM THIS USE.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

FURMAN UNIVERSITY

**Supplemental Information Regarding
Fundraising or Gaming Activities**

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

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Employer identification number

57-0314395

Part I

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

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

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**

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

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total events
		GOLF TOURNAMENT (event type)	DIAMOND CLASSI (event type)	11. (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	53,743.	35,980.	127,060.	216,783.
	2 Less: Charitable contributions	2,175.	4,980.	31,875.	39,030.
	3 Gross income (line 1 minus line 2).	51,568.	31,000.	95,185.	177,753.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	2,988.	39.	11,041.	14,068.
	6 Rent/facility costs	5,324.	2,973.	8,552.	16,849.
	7 Food and beverages	2,553.	18,475.	8,740.	29,768.
	8 Entertainment				
	9 Other direct expenses	4,090.	1,980.	35,929.	41,999.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(102,684.)
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				75,069.

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

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

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain: _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

JSA
1E1282 1.000

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

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

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

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions:
 - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

FURMAN UNIVERSITY

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

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

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Employer identification number

57-0314395

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	THE GREENVILLE DRIVE, LLC 945 SOUTH MAIN STREET GREENVILLE, SC 29601	57-6019318	N/A	75,000.				SPONSORSHIP
(2)	CITYSTORY, LLC 2 SUNNY MEADOW LANE SIMPSONVILLE, SC 29681	45-1540324	N/A	10,000.				DONATION
(3)	GREENVILLE FORWARD 14 MANLY STREET GREENVILLE, SC 29601	20-4177118	501(C) (3)	7,500.				ANNUAL DONATION
(4)	UNITED WAY OF GREENVILLE COUNTY 105 EDINBURGH COURT GREENVILLE, SC 29607	57-0827063	501(C) (3)	15,000.				AMERI CORP GRANT
(5)	GREENVILLE COUNTY SCHOOLS 100 BLASSINGAME ROAD GREENVILLE, SC 29605	57-6000234	N/A	10,000.				DONATION-HEALTHY NUT
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 2
- 3 Enter total number of other organizations listed in the line 1 table 3

For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) (2011)**

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1	SCHOLARSHIPS TO ATTEND FURMAN UNIVERSITY	2,200.	45,471,926.			
2	TUITION BENEFIT GRANT PROGRAM(NOT ATTENDING FURMAN	60.	136,177.			
3	FURMAN ADVANTAGE INTERN, RESEARCH, & FELLOWSHIP	342.	464,975.			
4	CHEMISTRY MASTER PROGRAM & RESEARCH STIPENDS	9.	55,650.			
5	HOLLINGSWORTH INTERN & RESEARCH STIPENDS	11.	7,250.			
6	CAMPBELL SCHOLAR STIPENDS	12.	24,000.			
7	HERRING INTERN STIPEND	1.	4,300.			

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

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 ROBERT CATE RESEARCH FELLOWSHIPS	3.	4,950.			
2 BRIDGES TO A BRIGHTER FUTURE STIPENDS	198.	15,160.			
3 OTHER STUDENT RESEARCH STIPENDS	155.	360,085.			
4 STUDENT ACADEMIC/DEPARTMENT AWARDS	101.	48,595.			
5 STUDENT ACADEMIC/DEPARTMENTAL AWARDS	58.		2,204.	COST	MEDALLIONS
6 STUDENT ACADEMIC STIPENDS	14.	17,650.			
7 BRIDGEWAY FOUNDATION STIPENDS	17.	18,300.			

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

MONITORING THE USE OF GRANT FUNDS

SCHEDULE I, PART I, LINE 2

FURMAN PROVIDES SCHOLARSHIPS AND FINANCIAL AID TO INDIVIDUALS IN THE UNITED STATES TO ATTEND THE UNIVERSITY. THE SCHOLARSHIPS AND AID FOR SUCH STUDENTS ARE AWARDED BASED ON NEED AND MERIT AND COVER THE COSTS OF TUITION, ROOM AND BOARD. THE SCHOLARSHIP AND/OR FINANCIAL AID IS AWARDED BASED ON INSTITUTIONAL POLICY AND STANDARDS SET FORTH BY THE US DEPARTMENT OF EDUCATION AND THE STATE OF SOUTH CAROLINA. THE UNIVERSITY'S FINANCIAL AID DEPARTMENT MONITORS THE COMPLIANCE WITH SUCH REGULATIONS. THE SCHOLARSHIP AND/OR FINANCIAL AID IS APPLIED BY THE

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

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

FINANCIAL AID DEPARTMENT DIRECTLY AGAINST THE STUDENT'S ACCOUNT WITH THE UNIVERSITY AS A REDUCTION IN FEES. AS A RESULT, THE GRANT CAN ONLY BE USED FOR ITS INTENDED PURPOSE (I.E. COST OF ATTENDANCE) AND CAN NOT BE DIVERTED FROM THIS USE. OTHER TYPES OF GRANTS PROVIDED CONSIST OF RESEARCH, INTERNSHIP OR FELLOWSHIP GRANTS TO STUDENTS. SUCH GRANTS ARE GIVEN AND MONITORED BY THE ACADEMIC DEPARTMENT GIVING THE GRANT OR THE UNDERGRADUATE RESEARCH AND INTERNSHIP DEPARTMENT.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

FURMAN UNIVERSITY

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Employer identification number

57-0314395

Part I Questions Regarding Compensation

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

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

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

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

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.

