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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2008

Open to Public Inspection

A Fo	r the 2	2008 ca	lendar vea	r, or tax year beginning		06-30-2009			
	eck ıf ap			C Name of organization				D Employer ide	ntification number
_	dress cha	•	Please use IRS	ROANOKE COLLEGE				54-050594!	5
_		-	label or	Doing Business As				E Telephone nu	
Name char		ige	print or type. See	ROANOKE COLLEGE				(540) 375-2	202
Ini	tıal returi	n	Specific Instruc-		box if mail is not delivered to	street address) Room/suite	G Gross receipts	
Te	mınatıor	n	tions.	221 College Lane				d dioss receipt	3 \$ 33,000,030
– _{Am}	ended re	eturn		City or town, state or cour	ntry, and ZIP + 4				
_ _{An}	nlication	pending		Salem, VA 241533794	,,				
Αþ	plication	pending							
				ne and address of Princi	pal Officer			s a group return	for
				l C Maxey - President ollege Lane			affilia	tes?	⊤Yes ▼ No
				VA 24153			H(h) Are all	affiliates include	d?
г Та	x-exem _l	pt status	▽ 501(c))(3) ◀ (insert no)	47(a)(1) or		• •		See instructions)
			noke edu					p Exemption Nur	
, w	ed site	roa	noke edu				n(c) Giod	p Exemperon rear	inder F
/ T	6		<u></u>	ion trust association			I V		State of land damage 1/4
К Гур	e or orga	anization	Corporat	ion trust association	otner 🖛		L Year of Fo	mation 1842 M S	State of legal domicile VA
Pa	rt I	Sumi	mary						
	1	Briefly c	lescribe th	e organization's mission	or most significant activ	ities			
	1				os, academic support, stu		as to its still	lents	
<u>త</u>		10 piov	ide Stadem	t matraction, achoraram,	,s, academic support, sta	ident servic	23 10 113 3141	201105	
₹									
≅									
Governance	2	Check t	his box 🦵	if the organization disco	ntinued its operations or	disposed of	more than 2	5% of its assets	
3	3	Number	of voting r	members of the governin	g body (Part VI, line 1a)			3 _	29
Ø.	4	Number	ofindepen	ndent voting members of	the governing body (Part	VI, line 1b)		. 4 _	29
<u> </u>				nployees (Part V, line 2a					1,550
Ĕ								_	1,550
Activities &		Total number of volunteers (estimate if necessary) a Total gross unrelated business revenue from Part VIII, line 12, column (C) .					_		
4		_			,		•	_	0
	b Net unrelated business taxable income from Form 990-T, line 34						7b	0	
							Pric	or Year	Current Year
	8	Contri	butions and	d grants (Part VIII, line	1h)			13,905,666	4,627,798
≗	9	Progra	m service	revenue (Part VIII, line	2g)			64,949,099	68,406,137
Revenu	10), lines 3, 4, and 7d)			6,297,206	-18,377,271
2	11			•	es 5, 6d, 8c, 9c, 10c, and			896,344	1,010,032
					iust equal Part VIII, colu	•		090,344	1,010,032
	12	12)	evenue—a	aa iines 8 through 11 (ii	ust equal Part VIII, colu	min (A), iine		86,048,315	55,666,696
	13		and simila	ar amounts paid (Part IX	column (A.) lines 1 – 3.)			21,846,920	23,562,670
				. ,				21,040,320	23,302,070
	14		-	or for members (Part IX,					
Ø	15		s, other co	ompensation, employee l	penefits (Part IX, column	(A), lines 5-	-	30,123,816	31,668,667
Expenses		10)		(David TV)				30,123,010	31,000,007
<u>₹</u>	16a			lraising fees (Part IX, co					
ਡੋ	Ь	(Total fu	ındraising ex	penses, Part IX, column (D), l	ine 25 <u>2,307,700</u>)			
_	17	Other	expenses ((Part IX, column (A), line	s 11a-11d, 11f-24f)			22,307,506	20,829,450
	18	Totale	xpenses—	add lines 13-17 (must	equal Part IX, line 25, co	lumn (A))		74,278,242	76,060,787
	19	Reven	ue less exc	penses Subtract line 18	from line 12			11,770,073	-20,394,091
<u>π</u> ων	1						Bogine:	ng of Year	End of Year
i Pi∰ O		_							
Net Assets or Fund Balances	20	Totala	issets (Par	rt X, line 16)				215,683,672	192,950,908
3 P	21	Totall	ıabılıtıes (F	Part X, line 26)				40,826,069	39,203,689
± 5 €	22	Net as	sets or fun	d balances Subtract line	e 21 from line 20			174,857,603	153,747,219
_	1111	Sian	ature Blo	nck					, ,
r a					camined this return, including a	ccompanying c	chadulas and s	tataments and to th	no host of my knowledge
					ation of preparer (other than of				
Plea	ise	l k					2010-	05-08	
Sigr		Signa	ature of office	er			Date	05 00	
Her	e	l'i	N - 61 \	Account December 1865					
			Noftsinger V or print nam	/ice President Business Affairs ne and title					
		F ' ' ' PC	or print flatfi	and the	<u> </u>	ı		T	
		Preparer'			Date	Ch se	neck if	Preparer's PTIN (See Gen Inst)
					I			1	
Paid		signature	• 🖊			l er	npolyed 🕨 🦳		
	arer's	signature		s k		er	npolyed F		
Prep	arer's Onlv	signature Firm's na	me (or yours	s)		er	npolyed F	EIN Þ	
Prep	arer's Only	signature Firm's na	me (or yours	s)		er	npolyed F		
Prep	1	signature Firm's na	me (or yours	s)		er	npolyed F	EIN Phone no	

