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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047 2008

> Open to Public Inspection

A Fo	r the	2008 ca	lendar yea	r, or tax year beginning 0	7-01-2008 and endir	ng 06-30-2009)		
		pplicable	Please	C Name of organization LaGrange College				. ,	ntification number
	tress ch		use IRS label or	Doing Business As				58-0566199 E Telephone nu	
_	me cha	_	print or type. See					(706) 880-8	
	ıal retu		Specific Instruc-	Number and street (or P O 601 BROAD STREET	box if mail is not delivered	to street addres	ss) Room/suite	G Gross receipts	
_	mınatıd		tions.						,,,-
M Am	ended	return		City or town, state or count LAGRANGE, GA 30240	y, and ZIP + 4				
App	olication	pending							
		ĺ		ne and address of Princip N PIRRMANJR	al Officer			s a group return	
				ROAD STREET			affilia	tes?	ΓYes Γ Nο
				NGE,GA 30240			H(b) Are al	l affiliates include	d?
I Ta	x-exen	npt status	✓ 501(c)) (3) ◀ (insert no)	7(a)(1) or 527				See instructions)
J W	eb sit	e:► wwv	w lagrange	edu			H(c) Grou	p Exemption Nur	nber ►
K Typ	e of or	ganization	Corporat	ion trust association	other ►		L Year of Fo	rmation 1831 M S	State of legal domicile GA
Da	rt I	Sumi	marv						
Fa	1			e organization's mission o	r most significant act	ivities			
e		Educati		•					
alic									
Governance				*··					
у́0к	2		,	if the organization discon					36
	3		_	nembers of the governing Ident voting members of t					32
<u>es</u>	5			nployees (Part V , line 2a)		ait vi, iiie ib	,	_	579
Activities &	6			olunteers (estimate if nece		_	197		
ą.	7a			ted business revenue fror		 7a	200,720		
	ь	Net unre	elated busi	ness taxable income from	Form 990-T, line 34			7b	-2,112
							Pric	or Year	Current Year
a)	8	Contril	butions and	d grants (Part VIII, line 1	h)			9,894,623	4,118,110
anue	9	-		revenue (Part VIII, line 2	•		24,106,232	22,750,171	
Reveni	10			me (Part VIII, column (A)				1,637,785	-4,011,346
	11		-	art VIII, column (A), line dd lines 8 through 11 (mu		-	,	1,830,866	698,539
	12	12)	evenue u	da mies o emough 11 (me		,, , , , , , , , , , , , , , , , , , ,		37,469,506	23,555,474
	13			ar amounts paid (Part IX,)		5,937,132	5,202,293
	14			or for members (Part IX, c				0	0
82	15	Salarıe 10)	es, other co	ompensation, employee be	nefits (Part IX, colum	-	12,905,774	13,200,162	
Expenses	16a	•	sional fund	raising fees (Part IX, colu	mn (A), line 11e)			0	0
ੜੇ	ь	(Total fu	undraising ex	penses, Part IX, column (D), lın	e 25 <u>864,091</u>)			
ш	17	Other	expenses	(Part IX, column (A), lines	11a-11d, 11f-24f)			14,567,903	14,613,073
	18	Total e	expenses—	add lines 13–17 (must e	qual Part IX, line 25, d	column (A))		33,410,809	33,015,528
	19	Reveni	ue less exp	penses Subtract line 18 f	rom line 12			4,058,697	-9,460,054
e e							Beginni	ng of Year	End of Year
SSet Jafa	20	Totala	assets (Pai	rt X, line 16)				149,477,651	132,974,294
Net Assets or Fund Balances	21	Totall	ıabılıtıes (F	Part X, line 26)				36,083,654	35,840,135
	22			d balances Subtract line	21 from line 20			113,393,997	97,134,159
Pai	rt II		ature Blo						
				глигу, I declare that I have exa correct, and complete Declarat					
Plea		****						-05-14	
Sign Here		Signa	ature of office	er			Date		
	_		ın Pırrman Jr e or print nam						
		P ''		and the	D-4-	Ta	`hock if	Proporce/s PTTM //	Soo Con Inst \
Deta		Preparer' signature		franklın	Date	S	Check If elf-	Preparer's PTIN (oee dell INSU)
Paid Prena	arer's	Eirm/s	r mo (ar vere	· k KDMC UD		е	mpolyed 🕨 🦵		
Use (ıf self-en	ame (or your nployed),)				EIN ▶	
- '	,	address,	and ZIP + 4	300 North Greene Street S	uite 400			Phone no ► (33	36) 275-3394
M 211 1	the In	S dicon-	e thic retu	Greensboro, NC 27401 rn with the preparer show	a ahove? (Soo instruct	tions)		1	✓ Yes No
ויום אויו	riie TK	uiscus د ن	oo uuis retu	in with the preparer snow	iapover (See INStruct	LIUIIS)			J* 165 NO