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

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

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

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

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

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

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

	Yes	No
1b	X	
2	X	
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 RODNEY SMOLLA	(i) 345,753.	(ii) 35,000.	(iii) 46,639.	63,625.	18,657.	509,674.	0
(ii)	0	0	0	0	0	0	0
2 MARY LOU MERKT	(i) 165,230.	(ii) 0	(iii) 42,815.	26,381.	18,657.	253,083.	0
(ii)	0	0	0	0	0	0	0
3 JOHN BECKFORD	(i) 166,627.	(ii) 0	(iii) 815.	21,608.	16,562.	205,612.	0
(ii)	0	0	0	0	0	0	0
4 GARY E. CLARK	(i) 156,035.	(ii) 0	(iii) 3,364.	20,100.	14,331.	193,830.	0
(ii)	0	0	0	0	0	0	0
5 MICHAEL GATCHELL	(i) 148,840.	(ii) 0	(iii) 4,752.	19,563.	18,826.	191,981.	0
(ii)	0	0	0	0	0	0	0
6 CONNIE L. CARSON	(i) 146,569.	(ii) 0	(iii) 2,792.	18,467.	7,453.	175,281.	0
(ii)	0	0	0	0	0	0	0
7 MARK KELLY	(i) 148,471.	(ii) 0	(iii) 5,614.	19,221.	15,137.	188,443.	0
(ii)	0	0	0	0	0	0	0
8 BRUCE FOWLER	(i) 211,391.	(ii) 0	(iii) 35,691.	27,009.	17,413.	291,504.	0
(ii)	0	0	0	0	0	0	0
9 KRISTOPHER N. KAPOOR	(i) 109,107.	(ii) 38,573.	(iii) 34,713.	18,349.	11,255.	211,997.	0
(ii)	0	0	0	0	0	0	0
10 KENNETH C. ABERNATHY	(i) 185,809.	(ii) 0	(iii) 5,943.	17,701.	14,179.	223,632.	0
(ii)	0	0	0	0	0	0	0
11 LON B. KNIGHT	(i) 166,880.	(ii) 0	(iii) 22,834.	22,114.	15,113.	226,941.	0
(ii)	0	0	0	0	0	0	0
12 CHARLES L. BREWER	(i) 137,955.	(ii) 0	(iii) 22,776.	20,724.	11,754.	193,209.	0
(ii)	0	0	0	0	0	0	0
13 WILLIAM J. PIERCE	(i) 134,944.	(ii) 0	(iii) 22,669.	17,859.	8,233.	183,705.	0
(ii)	0	0	0	0	0	0	0
14 HAYDEN S. PORTER	(i) 127,893.	(ii) 0	(iii) 22,727.	19,266.	15,418.	185,304.	0
(ii)	0	0	0	0	0	0	0
15 DAVID E. SHI	(i) 181,359.	(ii) 0	(iii) 150,787.	31,812.	7,766.	371,724.	79,322.
(ii)	0	0	0	0	0	0	0
16	(i) 0	(ii) 0	(iii) 0	0	0	0	0
(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

SCHEDULE J-PART I, LINE 4B

THE UNIVERSITY CONTRIBUTES TO A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN

(SERP) FOR THE BENEFIT OF RODNEY SMOLLA, PRESIDENT OF THE UNIVERSITY.

THE PURPOSE OF THE PLAN IS TO OFFER MR. SMOLLA DEFERRED COMPENSATION

BENEFITS TAXABLE UNDER SECTION 457(F) OF THE CODE. THE AMOUNT THE

UNIVERSITY CONTRIBUTES TO THE SERP IS EQUAL TO TWO TIMES THE AMOUNT OF

MR. SMOLLA'S CONTRIBUTION TO THE 457(B) DEFERRED COMPENSATION PLAN FOR

FURMAN UNIVERSITY. THE AMOUNT CONTRIBUTED BY THE UNIVERSITY FOR CALENDAR

YEAR 2011 WAS \$33,000.

RESIDENCE FOR PERSONAL USE

SCHEDULE J, PART I, LINE 1A

THE PRESIDENT OF THE UNIVERSITY AND HIS FAMILY RESIDE AT WHITE OAKS WHICH

IS THE OFFICAL RESIDENCE OF THE PRESIDENT. THE PRESIDENT IS REQUIRED TO

LIVE AT WHITE OAKS AS A CONDITION OF HIS EMPLOYMENT. THE RESIDENCE IS

OWNED AND MAINTAINED BY THE UNIVERSITY. CLEANING, MAINTENANCE, AND

GROUNDS KEEPING SERVICES ARE PROVIDED BY THE UNIVERSITY FOR PUBLIC AREAS

OF THE RESIDENCE ONLY. THE PRESIDENT HOSTS UNVIERSITY EVENTS AT WHITE

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

OAKS AS WELL.