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

	Briefly describe the organization's mission				
	To engage students in their development as wl prepares our graduates for responsible lives of				nl, spiritual and personal growth and
	prepares our graduates for responsible lives of	curring, service and lea	dersing in a diverse and er	langing world	
2	Did the organization undertake any si	anificant program co	arvices during the vea	ur which ware not listed on	
2	the prior Form 990 or 990-EZ? .	ynnicant program se	ervices during the yea		┌ Yes ┌ No
	If "Yes," describe these new services	on Schedule O			
3	Did the organization cease conducting		t changes in how it co	anducts any program	
•	services?				┌ Yes ┌ No
	If "Yes," describe these changes on S	chedule O			
4	Describe the exempt purpose achieve	ments for each of th	ne organization's three	e largest program services h	v eynenses
	Section 501(c)(3) and (4) organization				
	others, the total expenses, and reven	ue, ıf any, for each p	rogram service report	ted	
4a	(Code) (Expenses \$	42,557,747	including grants of \$) (Revenue \$	54,092,525)
	Student Instruction - education				
4b	(Code) (Expenses \$	10,813,712	including grants of \$) (Revenue \$	14,313,611)
	Auxiliary Services - dining, residence halls ar	d bookstore			
4c	(Code) (Expenses \$	7,120,378	ıncludıng grants of \$) (Revenue \$	0)
	Student Services - programming for students		modumy grants of ϕ	, (4	,
	(Code) (Expenses \$	3,289,555	including grants of \$) (Revenue \$	0)
	Other - Schedule O				
4d	Other program services (Describe i	n Schedule O)			
	(Expenses \$ 3,289,555	including grants o	of\$	0) (Revenue \$	0)
4e	Total program service expenses \$	63,781,39		ζ, Line 25, column (Β).	·
	. Ital program bolvice expenses w	23,701,33		., 25, co.a.m. (b).	

Part IV	Checklist of	Required	Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		N o
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Νο
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Νο
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	17		N o
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
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?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
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? If "Yes," complete Schedule L, Part II	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		No
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

10. Enter the number of Forms W-28 included in line 1a. Enter-0- if not applicable of V.S. Introduced networks. Network of Provided in line 1a. Enter-0- if not applicable of V.S. Introduced networks of Provided in line 1a. Enter-0- if not applicable of V.S. Introduced networks of Provided in line 1a. Enter-0- if not applicable of V.S. Introduced networks of Provided in line 1a. Enter-0- if not applicable of V.S. Interest the number of Employees reported on Form W-3, Transmitted of Mage and Tax Seatements. The John Committee of Employees reported on Form W-3, Transmitted of Mage and Tax Seatements. The John Committee of Provided in line 1a. Enter-1a. Interest of Provided in Provided in Seatements. The John Committee of Provided Exceptions of Provided in Seatements. The John Committee of Provided in Seatements. The John Committee of Provided Exceptions. Seatements of Provided Exceptions. Seatements. Seatement Provided Exceptions. Seatements. Seatement Provided Exceptions. Seatements.				Yes	No
b Enter the number of Forms W-2G includes in line 1a. Enter-0- if not applicable or Disk the organization comply with backup withbolding rules for reportable payments to variors and reportable caming (gambling) winnings to since winners? 25. Enter the number of amplitypast reported in 2a, did the organization file all required federal employment law returns? 26. Enter the number of amplitypast reported in 2a, did the organization file all required federal employment law returns? 27. Note: if the surface of the calendar year ending with or within the year covered by this return. 28. Note: if the surface of the calendar year ending with or within the year covered by this return. 29. Ves. 30. Of the organization have unrelated business gross income of 13,000 or more during the year covered by this return. 30. Of the organization have a unrelated business gross income of 13,000 or more during the year covered by this return. 30. Of the organization have a unrelated business gross income of 13,000 or more during the year covered by this return. 30. Of the organization have unrelated business gross income of 13,000 or more during the year covered by this return. 30. Of the organization and the year of "No," proude an explanation in Schedule 0 31. If "Yes," in the sum of the foreign country (such as a bank account, securities account, or other financial accounts or a security of the security of the organization have a marked for the security of the organization and the security of Foreign Entity Regarding Probabed to School and years and the foreign country (such as a bank account, securities account, or other financial accounts) 31. Organization and the security of the organization that it was or as a party to a probabed as a better transaction? 32. Organization security of the organization that was not a party to a probabed as a better transaction? 33. Organization security of the organization that was not a party to a probabed of the organization security of the organization and the security of the o	1a				
b Enter the number of Forms W-2G included in line 1a Enter-6- if not applicable c Did the organization comply with backup withholding rules for reportable symmets to vendors and reportable gaming (gaming dismiling) withings to prize without 2. 2a Enter the number of employees reported on Form W-3, frazemital of Wage and Tax Statements till fee for the califorary year ending with or within the year covered by this return. 3a Enter the number of employees reported on Form W-3, frazemital of Wage and Tax Statements till fee for the califorary year ending with or within the year covered by this return. 3b If at least one is reported in 2a, did the organization his all required federal employment tax returns? 3c No. 3b If Yes, his is the did in 2a, did the organization his all required federal employment tax returns? 3c No. 3c If Yes, his is the did in 2a, did the organization his all required federal employment tax returns? 3c No. 3d If Yes, his is the did in 2a, did the organization his all required federal employment tax returns? 3d No.					
c Did the organization comply with backup withholding rules for reportable payment to vendors and reportable payments the for the calendar year ending with or within the year covered by this return. 2	h				
spanning (gambing) winnings to prize winners? 2 Enter the number of employees reported on form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return. 2 Interest the number of employees reported on form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by the return. 3 Interest filed some of the statement of the	J				
2a Enter the number of employees reported on Form W-3, Transmitted of Maps and Tax Statements this did not the calendar year anding with nor within the year covered by this part of the calendar year anding with or within the year covered by this part of the calendar year anding with or within the year covered by this part of the calendar year and the part of the calendar year and the part of the calendar year and the part of the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign ecountry (such as a bank account, securities account) or the part over, and an account or a foreign ecountry (such as a bank account, securities account). 3a No 11' Yea, "anter the name of the foreign country (such as a bank account, securities account, or the financial account in a foreign ecountry (such as a bank account, securities account, or other financial accounts). 3b Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c No 11' Yea," to 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 6c Did the organization of the organization that it was or is a party to a prohibited tax shelter transaction? 7c Organizations blut may receive deductible contributions under section 170(c). 8d Did the organization on the did with every solicitation an express statement that such contributions or gills were not tax deductible? 9c Did the organization provide deductible contributions under section 170(c). 9c Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more? 9c Did the organization provide deductible contributions under section 170(c). 9c Did the organization provide goods or services in exchange for any quid provide goods. 9c Did the organization provide goods or services in exchange for any quid provide goods. 9c Did the organization provide deductible contributions under section 170(c). 9c Did the or	c		4-	V	
Setements field for the celendar year ending with or within the year covered by this return 1.550 b If at least one is reported in 2a, did the organization file all required federal employment tax returns? 2.50 b If the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3.60 b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule 0. 3.70 b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule 0. 3.70 b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule 0. 3.70 b If "Yes," a filed a Form 990-T for this year? If "No," provide an explanation in Schedule 0. 3.70 b If "Yes," a filed a Form 990-T for this year? If "No," provide an explanation in Schedule 0. 3.70 b If "Yes," a filed a Form 990-T for this year? If "No," provide an explanation in Schedule 0. 4.70 b If "Yes," a filed a Form 990-T for this year? If "No," provide an explanation in Schedule 0. 5.70 b If "Yes," a filed a Form 990-T for this year? If "No," provide an explanation in Schedule 0. 5.80 5.80 b If a seat the mark of the foreign country (such as a bank account, a countries account, or other financial accountry. 5.80	22		16	res	
b If at least one is reported in 2a, did the organization file all required frideral employment fax returns? Note: If the sum of Inne. Is and 2a sig grader than 250, you may be required to a rich eith fax return. 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b If "Yes," has it filed a Form 990. T for this year? If 'No," provide an explanation in Schedule 0. 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account)? 4a No. b If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial Accounts. 5b Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was on is a party to a prohibited tax shelter transaction? 6c If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited for Did the erganization solicit any contributions in the was on a spray to a prohibited tax shelter transaction? 6c If "Yes," do the organization include with every solicitation an express statement that such contributions or grits were not tax deductible? 6c Did the organization provide goods or services in exchange for any quid prior quid contribution or grits and accounts of the subject of the goods or services provided? 7c Organization state way receive deductible contributions under section 1906. 6d Did the organization provide goods or services in exchange for any quid prior quid contributions of qualified intellectual property, did the organization file Form 8882? 6d Did the organization of qualified intel	Za	Statements filed for the calendar year ending with or within the year covered by this			
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. 3a Det the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3b If "Yes," has if filed a Form 990-T for this year? If "No," provide an explanation in Schedule 0. 3b If "Yes," has the filed a Form 990-T for this year? If "No," provide an explanation in Schedule 0. 3c Alan At law time during the celendar year, did the organization have an interest in, or a signature or other authority over, a financial secount in a foreign country. 3c If "Yes," enter the name of the foreign country. 3c If "Yes," enter the name of the foreign country. 3c Was the organization a party to a prohibited tax shelter transaction? 4c Was the organization aparty to a prohibited tax shelter transaction? 5c If "Yes," to 3c or 5h, did the organization file Form 8086-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organization shell were every deductible contributions under section 170(c). 8d If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organization shell were every deductible contributions under section 170(c). 8d If "Yes," did the organization morely the donor of the value of the goods or services provided? 7d If "Yes," did the organization include with every solicitation and express statement that such contributions of qualities of the organization file or granization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d If "Yes," did the organization during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7d If "Yes," dindicate the number of Forms 8282 hide during the year received any fun					
return? 30 If "Yes," has it filed a Form 990-T for this year? If "Wo," provide an explanation in Schedule 0. 40 At any time during the celendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountry? 50 If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accountry? 51 See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Pinancial Accounts. 52 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 53 No 54 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 65 If "Yes," to Sa or Sb, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 66 Did the organization solicit any contributions that were not tax deductible? 67 Organization flat may receive deductible contributions under section 170(c). 68 Did the organization provide goods or services in exchange for any good production of \$75 or more of the property of the organization of \$75 or more of the value of the goods or services provided? 69 Did the organization provide goods or services in exchange for any good proque contribution of \$75 or more of the value of the goods or services provided? 70 Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 71 Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 72 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 73 Did the organization of qualified intellectual property, did the organization file Form 8989 as required? 75 Did the organization make a shirthwitton to a dono	D		2b	Yes	
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b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)					
against amounts due or received from them)	-				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the	b	\cdot			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the	12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	b	1 1 2 6 1			