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

1,873 Must equal Part	IX, Line 25, column (B).	
nts of\$) (Revenue \$)
including grants of \$) (Revenue \$)
) (5	
including grants of \$) (Revenue \$)
ale, and 43% was male The (on visit will take place in 2013	College is accredited by the Commission	on Colleges of the Southern
aching, and the Master of Edu LaGrange College at Albany of 8-09 academic year, there we he College awarded 276 stude	5,202,293) (Revenue \$ ence degree in six areas, the Bachelor of cation degree in Curriculum and Instructi ffers a degree-completion program in Ore ere 959 undergraduate and graduate stucents with diplomas During the year, 834	on are offered The Evening ganization Management, and a dents enrolled Of that number, students participated in NCAA
	ree largest program services by e to report the amount of grants and orted	
		¯Yes 🔽 No
ficant changes in how it		
		res v No
am services during the y	ear which were not listed on	Yes ▽ No

art IV	Checkli	st of	Required	Schedules
	CIICCRII	3. 0.	ncuun cu	Schodules

			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		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
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		No
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		No
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		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt[4]{3}$	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		No
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	Yes	
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? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
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		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No
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		No
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		No
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		No
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)

During the tax year, did any person who is a current or former officer, director, trustee, or key employee 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 IV Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV Complete Schedule L, Part IV	28a		No
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 IV	28a		No
Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28a		No
complete Schedule L, Part IV			
	28b		No
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	Yes	
Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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>	32		No
Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
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	Yes	
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
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		No
			1
[Old the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	Old the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	Conservation contributions? If "Yes," complete Schedule M

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal				
	of U.S. Information Returns. Enter -0- if not applicable				
	<u></u>	1a 15			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0			
_	L_				
С	Did the organization comply with backup withholding rules for reportable payments to gaming (gambling) winnings to prize winners?	vendors and reportable	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements filed for the calendar year ending with or within the year covered by this	2a 579			
L	return				
ь	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this r		2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during	the year covered by this			
	return?		3a	Yes	
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sched		3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a sign over, a 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				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Reporting Financial Accounts.	ort of Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during	the tax year?	5a		Νο
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited ta	x shelter transaction?	5b		Νo
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt E Tax Shelter Transaction?	Entity Regarding Prohibited	5c		
6a	Did the organization solicit any contributions that were not tax deductible?		6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement that	t such contributions or gifts	6b		
7	were not tax deductible?		OD		
	Did the organization provide goods or services in exchange for any quid pro quo contri	hution of \$75 or	7a		Νο
•	more?				
	If "Yes," did the organization notify the donor of the value of the goods or services pro		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property file Form 8282?	·	7c		No
d					
_					
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay p benefit contract?	remiums on a personal	7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a person	ial benefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form 88	99 as required?	7g	Yes	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file	a Form 1098-C as			
	required?		7h	Yes	
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds and supporting organizations. Did the supporting organization, or a fund maintained by a speckess business holdings at any time during the				
	year?		8		No
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?		9a		Νο
Ь	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		Νo
10	Section 501(c)(7) organizations. Enter				
а	Initiation fees and capital contributions included on Part VIII, line 12 1	.0a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	.0ь			
11	Section 501(c)(12) organizations Enter				
а	Gross income from members or shareholders	.1a			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in li	eu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the	.2b			
	year				

Section A. Governing Body and Management

b Enter the number of voting members that are independent . .

No

Νo

Νo

Νo

Νo

Νo

Νo

Νo

Yes

32

3

4

5

6

7a

7b

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 8 or 9b below	, desc	cribe the circumstances,	,
	processes, or changes in Schedule O. See instructions.	-		
1a	Enter the number of voting members of the governing body	1a	3	3 6

1b

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

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

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

Does the organization have members or stockholders?
Does the organization have members, stockholders, or other persons who may elect one or more members of the
governing hody?

	governing body?					•			•													•			
5	Are any decisions	of	the	gove	rnıng	body	/ sul	bject	to	арр	rova	l by	mem	bers	, st	ock	hold	lers	, or	oth	erp	ers	ons	7	

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

year by the following													
the governing body?													