SOCIAL CLUB DUES

SCHEDULE J, PART I, LINE 1A

THE UNIVERSITY PAYS THE SOCIAL CLUB MEMBERSHIP DUES TO THE POINSETT CLUB AND COMMERCE CLUB IN GREENVILLE, SOUTH CAROLINA FOR THE PRESIDENT OF THE UNIVERSITY AND THE MEMBERSHIP DUES TO THE POINSETT CLUB FOR THE VICE PRESIDENT OF DEVELOPMENT. THE PURPOSE OF THE SOCIAL CLUB MEMBERSHIPS IS TO MEET WITH DONORS AND OTHER SUPPORTERS OF THE UNIVERSITY.

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

FURMAN UNIVERSITY

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A EDUC. FACILITIES AUTHORITY FOR PRIVATE NON-PROFIT	57-6000286	836896GBO	04/16/2006	41,545,074.	CONSTRUCTION AND CAPITAL IMPROVEME		X		X		X
B EDUC. FACILITIES AUTHORITY FOR PRIVATE NON-PROFIT	57-6000286	836896GE4	07/06/2006	46,660,000.	REFUNDING AND CAPITAL IMPROVEMENTS		X		X		X
C EDUC. FACILITIES AUTHORITY FOR PRIVATE NON-PROFIT	57-6000286	836896JA9	03/18/2010	21,867,529.	REFUNDING AND CAPITAL IMPROVEMENTS		X		X		X
D											

Employer identification number
57-0314395

OMB No. 1545-0047
2011
Open to Public Inspection

TAX-EXEMPT BONDS

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990. ▶ See separate instructions.

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired								
2 Amount of bonds legally defeased					3,385,000.			
3 Total proceeds of issue					43,840,225.	47,233,539.	21,868,535.	
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds					240,000.	305,000.	277,059.	
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds					42,713,484.	11,050,906.	887,670.	
11 Other spent proceeds								
12 Other unspent proceeds							112,330.	
13 Year of substantial completion			2008		2008		2012	
14 Were the bonds issued as part of a current refunding issue?		X		X				
15 Were the bonds issued as part of an advance refunding issue?		X		X				
16 Has the final allocation of proceeds been made?	X		X		X		X	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

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

Schedule K (Form 990) 2011

Part III Private Business Use (Continued) TAX-EXEMPT BONDS

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

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X	X			X		
2 Is the bond issue a variable rate issue?		X	X			X		
3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X	X			X		
b Name of provider				WELLS FARGO				
c Term of hedge				20,000				
d Was the hedge superintegrated?				X				
e Was the hedge terminated?				X				
4a Were gross proceeds invested in a guaranteed investment contract (GIC)?	X		X		X		X	
b Name of provider				HYPO PUBLIC FINANCE				
c Term of GIC		2,200		PRINITY PLUS FUNDING				
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X		X					
5 Were any gross proceeds invested beyond an available temporary period?		X		X			X	
6 Did the bond issue qualify for an exception to rebate?	X			X			X	

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations Yes No

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

PROCEEDS FOR ISSUE
 PART II, LINE 3 COLUMN A

Part III Private Business Use (Continued) TAX-EXEMPT BONDS

Table with columns: A (Yes/No), B (Yes/No), C (Yes/No), D (Yes/No). Rows include: ISSUES PRICE OF THE BONDS PER PART I (E) \$41,545,074; INVESTMENT ARRANGEMENT or service contracts that may result in private business use of bond-financed property; b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?; c Are there any research agreements that may result in private business use of bond-financed property?; d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?; 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government; 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government; 6 Total of lines 4 and 5; 7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?

Part IV Arbitrage

Table with columns: A (Yes/No), B (Yes/No), C (Yes/No), D (Yes/No). Rows include: 1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?; 2 Is the bond issue a variable rate issue?; 3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?; b Name of provider; c Term of hedge; d Was the hedge superintegrated?; e Was the hedge terminated?; 4a Were gross proceeds invested in a guaranteed investment contract (GIC)?; b Name of provider; c Term of GIC; d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?; 5 Were any gross proceeds invested beyond an available temporary period?; 6 Did the bond issue qualify for an exception to rebate?

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

Part III Private Business Use (Continued) TAX-EXEMPT BONDS

Table with 7 rows and 12 columns (A, B, C, D) for questions 3a-7 regarding private business use of bond-financed property.

Part IV Arbitrage

Table with 6 rows and 12 columns (A, B, C, D) for questions 1-6 regarding arbitrage procedures.

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations.

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

PROCEEDS FOR ISSUE

PART II, LINE 3 COLUMN B

TAX-EXEMPT BONDS

Part III Private Business Use (Continued)

Table with columns A, B, C, D and rows for bond issues, including 'ISSUE PRICE OF THE BONDS PER PART I (E) \$46,660,000' and 'PRIVATE BUSINESS USE OF BONDS'.

Part IV Arbitrage

Table with columns A, B, C, D and rows for arbitrage questions, including '1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate...' and '2 Is the bond issue a variable rate issue?'.

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations.

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

Part III Private Business Use (Continued) TAX-EXEMPT BONDS

Table with 7 rows and 12 columns (A, B, C, D) for questions 3a-7 regarding private business use of bond-financed property.

Part IV Arbitrage

Table with 6 rows and 12 columns (A, B, C, D) for questions 1-6 regarding arbitrage procedures.

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations.