Section A. Governing Body and Management

No

Νo

Νo

Νo

Νo

Νo

Nο

Νo

Yes

2

3

4

5

7Ь

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

For each "Yes" response to lines 2-7 below, and for a "No" response to lines	s 8 or 9b below	, describe the	cırcumstances,
processes, or changes in Schedule O. See instructions.			
	1	1	

	processes, or changes in Schedule O. See instructions.		
а	Enter the number of voting members of the governing body	1a	29
Ь	Enter the number of voting members that are independent	1b	29

Did any officer, director, trustee, or key employee have a family relationship of a business relationship with an
other officer, director, trustee, or key employee?
Did the organization delegate control over management duties customarily performed by or under the direct

supervision of officers, directors or trustees, or key employees to a management company or other person?	
Did the organization make any significant changes to its organizational documents since the prior Form 990	was

	filed?		
5	Did the organization become aware during the year of a material diversion of the organization's assets?		

oes the organization have members or stockholders?	6
oes the organization have members, stockholders, or other persons who may elect one or more members of the	
overning body?	7a

	governing body?					•			•							•								 -
Ь	Are any decisions	of th	e go	overni	ng b	ody	sub	ject 1	to ap	pro	vall	by n	neml	ers,	, sto	ckh	older	s, o	r oth	nerp	ers	ons	?	

Did the organization contemporaneously document the me	etings held or written actions undertaken during the
year by the following	

	, car b, the following																					
3	the governing body?																				•	
b	each committee with	auth	norit	y to	оас	t or	n be	half	of t	he q	gove	rnıı	ng b	ody	?							

9a	Does the organization have local chapters, branches, or affiliates?												
Ь	If "Yes," does the organization have written policies and procedures	go	vern	ıng	the	act	ıvıtı	es	ofs	uch	cha	pte	rs,

affiliates, and branches to ensure their operations are consistent with those of the organization?
Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations
must describe in Schedule O, the process, if any, the organization uses to review the Form 990

must describe in Schedule of the process, if any, the organization uses to review the Form 550		•
Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be	reach	ed at
the organization's mailing address? If "Yes," provide the names and addresses in Schedule O $$.		