	_	-	•										
b	each comm	ıttee	with authori	ty to act or	n behalf o	fthe	governing body?						
	Door the or		ation have l	ocal chant	ore brane	chac	or affiliator?						

b	If "Yes," does the organization have written policies and procedures governing the activities of suc	ch c	hap	oter	s,
	affiliates, and branches to ensure their operations are consistent with those of the organization?				

10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organization	ns
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	

11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

8a	Yes	
8b	Yes	
9a		Νo
9b		
10		Νο
11		Νο

Section B. Policies

		Yes	No
Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	
Does the organization have a written whistleblower policy?	13	Yes	
Does the organization have a written document retention and destruction policy?	14	Yes	
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			
The organization's CEO, Executive Director, or top management official?	15a	Yes	
Other officers or key employees of the organization?	15b	Yes	
Describe the process in Schedule O			
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
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		
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Does the organization have a written conflict of interest policy? If "No", go to line 13 . Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed GA
- 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 MARTIN PIRRMANJRCONTROLLER 601 BROAD STREET LAGRANGE, GA 30240 (706) 880-8232

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 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
	+									
	+		1		\vdash					
1b Total							>	1,362,758	3 (246,115

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶6

			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>	3		No
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			
	ındıvıdual	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 J for such person	5		No

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
ARAMARK CORPORATION PO BOX 16 LAGRANGE, GA 30240	DINING SERVICES	1,259,441
CITY OF LAGRANGE PO BOX 430 LAGRANGE, GA 30241	UTILITIES & SECURITY	1,186,608
NATIONAL MANAGEMENT RESOURCES CORP PO BOX 1224 LAGRANGE, GA 30241	FACILITIES MGMT	1,519,236
MEJA CONSTRUCTION 562 OLD BETHEL ROAD JACKSON, GA 30233	CONTRACTOR	913,873
BATSON-COOK COMPANY PO BOX 554 WEST POINT, GA 31833	LIBRARY CONTRACTOR	6,065,383
Total number of independent contractors (including those in 1) who rec from the organization	. ,	29

Statement of Revenue

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
18.5	1a	Federated campaigns 1a					
ants ints	b	Membership dues					
Contributions, gifts, grants and other similar amounts	c	1b Fundraising events					
ffs, rat		1c					
nia nia	d e	Related organizations1d Government grants (contributions) 1e	4,118,110				
ons sir	f	All other contributions, gifts, grants, and	0				
but the	•	sımılar amounts not included above					
ntrí do	g	Noncash contributions included in					
လူမှ	h	lines 1a-1f \$ 56,779 Total (Add lines 1a-1f)		4,118,110			
	<u></u>	Total (Add Illies 2d 21)	▶				
an	2a	TUITION & FEES	Business Code 900,099	17,772,335	17,772,335	0	0
ven	ь	AUXILIARY ENTERPRISES	531,390		4,777,116	200,720	
aH d	с		301,000	,,,,,,,,	.,,	200,7.20	
'WC(d						
33	e						
ranı	f	All other program service revenue					
Program Service Revenue	g	Total. Add lines 2a-2f					
	3	► \$ 22,750,171 Investment income (including dividence)	lends, interest				
		other similar amounts)		1,381,084	0	0	1,381,084
	4	Income from investment of tax-exempt bo	ond proceeds	0			
	5	Royalties	▶	0			
		(i) Real	(II) Personal				
	6a	Gross Rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
		(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	0				
	b	Less cost or other basis and sales expenses	5,392,430				
	c	Gain or (loss)	-5,392,430				
	d	Net gain or (loss)	▶	-5,392,430	0	0	-5,392,430
	8a	Gross income from fundraising events (not including					
Other Revenue		\$ of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds					
r. CC	L	\$15,000 a					
)the	b c	Less direct expensesb Net income or (loss) from fundraisi	ng events	0			
,	9a	Gross income from gaming activities See part IV, line 19	•				
		Complete Schedule G If total exceeds \$15,000 a					
	b	Less direct expensesb					
	С	Net income or (loss) from gaming a	ictivities F	0			
	10a	Gross sales of inventory, less returns and allowances					
		a					
	b	Less cost of goods sold b		_			
	С	Net income or (loss) from sales of Miscellaneous Revenue	Business Code	0			
	11a	MISCELLANEOUS REVENUE	900,099	698,539	0	0	698,539
	b	THE STATE OF THE S					
	С						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
	12	Total Revenue. Add lines 1h, 2g, 3	\$ 698,539	23,555,474	22,549,451	200,720	-3,312,807
	**	8c, 9c, 10c, and 11e		23,333,474	22/3/7/1	200,720	3,312,007
	ı	, ,	l	.			Form 990 (2008)