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

TOTAL PROCEEDS OF ISSUE PART II, LINE 3 \$47,233,539

Part III Private Business Use (Continued) TAX-EXEMPT BONDS

Table with 7 rows and 12 columns (A, B, C, D) for questions 3a-7 regarding private business use of bond-financed property.

Part IV Arbitrage

Table with 6 rows and 12 columns (A, B, C, D) for questions 1-6 regarding arbitrage procedures.

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations.

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

PROCEEDS FOR ISSUE

PART II, LINE 3 COLUMN C

Part III Private Business Use (Continued) TAX-EXEMPT BONDS

Table with columns A (Yes/No), B (Yes/No), C (Yes/No), D (Yes/No) and rows for bond issue price, management of service contracts, research agreements, and percentage of financed property.

Part IV Arbitrage

Table with columns A (Yes/No), B (Yes/No), C (Yes/No), D (Yes/No) and rows for Form 8038-T, variable rate issues, government issuer hedges, and other arbitrage-related questions.

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations.

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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

OMB No. 1545-0047

2011

Open To Public Inspection

Name of the organization
FURMAN UNIVERSITY

Employer identification number
57-0314395

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

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

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

- 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
	(1) RODNEY SMOLLA RELOCATION LOAN				X	75,000.	26,796.		X	X
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
Total				▶ \$	26,796.					

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1) N/A	N/A	39,200. TUITION DISCOUN
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

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

Schedule L (Form 990 or 990-EZ) 2011

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JUAN JOHNSON CONSULTING	OWNER IS TRUSTEE OF UNIV.	135,472.	CONSULTING SERVICES		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

BUSINESS TRANSACTION WITH INTERESTED PERSON

SCHEDULE L, PART IV

THE TRANSACTION BETWEEN THE UNIVERSITY AND JUAN JOHNSON CONSULTING IS AN

ARM'S LENGTH TRANSACTION AND CONDUCTED AT FAIR MARKET VALUE.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

▶ **Attach to Form 990.**

OMB No. 1545-0047

2011

**Open To Public
Inspection**

Name of the organization

FURMAN UNIVERSITY

Employer identification number

57-0314395

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		3.	
5 Clothing and household goods	X		8,000.	APPRAISAL
6 Cars and other vehicles	X	2.	25,275.	BLUE BOOK
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	49.	1,012,633.	STOCK PRICE
10 Securities - Closely held stock	X	1.	50,039.	INDEPENDENT VALUE
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles	X	6.	6.	
19 Food inventory	X	12.	19,969.	SELLING PRICE
20 Drugs and medical supplies	X	1.	1.	
21 Taxidermy				
22 Historical artifacts	X	1.	45,100.	APPRAISAL
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>ATCH 1</u>)		7.	40,985.	
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

	Yes	No
30 a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2011)

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

NUMBER OF CONTRIBUTIONS

SCHEDULE M-PART I, COLUMN (B)

FURMAN UNIVERSITY IS ENTERING THE NUMBER OF CONTRIBUTIONS RECEIVED OF
EACH TYPE IN ACCORDANCE WITH THE UNIVERSITY'S RECORDKEEPING PRACTICES.

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
INSURANCE PREMIUMS	X	1.	737.	COST
ITEMS FOR ATHLETIC PROGRA	X	3.	576.	COST
MATERIALS FOR BUILDING PR	X	3.	39,672.	SELLING PRICE
TOTALS		<u>7.</u>	<u>40,985.</u>	

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

FURMAN UNIVERSITY

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Employer identification number

57-0314395

REVIEW PROCESS OF 990

PART VI, SECTION B, LINE 11B

THE UNIVERSITY'S AUDIT COMMITTEE OF THE BOARD OF TRUSTEES, VICE PRESIDENT FOR FINANCE AND ADMINISTRATION, AND CONTROLLER RECEIVED A COPY OF THE PREPARED FORM 990 TO REVIEW PRIOR TO FILING WITH THE IRS. ANY SPECIFIC ISSUES AND/OR QUESTIONS THAT AROSE DURING THE REVIEW PROCESS WERE ADDRESSED. FORM 990 WAS PROVIDED TO EACH VOTING MEMBER OF THE UNIVERSITY'S BOARD OF TRUSTEES AT THEIR APRIL 2013 MEETING WHICH IS PRIOR TO ITS FILING WITH THE IRS.

AUDITED FINANCIAL STATEMENTS

PART XII, LINE 2B

FURMAN UNIVERSITY HAS AN ANNUAL AUDIT AND ISSUES CONSOLIDATED FINANCIAL STATEMENTS OF THE UNIVERSITY AND THE FURMAN UNIVERSITY FOUNDATION.