8a	Yes	
8b	Yes	
9a		Νo
9b		
10	Yes	
11		No

Section B. Policies

11

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 $$.	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13		Νo
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed VA
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website another's website upon request
- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Roanoke College 221 College Lane Salem, VA 241533794 (549) 375-2283

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

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

The check this box in the organization and i	·	Posit	(C) chec	:k al				(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							-			

Part VII Continued

			tion that a			all			(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Prector	Institutional Trustee	Оппо	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
			-							
			-							
			1							
			-				\vdash			
			+							
									_	
1b Total								1,882,594	· C	0

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►13

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
RL Price Construction 2166 Salem Industrial Drive Salem, VA 241533144	Construction	4,922,925
Oliver Webb Pappas and Rhudy Inc 200 Country Club Drive Blacksburg, VA 24060	Architectual Service	340,196
ARAMARK Facility Services 24818 Network Place Chicago, IL 60673	Housekeeping Management	304,581
Datatel 4375 Fair Lakes Court Fairfax, VA 22033	Software and Services	215,863
John M Hills 5801 Bayview Drive Fort Lauderdale, FL 33308	Consulting	112,000
2 Total number of independent contractors (including those in 1) who rec		7

Page **9**

Part Stat

Statement of Revenue

				(A) Total Revenue	(B) Related or Exempt Function	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC
	1a	Federated campaigns 1a	0		Revenue		512, 513, or 514
इइ	ь	Membership dues					
듄	"	1b					
	С	Fundraising events	0				
± ±3	d	1c Related organizations1d					
2,≣	e	Government grants (contributions) 1e					
ું કું		All other contributions, gifts, grants, and	3,522,455				
產產	"	sımılar amounts not ıncluded above					
Contributions, gifts, grants and other similar amounts	g	1f Noncash contributions included in					
<u> </u>	9	lines 1a-1f \$0					
O 10	h	Total (Add lines 1a-1f)	[4,627,798			
			Business Code				
an.	2a	Tuition and Fees	611,600	54,092,525	54,092,525	0	О
Ja,	ь	Dining Services	722,100	6,718,177	6,718,177	0	0
<u>24</u> 0.	с	Residence Halls	721,310	5,519,916	5,519,916	0	0
Š	d	Bookstore	451,211	1,785,639	1,785,639		0
Ē	e	Telecommunications	517,000	289,880	289,880		0
E S	f	All other program service revenue	·	205,000	209,000	0	
Program Serwce Revenue					0		<u>_</u>
ሏ	g	Total. Add lines 2a-2f					
	3	► \$ 68,406,137 Investment income (including divi	dends. interest				
		other similar amounts)		-18,377,271	-18,377,271	0	0
	_	Income from investment of tax-exempt b	▶	0	0	0	0
	4	medic from investment of tax-exempt b	ona proceeds ▶	ŭ ,		_	
	5	Royalties		0	0	0	0
	_	(i) Real	(II) Personal				
	6a	Gross Rents 0 Less rental 0	0				
	ь	expenses	Ö				
	С	Rental income 0 or (loss)	0				
	d	Net rental income or (loss)		0	0	0	0
		(ı) Securities	(II) O ther				
	7a	Gross amount 0 from sales of	0				
		assets other					
	ь	than inventory Less cost or 0	0				
		other basis and sales expenses					
	С	Gain or (loss) 0	0				
	d	Net gain or (loss)	▶	0	0	0	0
	8a	Gross income from fundraising events (not including					
Other Revenue		\$0 of contributions reported on line 1c) See Part IV, line 18					
.×		Attach Schedule G if total exceeds					
άč		\$15,000 a	0				
je	b	Less direct expensesb					
ŏ	С	Net income or (loss) from fundrais	ing events	U	U	0	U
	9a	Gross income from gaming activities See part IV, line 19					
		Complete Schedule G If total exceeds \$15,000					
		a	0				
	b	Less direct expensesb	0				
	С	Net income or (loss) from gaming	activities F	0	0	0	0
	10a	Gross sales of inventory, less returns and allowances					
	J _	a .					
	Ь	Less cost of goods sold b Net income or (loss) from sales of					
	_	Miscellaneous Revenue	Business Code				
	11a	Miscellaneous	900,099	0	0	0	О
	ь						
	с						
		All other revenue		1,010,032	1,010,032	0	0
	d e	All other revenue Total. Add lines 11a-11d	<u> </u>				
			\$ 1,010,032		_		
	12	Total Revenue. Add lines 1h, 2g, 3 8c,	3, 4, 5, 6d, 7d,	55,666,696	51,038,898	0	0
		9c, 10c, and 11e	. ▶				

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re).
Do r	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U S See Part IV, line 22	23,562,670	23,562,670		
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,109,412	424,724	509,398	175,290
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	23,070,064	18,515,930		943,081
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	7,489,191	5,801,195	1,331,618	356,378
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	2,021,041	1,657,910	332,934	30,197
14	Information technology	, ,	, ,	·	·
15	Royalties				
16	Occupancy				
17	Travel	1,528,565	1,244,388	142,064	142,113
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	1,525,555	2,2.1,666	112,001	112,113
19	Conferences, conventions and meetings				
20	Interest	922,435	700,881	221,554	
21	Payments to affiliates	,	·	·	
22	Depreciation, depletion, and amortization	2,580,328	1,876,506	703,822	
23	Insurance	, ,	, ,	·	
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	Auxiliary and other expenses	13,068,599	9,836,580	2,571,378	660,641
		708,482	160,608	547,874	0
c		,	,	·	
d					
e					
d					
e					_
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	76,060,787	63,781,392	9,971,695	2,307,700
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	70,000,787	03,701,392	5,51,1650	2,307,700
	fundraising solicitation				urm 990 (2008)