CONFLICT OF INTEREST POLICY

PART VI, SECTION B, LINE 12C

THE CONFLICTS OF INTEREST POLICY FOR THE BOARD OF TRUSTEES IS INCLUDED IN SECTION 9 OF THE FURMAN UNIVERSITY BY-LAWS. EACH MEMBER OF THE BOARD OF TRUSTEES IS REQUIRED TO COMPLETE A CONFLICTS OF INTEREST DISCLOSURE FORM AT THE FIRST MEETING OF EACH ACADEMIC YEAR. EACH TRUSTEE SHALL DISCLOSE TO THE BOARD CHAIR ANY ADDITIONAL POTENTIAL CONFLICTS OF INTEREST AT THE EARLIEST PRACTICAL TIME. ADDITIONALLY, THE UNIVERSITY HAS A CONFLICTS OF INTEREST POLICY FOR EMPLOYEES WITH EXECUTIVE OR ADMINISTRATIVE

Name of the organization FURMAN UNIVERSITY	Employer identification number 57-0314395
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RESPONSIBILITIES AS THE UNIVERSITY RECOGNIZES THAT SUCH EMPLOYEES HAVE A DUTY OF LOYALTY AND FIDELITY IN CARRYING OUT THEIR RESPONSIBILITIES. THIS POLICY APPLIES TO THOSE EMPLOYEES DESIGNATED BY THE PRESIDENT AS HAVING EXECUTIVE OR ADMINISTRATIVE RESPONSIBILITIES. EACH SUCH EMPLOYEE IS REQUIRED, AT LEAST ANNUALLY, TO COMPLETE THE QUESTIONNAIRE FOR EMPLOYEES WITH EXECUTIVE OR ADMINISTRATIVE RESPONSIBILITIES. THIS QUESTIONNAIRE REQUIRES DISCLOSURE OF ANY POTENTIAL CONFLICTS OF INTEREST AND IS ADMINISTERED BY THE HUMAN RESOURCES DEPARTMENT.

DISCLOSURE

PART VI, SECTION C, LINE 19

FURMAN UNIVERSITY MAKES ITS GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST. ADDITIONALLY, THE UNIVERSITY'S CONSOLIDATED FINANCIAL STATEMENTS AND FORM 990 CAN BE FOUND ON THE FURMAN WEBSITE. THE CONSOLIDATED FINANCIAL STATEMENTS ARE INCLUDED ON THE NACUBO WEBSITE.

COMPENSATION PROCESS

PART VI, SECTION B, LINE 15

THE COMPENSATION OF THE UNIVERSITY'S PRESIDENT IS DETERMINED ANNUALLY BY THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES. THE COMMITTEE COMMISSIONED STUDIES OF PEER INSTITUTIONS' EXECUTIVE COMPENSATION CONDUCTED BY INDEPENDENT CONSULTANTS. FINAL COMPENSATION IS APPROVED BY THE EXECUTIVE COMMITTEE ON AN ANNUAL BASIS. THE PRESIDENT'S EMPLOYMENT IS GUIDED BY A WRITTEN EMPLOYMENT CONTRACT, SIGNED BY BOTH PARTIES.

ADDITIONALLY, THE INDEPENDENT CONSULTANTS REVIEW AND ANALYZE THREE OF THE

Name of the organization FURMAN UNIVERSITY	Employer identification number 57-0314395
---	--

OFFICERS' SALARIES ANNUALLY. THE THREE OFFICERS' SALARIES ARE SELECTED BY THE INDEPENDENT CONSULTANTS AND ARE SELECTED ON A ROTATION BASIS. EXECUTIVE COMMITTEE MEETINGS ARE DOCUMENTED.

WHISTLEBLOWER POLICY

PART VI, SECTION B, LINE 13

THE FURMAN UNIVERSITY WHISTLEBLOWER POLICY WAS SET FORTH TO ESTABLISH POLICIES AND PROCEDURES FOR THE SUBMISSION OF CONCERNS SURROUNDING QUESTIONABLE ACCOUNTING OR AUDITING PRACTICES BY ANY MEMBER OF THE FURMAN COMMUNITY, THE RECEIPT, RETENTION, AND TREATMENT OF COMPLAINTS RECEIVED, AND THE PROTECTION OF THOSE INDIVIDUALS REPORTING THE CONCERNS. ALL REPORTED CONCERNS ARE TO BE FORWARDED TO THE CHAIRPERSON OF THE TRUSTEE AUDIT COMMITTEE IN ACCORDANCE WITH THE PROCEDURES SET FORTH IN THE POLICY. THE AUDIT COMMITTEE SHALL BE RESPONSIBLE FOR INVESTIGATING AND MAKING APPROPRIATE RECOMMENDATIONS TO THE BOARD OF TRUSTEES WITH RESPECT TO REPORTED CONCERNS, AS DEEMED APPROPRIATE. ANYONE REPORTING A CONCERN MUST ACT IN GOOD FAITH AND REPORTS SHALL BE KEPT CONFIDENTIAL TO THE EXTENT POSSIBLE.

TRANSACTIONS WITH RELATED ORGANIZATION-HOLLINGSWORTH FUNDS INC

SCHEDULE R, PART V, LINE 2

FURMAN UNIVERSITY IS THE PRIMARY BENEFICARY OF THE HOLLINGSWORTH FUNDS, INC. WHICH WAS ESTABLISHED IN 1977 BY JOHN D. HOLLINGSWORTH. FOR THE YEAR ENDED JUNE 30, 2012 THE UNIVERSITY RECEIVED FROM THE HOLLINGSWORTH FUNDS, A CASH GRANT IN THE AMOUNT OF \$1,972,741. OF THIS AMOUNT, \$1,850,512 WAS DISBURSED IN FISCAL YEAR 2011-2012 TO FUND THE HOLLINGSWORTH SCHOLARS

Name of the organization FURMAN UNIVERSITY	Employer identification number 57-0314395
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PROGRAM AND TO HELP SUPPLEMENT THE SPECIFIC NEEDS OF THE DEPARTMENTS OF BUSINESS AND ACCOUNTING AND ECONOMICS.