Part X	Balance	Sheet

						(A)		(B)	
	1	Cash—non-interest-bearing				Beginning of year	1	End of year	
	2	Savings and temporary cash investments	•			23,761,627	2	20,246,367	
	3		•			14,293,274	3	12,058,177	
	4	Pledges and grants receivable, net	•			664,267	4	616,001	
	_	Accounts receivable, net				664,267	4	818,001	
	5	other related parties Complete Part II of Schedule L	Receivables from current and former officers, directors, trustees, key employees or other related parties $\it Complete Part II of Schedule L$						
	6	Receivables from other disqualified persons (as defined under s persons described in section $4958(c)(3)(B)$ Complete Part II of		0	6				
	7	Notes and loans receivable, net			•	3,445,666	7	3,692,365	
	8	Inventories for sale or use				448,268	8	479,035	
\$	9	Prepaid expenses and deferred charges				343,450	9	421,420	
Assets	10a	Land, buildings, and equipment cost basis	10a	I	123,350,518				
-	b	Less accumulated depreciation Complete Part VI of	104		120,000,010				
		Schedule D	10b		42,348,638	74,655,703	10c	81,001,880	
	11	Investments—publicly traded securities				93,996,687	11	70,846,814	
	12	Investments—other securities See Part IV, line 11 Complete P Schedule D	Part VII	of		0	12		
	13	Investments—program-related See Part IV, line 11 Complete F of Schedule D .		0	13				
	14	Intangible assets			14				
	15					4,074,730	14	3,388,849	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D				4,074,730	15	3,300,049	
	16	Total assets. Add lines 1 through 15 (must equal line 34)				215,683,672	16	192,950,908	
	17	Accounts payable and accrued expenses .		1,989,614	17	539,687			
	18	Grants payable		0	18				
	19	Deferred revenue				0	19		
	20	Tax-exempt bond liabilities	ı			22,620,510	20	23,522,654	
<u>6</u>	21	Escrow account liability Complete Part IV of Schedule D					21		
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified							
Ę		persons Complete Part II of Schedule L				0	22		
_	23	Secured mortgages and notes payable to unrelated third parties				0	23		
	24	Unsecured notes and loans payable					24		
	25	Other liabilities Complete Part X of Schedule D				16,215,945	25	15,141,348	
	26	Total liabilities. Add lines 17 through 25				40,826,069	26	39,203,689	
		Organizations that follow SFAS 117, check here	plete l	ines 2	27				
ф. С		through 29, and lines 33 and 34.							
Balance	27	Unrestricted net assets				67,764,672	27	46,000,793	
ස ස	28	Temporarily restricted net assets				53,944,285	28	54,997,896	
⊒	29	Permanently restricted net assets		53,148,646	29	52,748,530			
r Fund		Organizations that do not follow SFAS 117, check here ▶ ☐ ar lines 30 through 34.	•						
0 C	30	Capital stock or trust principal, or current funds					30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund					31		
ي اي	32	Retained earnings, endowment, accumulated income, or other fu							
	33	Total net assets or fund balances				174,857,603	32 33	153,747,219	
Net	34	Total liabilities and net assets/fund balances				215,683,672	34	192,950,908	
	-	. otal masmiles and net assets/idia buildiness						. 32,000,000	
Pa	rt XT	Financial Statements and Reporting							

ParitXI	Financial	Statements	and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			_
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes" to lines 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?	2c	Yes	
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?	3a		Νο
b	If "Yes," did the organization undergo the required audit or audits?	3b		

Employer identification number

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

Open to Public Inspection

ROAN	OKE CO	OLLEGE							050504	-		
Da	rt I	Deacon	for Public C	harity Status (to be co	mnleted	hy all or	nanizatio		-050594! Instruct			
				ation because it is (Please					moduce	10113)		
1				nurches, or association of ch					A)(i).			
2	<u>'</u>	•		tion 170(b)(1)(A)(ii). (Attac				., -(-)(-)	/ (- / -			
3	Ţ.			e hospital service organizati			tion 170(l)(1)(A)(i	ii). (Attac	h Schedul	e H)	
4	į.	•	•	zation operated in conjuncti			•		• •		•	
	•		name, city, and			, , , , , , , , , , , , , , , , , , ,			(– / (– /	(,(,-		
5	Г				universit	v owned o	r operated	by a gove	rnmental	unit desc	ribed in	
	·	_	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	Г			overnment or governmental	unıt descr	ıbed ın Se	ction 170	(b)(1)(A)	(v).			
7		An organiza	ation that norm	ally receives a substantial p	art of its s	support fro	om a govei	nmental u	 ınıt or fror	n the gene	ral public	
	·	_)(1)(A)(vi) (Complete Par						J	·	
8	Γ	A commun	ity trust describ	ped in Section 170(b)(1)(A)	(vi) (Com	plete Par	tII)					
9	Г	An organiza	ation that norm	ally receives (1) more than	331/3% o	f its supp	ort from co	ntribution	ıs, membe	rship fees	, and gross	
		receipts fro	m activities re	ated to its exempt functions	-subject	to certair	n exceptio	ns, and (2) no more	than 331/	3% of	
		ıts support	from gross inve	estment income and unrelate	ed busines	s taxable	income (l	ess sectio	on 511 ta:	k) from bu	sınesses	
		acquired by	the organizati	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III)			
10	Γ	Anorganiz	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ct ion 509((a)(4). (S	ee instruc	tions)	
11	Γ	-	•	and operated exclusively fo		, ,			,	•		
				orted organizations describe						Section 5	09(a)(3). Check	
			it describes the ype I b	type of supporting organiza			nes lle t nally Integ		n d	□ Type	III - Other	
e	Г	•	• •	rtify that the organization is			-			, ,,		
_	•	•	-	agers and other than one or			•			•	•	
		section 50										
f		If the organ		d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportir	ng organization,	
g				as the organization accepted	d anv gift	or contrib	ution from	anv of the	<u>.</u>		'	
3		following pe			, 5			,				
		(i) a perso	n who directly o	r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes No	
		and (III) be	low, the govern	ng body of the the supported	d organiza	tion?				11g	(i)	
		(ii) a family	/ member of a p	erson described in (i) above	?					11g(ii)	
				ty of a person described in (11g(iii)	
h		Provide the	following infori	nation about the organizatio	ns the org	janization	supports					
		_	,	· · · · · · · · · · · · · · · · · · ·			T					
		ame of oorted	(ii) EIN	(iii) Type of organization (described on lines 1-9		s the ation in	(v) Did y the orga	•		s the ation in	(vii) A mount of support?	
		nization		above or IRC section	col (i)) of your		rganized	заррон.	
	•			(See Instructions))	your go	verning	supp			ŰS?		
					docur	nent?				1		
					Yes	No	Yes	No	Yes	No		
							1				1	

Total

Part II	Support Schedule for Organizations Described in IRC 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.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
9	Net income from unrelated business							
	activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss							
10	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		·					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 100, 1/a or	1/D, Check this	oox an	u see	▶ □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	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 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts 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 30 June, 1975		+				
С	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	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumm (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. 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 **33 1/3% Tests - 2007.** 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

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

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

Software ID: Software Version:

EIN: 54-0505945

Name: ROANOKE COLLEGE

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa	a									
		Posit t	(C lon (d hat a	chec		I			(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
Kenneth J Belton Jr , Trustee	0		Х					0	0	0
Richard C Boothby , Trustee	0		Х					0	0	0
Parıs D Butler , Trustee	0		Х					0	0	0
Pamela L Cabalka , Trustee	0		Х					0	0	0
Paul M Capp , Trustee	0		Х					0	0	0
Joanne L Cassullo , Trustee	0		Х					0	0	0
W Morgan Churchman , Trustee	0		Х					0	0	0
Malon W Courts , Trustee	0		Х					0	0	0
Morris M Cregger , Trustee	0		Х					0	0	0
David L Guy , Trustee	0		Х					0	0	0
Judith B Hall , Trustee	0		Х					0	0	0
Kathryn Snell Harkness , Trustee	0		Х					0	0	0
Richard S Hathaway , Trustee	0		Х					0	0	0
Peggy Fintel Horn , Trustee	0		Х					0	0	0
Donald J Kerr , Trustee	0		Х					0	0	0
John E Lang , Trustee	0		Х					0	0	0
Kenneth C Laughon , Trustee	0		Х					0	0	0
Patrick R Leardo , Trustee	0		Х					0	0	0
Rev James F Mauney , Trustee	0		Х					0	0	0
Bruce E Melchor III , Trustee	0		Х					0	0	0
Nancy B Mulheren , Trustee	0		Х					0	0	0
Timothy ODonnell , Trustee	0		Х					0	0	0
Andrew J O Keefe , Trustee	0		Х					0	0	0
Roger A Petersen , Trustee	0		Х					0	0	0
Rev J Christopher Price , Trustee	0		Х					0	0	0
J Tyler Pugh , Trustee	0		Х					0	0	0
Rev Theodore F Schneider , Trustee	0		Х					0	0	0
John P Snyder , Trustee	0		Х					0	0	0
Robert E Wortmann , Trustee	0		Х					0	0	0
Michael C Maxey , President	37 5			Х				260,707	0	0

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa	ı									
(A) Name and Title	(B) Average hours per	1 1	hat a	chec pply)	Highest compens	Fo	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	week	Individual Trustee or Director	Institutional Trustee	Officei	emplo) ee	ompensated	Former	organization (W- 2/1099MISC)	(W- 2/1099- MISC)	organization and related organizations
Brenda Poggendorf , Vice President Enrollment	37 5			х				174,082	0	0
Mark Noftsinger , Vice President Business Affairs	37 5			х				158,900	0	0
James Dalton , Vice President Info Tech	37 5			Х				141,932	0	0
Michael Hakkenberg , Interim Vice President and Dean	37 5			х				138,000	0	0
Charlotte Parks , Vice President Resource Development	37 5			х				123,150	0	0
Eugene Zdziarski , Vice President Student Affairs	37 5			х				112,642	0	0
Larry Lynch , Chair - Professor Bus and Econ	37 5					Х		120,218	0	0
Edward Whitson , Assoc Dean Academic Affairs	37 5					х		108,800	0	0
Kathryn Buchanan , Asst to President for Church Relations	37 5					х		105,183	0	0
George Seals , Director of Major and Planned Gifts	37 5					Х		102,564	0	0
Adrienne Bloss , Asst Dean - Director of Gen Ed	37 5					Х		102,416	0	0
Sabıne O Hara , Former President	0						Х	234,000	0	0

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a Tuition and Fees	611,600	54,092,525	54,092,525	0	0
b Dining Services	722,100	6,718,177	6,718,177	0	0
c Residence Halls	721,310	5,519,916	5,519,916	0	0
d Bookstore	451,211	1,785,639	1,785,639	0	0
e Telecommunications	517,000	289,880	289,880	0	0

DLN: 93493104007060

OMB No 1545-0047

Supplemental Financial Statements

Department of the Treasury Internal Revenue Service

SCHEDULE D (Form 990)

> ► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

	me of the organization ANOKE COLLEGE		Employer identification	ation numbe	r
KU	ANORE COLLEGE		54-0505945		
Ρā	art I Organizations Maintaining Donor A			s. Complet	e if the
	organization answered "Yes" to Form 99		(1.) 5		
-4	Tatal assessment and afternation	(a) Donor advised funds	(b) Funds and	otner accour	1ts
1	Total number at end of year				
2	Aggregate Contributions to (during year)				
3	Aggregate Grants from (during year)				
4 -	Aggregate value at end of year				
5	Did the organization inform all donors and donor adv funds are the organization's property, subject to the		or advised	☐ Yes	☐ No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ber		may be	☐ Yes	□ No
Da	rt II Conservation Easements. Complete	if the organization answered "Ves" to	Form 990 Part I		
1 2	Purpose(s) of conservation easements held by the o Preservation of land for public use (e g , recreat Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qual	rganization (check all that apply) ion or pleasure) Preservation of an Preservation of cei	historically importar	ntly land area	a
	on the last day of the tax year		Held at	the End of	the Year
а	Total number of conservation easements		2a		
ь	Total acreage restricted by conservation easement	c	2b		
c	Number of conservation easements on a certified h		2c		
d		` ,	2d		
	Number of conservation easements included in (c)	•	<u> </u>	during	
3	Number of conservation easements modified, transfe the taxable year •	errea, released, extinguished, or terminate	d by the organization	auring	
	the taxable year				
4	Number of states where property subject to conserv	ation easement is located ►			
5	Does the organization have a written policy regardin enforcement of the conservation easements it holds		tions, and	☐ Yes	Г No
6	Staff or volunteer hours devoted to monitoring, inspe	ecting and enforcing easements during the	year ►		
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing easements during the ye	ar ► \$		
8	Does each conservation easement reported on line 2 $170(h)(4)(B)(1)$ and $170(h)(4)(B)(11)^{2}$	2 (d) above satisfy the requirements of sec	tion	☐ Yes	┌ No
9	In Part XIV, describe how the organization reports c balance sheet, and include, if applicable, the text of the organization's accounting for conservation easer	the footnote to the organization's financial			
Pai	rt III Organizations Maintaining Collection Complete of the organization answered		or Other Similar	Assets.	
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fir	for public exhibition, education or research	h in furtherance of pi		,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research ir			
	(i) Revenues included in Form 990, Part VIII, line 1		► \$		
	(ii) Assets included in Form 990, Part X		► \$		
2	If the organization received or held works of art, hist following amounts required to be reported under SFA		r financial gain, provi	ide the	
а	Revenues included in Form 990, Part VIII, line 1		► \$		0

b Assets included in Form 990, Part X

Par	444 Organizations Maintaining Co	ollections of Art,	His	tori	<u>cal Treasu</u>	res, or Othe	<u>er Similar Ass</u>	ets (ca	<u> ntınued)</u>
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of th	e foll	owing that are	a significant i	use of its collection	n	
а	Public exhibition		d	Γ	Loan or exch	nange programs	5		
b	Scholarly research		e	Γ	Other				
c	✓ Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	n how	v they	further the o	rganızatıon's e	xempt purpose ın		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t							Yes	√ No
Par	t IV Trust, Escrow and Custodial					nızatıon ansv	vered "Yes" to F	orm 9	90,
_	Part IV, line 9, or reported an ar								
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?			for c	ontributions o	r other assets		Yes	┌ No
b	If "Yes," explain why in Part XIV and comple	ete the following table	е				T		
							A mo	unt	
с	Beginning balance					1c			
d	Additions during the year					1d			
e	Distributions during the year					1e			
f	Ending balance					1f	<u> </u>		
2a	Did the organization include an amount on Fo	•	21?				Г	Yes	│ No
	If "Yes," explain the arrangement in Part XIV				1 113 2 11 1 1				
Pa	rt V Endowment Funds. Complete	If the organization (a)Current Year		were)Prior				e) Four V	ears Back
1a	Beginning of year balance	98,277,903	(D	J ETIOI	rear (c) w	To Tears back (u	Timee rears back (e)i oui it	sais back
	Contributions	1,519,475							
c	Investment earnings or losses	-18,625,235							
d	Grants or scholarships	0							
e	Other expenditures for facilities	5,231,421							
	and programs								
f	Administrative expenses	0							
g	End of year balance	75,940,722							
2	Provide the estimated percentage of the year		s						
а	Board designated or quasi-endowment 🕨	17 6 %							
b	Permanent endowment F 50 6 %								
c	Term endowment ► 31 8 %								
3a	Are there endowment funds not in the posse organization by	ssion of the organiza	tion t	hat a	re held and a	dmınıstered foı	the	V	LNa
	(i) unrelated organizations						3a(i)	Yes	No No
	(ii) related organizations						3a(ii)		No
b	If "Yes" to 3a(II), are the related organizatio						3b	İ	
4	Describe in Part XIV the intended uses of th	e organization's end	owme	nt fu	nds				
Par	t VI Investments—Land, Building	s, and Equipmer	ıt. S	<u>ee F</u>	orm 990, Pa	rt X, line 10.			
	Description of investment				Cost or other s (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Boo	ok value
1a	Land				8,423,381	0			8,423,38
b	Buildings				85,547,178	0	25,032,772	6	0,514,406
c	Leasehold improvements				4,880,603	0	570,950		4,309,653
d	Equipment				18,574,913	0	16,744,916		1,829,997
e	Other				5,924,443	0	0		5,924,443

81,001,880

Part VII Investments—Other Securities.	See Form 990, Part X, line 12	2.	
(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation year market value
Financial derivatives and other financial products			
Closely-held equity interests			
O ther			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) *		
Part VIII Investments—Program Related.	See Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value		d of valuation
		Cost or end-or-	year market value
	+		
Table (Calume (II) should a real Form 000, Bart V and (II) for 12	\ b		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 Part IX Other Assets. See Form 990, Part X			
	scription		(b) Book value
Funds held in trust by others	·		2,684,965
Cash surrender value of life insurance policies			315,574
Deferred loan costs, net of amortization			388,310
,			,
Total. (Column (b) should equal Form 990, Part X, col.(B)	ine 15.)		3,388,849
Part X Other Liabilities. See Form 990, Pa	art X, line 25.		
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
Accrued liabilities	2,990,715		
Student and other deposits	2,600,466		
Contribution payable	206,043		
Postretirement benefit obligation	4,866,599		
Trust and annuity obligations	2,824,311		
U S government grants refundable	1,653,214		
Total. (Column (b) should equal Form 990. Part X. col (B) line 25	15 141 348		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	55,666,696
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	76,060,787
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-20,394,091
4	Net unrealized gains (losses) on investments	4	0
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)	8	0
9	Total adjustments (net) Add lines 4 - 8	9	0
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-20,394,091
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	er R	eturn
1	Total revenue, gains, and other support per audited financial		55,666,696
_	statements	1	
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Add lines 2a through 2d	7-	0
е 3	Subtract line 2e from line 1	2e 3	55,666,696
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		33,000,090
a	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 0		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	55,666,696
	Reconciliation of Expenses per Audited Financial Statements With Expenses		
1	Total expenses and losses per audited financial statements	1	76,060,787
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Losses reported on Form 990, Part IX, line 25 2c 0		
d	Other (Describe in Part XIV) 2d 0		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	76,060,787
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 0		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	76,060,787
Pa	rt XIV Supplemental Information		

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

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
SchD_P03_S00_L01	Schedule D, Part III, Line 1	Not deemed to be material for footnote presentation
SchD_P03_S00_L04	Schedule D, Part III, Line 4	Used primarily for display
SchD_P05_S00_L04		Provide annual operating fund with 5 per cent of market value and balance reinvested for future needs of college as well as restricted scholarships and professorships
SchD_P10_S00_L00	Schedule D, Part X	not applicable

OMB No 1545-0047

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

Schools

Employer identification number

Name of the organization ROANOKE COLLEGE 54-0505945 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? Yes 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? Yes 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 3 Yes Policy is posted on college web site (for general public) and in print materials provided to prospective students Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes **b** Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement) Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? 5c Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? Νo 5e f Use of facilities? 5f Νo g Athletic programs? 5g Νo h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) 6a Does the organization receive any financial aid or assistance from a governmental agency? Νo **b** Has the organization's right to such aid ever been revoked or suspended? 6b Νo If you answered "Yes" to either 6a or b, please explain using an attached statement 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 CB 587, covering racial nondiscrimination? If "No," attach an explanation

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DLN: 93493104007060

2008

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

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

Grants and Other Assistance to Organizations,

Governments and Individuals in the U.S.