ADDITIONALLY, THE UNIVERSITY HAD TRASACTIONS WITH THE FURMAN UNIVERSITY FOUNDATION (FUF) THAT CONSISTED OF (1) A GRANT FROM FUF TO THE UNIVERSITY WHICH RESULTED FROM THE TRANSFER OF THE SALE PROCEEDS OF A PROPERTY HELD FOR INVESTMENT TO THE UNIVERSITY TO HELP FUND BASEBALL FACILITY IMPROVEMENTS PER THE DONOR'S WISHES, (2) REIMBURSEMENT BY THE UNIVERSITY TO FUF FOR EXPENSES INCURRED ON A PROPERTY HELD FOR SALE, AND (3) OTHER TRANSFERS OF CASH BY THE UNIVERSITY TO FUF FOR CASH ADVANCES AND OTHER COSTS PAID BY THE UNIVERSITY ON BEHALF OF FUF.

OTHER CHANGES IN NET ASSETS

PART XI, LINE 5

OTHER CHANGES IN NET ASSETS OF \$20,193,572 REPRESENTS THE UNREALIZED LOSS ON INVESTMENTS.

AUDIT COMMITTEE

PART XII, LINE 2C

FURMAN UNIVERSITY HAS AN AUDIT COMMITTEE COMPRISED OF FOUR MEMBERS OF THE BOARD OF TRUSTEES. THE AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF THE CONSOLIDATED FINANCIAL STATEMENTS OF THE UNIVERSITY. ADDITIONALLY, THE AUDIT COMMITTEE IS RESPONSIBLE FOR THE SELECTION AND RETAINMENT OF THE INDEPENDENT AUDIT FIRM.

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ATTACHMENT 1FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

FURMAN UNIVERSITY IS A SELECTIVE, INDEPENDENT, CO-EDUCATIONAL LIBERAL ARTS COLLEGE OF APPROXIMATELY 2,800 FULL AND PART-TIME UNDERGRADUATE AND GRADUATE STUDENTS. THE PRIMARY MISSION OF FURMAN AS A LIBERAL ARTS INSTITUTION IS TO PROVIDE A DISTINCTIVE UNDERGRADUATE EDUCATION ENCOMPASSING THE HUMANITIES, FINE ARTS, SOCIAL SCIENCES, MATHEMATICS AND NATURAL SCIENCES, AND SELECTED PROFESSIONAL DISCIPLINES. FURMAN EMPHASIZES ENGAGED LEARNING, A PROBLEM-SOLVING, PROJECT ORIENTED AND RESEARCH BASED EDUCATIONAL PHILOSOPHY. THE UNIVERSITY IS COMMITTED TO LIBERAL LEARNING WITHIN A MORAL AND ETHICAL CONTEXT. FURMAN SEEKS HIGHLY MOTIVATED STUDENTS WITH INQUISTIVE MINDS, VARIED PERSPECTIVES, A SENSE OF PERSONAL INTEGRITY AND MORAL RESPONSIBILITY WITH THE POTENTIAL TO BE LEADERS AND TO MAKE FUTURE CONTRIBUTIONS TO SOCIETY. IN ADDITION TO ITS PRIMARY EMPHASIS ON UNDERGRADUATE EDUCATION, FURMAN OFFERS GRADUATE PROGRAMS IN EDUCATION AND CHEMISTRY AND PROVIDES A CONTINUING EDUCATION PROGRAM FOR THE LARGER GREENVILLE, SOUTH CAROLINA COMMUNITY. FURMAN ASPIRES TO BE A DIVERSE COMMUNITY OF LEARNING, HARMONIOUS IN ITS DIFFERENCES AND STEADFAST IN ITS COMMITMENT TO AN EDUCATIONAL PROGRAM OF HIGHEST QUALITY.

ATTACHMENT 2FORM 990, PART III - PROGRAM SERVICE, LINE 4A

FURMAN UNIVERSITY'S PRIMARY EXEMPT PURPOSE ACHIEVEMENT IS TO PROVIDE HIGHER EDUCATION TO STUDENTS UNDER A COLLEGE DEGREE PROGRAM. THE UNIVERSITY PROVIDED A LIBERAL ARTS EDUCATION TO 2,697 FULL-TIME AND PART-TIME UNDERGRADUATE STUDENTS AND 108

Name of the organization FURMAN UNIVERSITY	Employer identification number 57-0314395
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ATTACHMENT 2 (CONT'D)

FULL-TIME AND PART-TIME GRADUATE STUDENTS DURING THE FISCAL YEAR ENDED 6/30/12. COURSES ARE OFFERED LEADING TO THE AWARD OF THE BACHELOR OF ARTS, BACHELOR OF SCIENCE, BACHELOR OF MUSIC, BACHELOR OF LIBERAL ARTS, MASTER IN ARTS, AND MASTER IN SCIENCE. THE UNIVERSITY CONFERRED 623 BACHELOR DEGREES AND 57 MASTER DEGREES IN THE 2011-2012 ACADEMIC YEAR. THE UNIVERSITY'S FINANCIAL AID PROGRAM, WHICH AWARDED IN EXCESS OF \$46 MILLION FOR THE YEAR ENDED 6/30/12, INCLUDES A BROAD RANGE OF ACADEMIC AND SPECIAL TALENT SCHOLARSHIPS AS WELL AS A COMPREHENSIVE NEED-BASED PROGRAM OF GRANTS, LOANS AND WORK STUDY OPPORTUNITIES.