Open to Public Inspect ion

Name of the organization						Employer identif	ication number
ROANOKE COLLEGE						54-0505945	
Part I General Inform	nation on Gra	nts and Assistance	2			•	
 Does the organization ma the selection criteria used Describe in Part IV the or 	d to award the gra	nts or assistance?					▼ Yes
Form 990, Part I Part IV and Sch	V, line 21 for ai edule I-1 if addi	ny recipient that rece tional space is	eived more than \$5,0	00. Check this box	tes. Complete if the or if no one recipient rece	eived more than \$5,0	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Enter total number of section organizations Enter total number of other							

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

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Financial aid for tuition, room and board	1850	23,562,670	0		

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

See Additional Data Table

Ident if ier	Return Reference	Explanation
SchI_P01_S00_L02	Schedule I, Part I, Line 2	College financial aid administered for students

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DLN: 93493104007060

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Name of the organization

ın Part III

Internal Revenue Service

Compensation Information

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Open to Public Inspection

ROA	ANOKE COLLEGE	' '			
		54-0505945			
Pa	rt I Questions Regarding Compensation				
				Yes	Νo
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regard				
	First class or charter travel Housing allowance or residence for	or personal use			
	Travel for companions Payments for business use of per	sonal residence			
	Tax idemnification and gross-up payments Health or social club dues or initi	ation fees			
	Discretionary spending account Personal services (e.g., maid, cha	auffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimburg provision of all the expenses described above? If "No," complete Part III to explain	sement or	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in	•	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of torganization's CEO/Executive Director Check all that apply Compensation committee Independent compensation consultant Form 990 of other organizations Approval by the board or compensation				
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a				
а	Receive a severance payment or change of control payment?		4a	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b		Νo
С	Participate in, or receive payment from, an equity-based compensation arrangement?		4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item	n ın Part III			
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.				
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue compensation contingent on the revenues of	any			
а	The organization?		5a		Νo
b	Any related organization?		5b		Νo
	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 compensation contingent on the net earnings of	any			
а	The organization?		6a		No
b	Any related organization?		6b		Νo
	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 n payments not described in lines 5 and 6? If "Yes," describe in Part III	on-fixed	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that subject to the initial contract exception described in Regs. section 53 4958-4(a)(3)? If "Yes."				

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

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

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

(A) Name		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
(,		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
	(I) (II)	2 4 5,000 0	0 0	15,707 0	0	33,781 0	294,488 0	249,164 0
	(I) (II)	168,868 0	0 0	5,214 0	0	26,627 0	200,709 0	123,101 0
	(I) (II)	156,000 0	0 0	2,900 0	0	23,972 0	182,872 0	150,100 0
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Ident if ier	Ret urn Ref erence	Explanation
SchJ_P01_S00_L03	Schedule J, Part I, Line 3	Compensation committee of the Board of Trustees
SchJ_P01_S00_L04	Schedule J, Part I, Line 4	Former President received severance payment of \$ 234,000

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DLN: 93493104007060

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2008

OMB No 1545-0047

Supplemental Information on Tax Exempt Bonds

Department of the Treasury Internal Revenue Service

Schedule K

(Form 990)

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O.

Open to Public Inspection

	ne of the organization									Employer	identifica	tion num	ber	
KU.	ANOKE COLLEGE									54-050	5945			
P	art I Bond Issues (Required	for 2008)	1	_				1		•				
(a) Issuer Name		(b) Issuer EIN	(c) CUSIP #	(d) Date Issued		(e) Issu	(e) Issue Price		cription of F	urpose	(g) Defeased		(h) O r Behalf (Issue)	
											Yes	No	Yes	No
A	Industrial Development Authority of the Town of Clifton Forge Virginia	16-1686776	NoneCUSIP	10-27-	2003	9,	750,000	Construct a	residence h	nall		х		x
В	Virginia College Building Authority	54-1249154	927781EY6	06-06-	2007	20,	741,893	Renovate re academic b	sıdence hall dg	ls and		Х		Х
Pa	ert III Proceeds (Optional for 2	2008)				T		_						
1	Total Proceeds of Issue				A	<u> </u>	В	-	C)		E	
2	Gross Proceeds in Reserve Funds													
3	Proceeds in Refunding or Defeasan	ice Escrows												
4	1 Other Unspent Proceeds													
5	Issuance Costs from Proceeds													
6	Working Capital Expenditures from	Proceeds												
7	Capital Expenditures from Proceed	ls												
8	Year of Substantial Completion					•		•	•					
				Yes	No	Yes	No	Yes	No	Yes	No	Yes	s	No
9	Were the bonds issued as part of a	current refunding is:	sue?											
10	Were the bonds issued as part of a	n advance refunding	ıssue?											
11	Has the final allocation of proceeds	s been made?												
12	Does the organization maintain add final allocation of proceeds?	equate books and rec	cords to support the											
Pa	rt IIII Private Business Use (Optional for 2008	?)			1								
				<u> </u>	A	+	B 	_	C				E	
1	Was the organization a partner in a which owned property financed by t		ember of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No	Yes	5	No
2	Are there any lease arrangements which may result in private busines	with respect to the fi	inanced property											

Schedule K	(Form 990) 20	800	
Part III	Private Bu	siness Use	(Continued)

		A B		3	С		D		E		
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 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 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?										
Pai	rt IV Arbitrage (Optional for 2008)										
		ı	Α	E	3	(<u>c</u>	ı	<u> </u>	ı	Ε
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
ь	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
ь	Name of provider										
С	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?										

DLN: 93493104007060

OMB No 1545-0047

Open to Public Inspection

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

Transactions with Interested Persons

Name of the organization **Employer identification number** ROANOKE COLLEGE Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only). To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) Corrected? (a) Name of disqualified person (b) Description of transaction Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. Loans to and/or From Interested Persons To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (f) (b) Loan to or (g)Written (e) In Approved from the (a) Name of interested person and (c)O riginal principal default? by board or agreement? (d)Balance due organization? purpose amount committee? Yes Τо From Yes No Yes No No Brenda Poggendorf Home purchase assistance Х 200,000 200,000 Νo Yes Yes 200,000 Total To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

Part III	Grants or	Assistance	Benefitting	Interested	Persons
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(a) Name of interested person	(b)Relationship between interested person and the organization	(c)A mount of grant or type of assistance

Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Nam	e of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
		organization			Yes	No	

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DLN: 93493104007060

SCHEDULE 0

Department of the Treasury
Internal Revenue Service

(Form 990)

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047
2008
Open to Public

		Inspection
Name of the organizat	on	Employer identification number
ROANOKE COLLEGE		
		54-0505945

ldentifier	Return Reference	Explanation
F990_P06_S0A_L10	Form 990, Part VI, Section A, Line 10	990 form made available to Board members via pdf file by e-mail

ldentifier	Return Reference	Explanation
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	A form is provided to each trustee which must be competed and signed each year

ldentifier	Return Reference	Explanation
	Form 990, Part VI, Section B, Line 15	Each member of the Presidents cabinet and the President compensation are reviewed by a board committee and compared to standard compensation data - then approved by the committee

ldentifier	Return Reference	Explanation
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	Organization will make documents available upon request in writing