ATTACHMENT 3FORM 990, PART III - PROGRAM SERVICE, LINE 4B

A FURMAN EDUCATION INCLUDES SOCIAL, PHYSICAL, CULTURAL, AND SPIRITUAL GROWTH AS WELL AS INTELLECTUAL DEVELOPMENT. AS A RESULT, THE PROGRAMS AND ACTIVITIES RELATED TO STUDENT SERVICES AND STUDENT LIFE ARE AN INTEGRAL PART OF THE HIGHER EDUCATION EXPERIENCE. FURMAN'S INTERCOLLEGIATE ATHLETIC PROGRAM CONSISTS OF NINE MEN'S AND NINE WOMEN'S SPORTS. ADDITIONALLY, RECREATIONAL SPORTS CONSIST OF BOTH AN INTRAMURAL AND SPORTS CLUB PROGRAM. STUDENTS BECOMING INVOLVED IN CAMPUS LIFE MAY BECOME INVOLVED IN STUDENT GOVERNMENT, VOLUNTEER SERVICE CORPS, LEADERSHIP DEVELOPMENT PROGRAMS, STUDENT NEWSPAPER, STUDENT RADIO AND TELEVISION STATION, AND DEPARTMENTAL CLUB AND HONOR SOCIETIES. STUDENT SERVICE PROGRAMS INCLUDE CAREER SERVICES, STUDENT HEALTH

Name of the organization FURMAN UNIVERSITY	Employer identification number 57-0314395
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ATTACHMENT 3 (CONT'D)

SERVICES, MULTICULTURAL AFFAIRS, COUNSELING CENTER, AND CHAPLAIN SERVICES.

ATTACHMENT 4FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
RESEARCH ACTIVITIES	360,085.	2,071,805.	
COMMUNITY SERVICE ACTIVITIES		310,325.	
TOTALS	<u>360,085.</u>	<u>2,382,130.</u>	

ATTACHMENT 5990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
ARAMARK POST OFFICE BOX 828441 PHILADELPHIA, PA 19182	DINING & CATERING	10,494,197.
TRIANGLE CONSTRUCTION COMPNAV POST OFFICE BOX 6266 STATION B GREENVILLE, SC 29606	CONSTRUCTION	6,618,062.
SYS CONSTRUCTORS, INC. 20 BOZZINI COURT GREENVILLE, SC 29615	CONSTRUCTION	1,346,216.
JENNINGS-DILL, INC. 33 GRAND AVENUE GREENVILLE, SC 29607	MECHANICAL CONTRACTO	1,055,937.
DIVERSIFIED RESOURCES, INC. 1241 PRINCE PERRY ROAD EASLEY, SC 29640	CONTRACTOR	974,186.
TOTAL COMPENSATION		<u>20,488,598.</u>

Name of the organization FURMAN UNIVERSITY	Employer identification number 57-0314395
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ATTACHMENT 6

FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INTEREST ON SAVINGS AND TEMPORARY CAS	37,136.			37,136.
DIVIDENDS AND INTEREST ON SECURITIES	7,115,230.		-83,925.	7,199,155.
OTHER INVESTMENT INCOME (HELD BY OTHE	2,147,717.			2,147,717.
TOTALS	<u>9,300,083.</u>		<u>-83,925.</u>	<u>9,384,008.</u>

ATTACHMENT 7

FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
MEN BASKETBALL GOLF TOURNAMENT	12,715.	7,480.	5,235.
BASEBALL UPSTATE DIAMOND	31,000.	23,468.	7,532.
CROSS COUNTRY INVITATIONAL	11,178.	9,099.	2,079.
COLLEGE PRO-AM EVENT	10,683.	2,322.	8,361.
BASEBALL GOLF TOURNAMENT	5,235.	2,988.	2,247.
LADY PALADIN GOLF TOURNAMENT	32,500.	26,035.	6,465.
ALL OTHER	85,251.	47,424.	37,827.
TOTALS	<u>188,562.</u>	<u>118,816.</u>	<u>69,746.</u>

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ATTACHMENT 8

FORM 990, PART VIII - GROSS SALES AND COST OF GOODS SOLD

GROSS SALES LESS RETURNS AND ALLOWANCES	114,179.
INVENTORY AT BEGINNING OF YEAR	
PURCHASES	
SALARIES AND WAGES	
OTHER COSTS	71,404.
SUBTOTAL	<u>71,404.</u>
MINUS ENDING INVENTORY	
COST OF GOODS SOLD	<u><u>71,404.</u></u>

ATTACHMENT 9

FORM 990, PART X - NOTES AND LOANS RECEIVABLE

BORROWER:	PERKINS LOAN PROGRAM	
BEGINNING BALANCE DUE		5,212,189.
ENDING BALANCE DUE		<u>4,882,062.</u>

BORROWER:	FURMAN LOANS	
BEGINNING BALANCE DUE		61,611.
ENDING BALANCE DUE		<u>58,706.</u>
TOTAL BEGINNING NOTES AND LOANS RECEIVABLE		<u>5,273,800.</u>
TOTAL ENDING NOTES AND LOANS RECEIVABLES		<u><u>4,940,768.</u></u>

ATTACHMENT 10

Name of the organization FURMAN UNIVERSITY	Employer identification number 57-0314395
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ATTACHMENT 10 (CONT'D)

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE	COST OR FMV
PUBLICLY TRADED SECURITIES	68,770,653.	66,815,671.	FMV
TOTALS	<u>68,770,653.</u>	<u>66,815,671.</u>	

ATTACHMENT 11

FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE

LENDER: BANK OF AMERICA
ORIGINAL AMOUNT: 6,400,000.
INTEREST RATE: 0.200000
DATE OF NOTE: 07/31/2011
MATURITY DATE: 05/31/2016
REPAYMENT TERMS: MONTHLY PYMTS BEGINNING 8/30/11-5/31/16
SECURITY PROVIDED: N/A
PURPOSE OF LOAN: TERM LOAN TO REDUCE BORROWINGS ON LINE OF CREDIT
DESCRIPTION AND FMV UNKNOWN
OF CONSIDERATION:

BEGINNING BALANCE DUE	6,400,000.
ENDING BALANCE DUE	<u>6,044,450.</u>

LENDER: CONSERFUND LOAN
ORIGINAL AMOUNT: 750,000.
INTEREST RATE: 2.000000
DATE OF NOTE: 08/19/2011
MATURITY DATE: 08/16/2021
REPAYMENT TERMS: ANNUAL INSTALLMENTS OF \$83,495
PURPOSE OF LOAN: TO FUND INSTALLATION OF GROUNDSOURCE HEAR PUMP
ENDING BALANCE DUE

	<u>750,000.</u>
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TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	<u>6,400,000.</u>
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TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	<u>6,794,450.</u>
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**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

FURMAN UNIVERSITY

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

**Open to Public
Inspection**

Employer identification number
57-0314395

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)	-----	-----	-----	-----	-----	-----
(2)	-----	-----	-----	-----	-----	-----
(3)	-----	-----	-----	-----	-----	-----
(4)	-----	-----	-----	-----	-----	-----
(5)	-----	-----	-----	-----	-----	-----
(6)	-----	-----	-----	-----	-----	-----

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	FURMAN UNIVERSITY FOUNDATION 3300 POINSETT HIGHWAY GREENVILLE, SC 29613 57-1061363	FOUNDATION	SC	501(C) (3)	11B TYPE II N/A			X
(2)	HOLLINGSWORTH FUNDS INC 124 VERDAE BOULEVARD, SUITE 10 GREENVILLE, SC 29607 57-1003814	CHARITABLE	SC	501(C) (3)	11A TYPE I N/A			X
(3)	-----	-----	-----	-----	-----	-----	-----	-----
(4)	-----	-----	-----	-----	-----	-----	-----	-----
(5)	-----	-----	-----	-----	-----	-----	-----	-----
(6)	-----	-----	-----	-----	-----	-----	-----	-----
(7)	-----	-----	-----	-----	-----	-----	-----	-----

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

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

Table with 10 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Direct controlling entity; (e) Predominant income; (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate allocations; (i) Code V-UBI amount; (j) General or managing partner; (k) Percentage ownership.

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

Table with 6 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Direct controlling entity; (e) Type of entity; (f) Share of total income; (g) Share of end-of-year assets; (h) Percentage ownership.

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Sale of assets to related organization(s)
- g** Purchase of assets from related organization(s)
- h** Exchange of assets with related organization(s)
- i** Lease of facilities, equipment, or other assets to related organization(s)
- j** Lease of facilities, equipment, or other assets from related organization(s)
- k** Performance of services or membership or fundraising solicitations for related organization(s)
- l** Performance of services or membership or fundraising solicitations by related organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- n** Sharing of paid employees with related organization(s)
- o** Reimbursement paid to related organization(s) for expenses
- p** Reimbursement paid by related organization(s) for expenses
- q** Other transfer of cash or property to related organization(s)
- r** Other transfer of cash or property from related organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)	HOLLINGSWORTH FUNDS INC	C	1,972,741.	CASH RECEIVED
(2)	FURMAN UNIVERSITY FOUNDATION	C	124,588.	SALE PROCEEDS
(3)	FURMAN UNIVERSITY FOUNDATION	O	50,609.	REIMB EXPENSES
(4)	FURMAN UNIVERSITY FOUNDATION	Q	2,564,299.	RECEIVABLE
(5)				
(6)				

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) -----													
(2) -----													
(3) -----													
(4) -----													
(5) -----													
(6) -----													
(7) -----													
(8) -----													
(9) -----													
(10) -----													
(11) -----													
(12) -----													
(13) -----													
(14) -----													
(15) -----													
(16) -----													

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).