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).									
Do 1	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	5,202,293	5,202,293							
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	0								
4	Benefits paid to or for members	0								
5	Compensation of current officers, directors, trustees, and key employees	858,942	74,775	572,206	211,961					
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	9,011,273	7,570,349		253,679					
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	411,906	308,589	84,192	19,125					
9	Other employee benefits	2,211,803	1,470,527	671,736	69,540					
10	Payroll taxes	706,238	551,646	123,656	30,936					
11	Fees for services (non-employees)				_					
а	Management	0								
b	Legal	5,591		5,591						
c	Accounting	123,770		123,770						
d	Lobbying	0								
e	Professional fundraising See Part IV, line 17	0								
f	Investment management fees	353,550		353,550						
g	Other	269,152	127,495	125,009	16,648					
12	Advertising and promotion	156,512	88,842	61,669	6,001					
13	Office expenses	557,529	419,664	111,240	26,625					
14	Information technology	116,455		116,455						
15	Royalties	0			_					
16	Occupancy	1,647,830	470,804	1,171,405	5,621					
17	Travel	498,848	421,766	58,644	18,438					
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0								
19	Conferences, conventions and meetings	0								
20	Interest	0								
21	Payments to affiliates	0								
22	Depreciation, depletion, and amortization	3,284,141		3,284,141						
23	Insurance	292,948	62,088	230,860						
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	NATIONAL MANAGEMENT	1,582,457	370	1,582,087						
b	ARAMARK CONTRACT	1,041,610	1,041,610							
c	EQUIPMENT	787,855	180,725	602,403	4,727					
d	INTEREST	903,000	902,164	836	<u> </u>					
e	REPAIRS AND MAINTENANCE	427,672	75,226	351,243	1,203					
f	All other expenses	2,564,153	2,342,940	21,626	199,587					
25	Total functional expenses. Add lines 1 through 24f	33,015,528	21,311,873	10,839,564	864,091					
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 fundraising solicitation	. ,	. , -		, 					

Part X	Balance	Sheet

					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			1,635,086	1	0
	2	Savings and temporary cash investments			13,611,065	2	6,785,821
	3	Pledges and grants receivable, net	6,852,104	3	6,107,468		
	4	Accounts receivable, net			853,159	4	938,935
	5	Receivables from current and former officers, directors, trustee other related parties Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under s persons described in section 4958(c)(3)(B) Complete Part II of	ection	4958(f)(1)) and		6	
	7	Notes and loans receivable, net			526,601	7	544,012
	8	Inventories for sale or use			303,133	8	299,334
2	9	Prepaid expenses and deferred charges			451,675	9	305,566
Assets	10a	Land, buildings, and equipment cost basis	10a	99,689,054			
•	b	Less accumulated depreciation Complete Part VI of Schedule D	10b	28,671,971	1	10c	71,017,083
	11	Investments—publicly traded securities			54,590,323	11	39,441,071
	12	Investments—other securities See Part IV, line 11 Complete F Schedule D	Part VII	of	0	12	4,927,697
	13	Investments—program-related See Part IV, line 11 Complete I of Schedule D .	Part VI	II		13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D	8,357,568	15	2,607,307		
	16	Total assets. Add lines 1 through 15 (must equal line 34)			149,477,651	16	132,974,294
	17	Accounts payable and accrued expenses .			2,325,267	17	1,729,614
	18	Grants payable		18			
	19	Deferred revenue		226,214	19	255,131	
	20	Tax-exempt bond liabilities	•		31,485,000	20	30,910,000
<u>ē</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					
ä		persons Complete Part II of Schedule L	persons Complete Part II of Schedule L				
	23	Secured mortgages and notes payable to unrelated third parties	s .			23	
	24	Unsecured notes and loans payable				24	
	25	Other liabilities Complete Part X of Schedule D	2,047,173	25	2,945,390		
	26	Total liabilities. Add lines 17 through 25			36,083,654	26	35,840,135
S D O		Organizations that follow SFAS 117, check here ► ✓ and complet through 29, and lines 33 and 34.	plete l	ines 27			
Balance	27	Unrestricted net assets			40,365,316	27	36,929,722
<u> </u>	28	Temporarily restricted net assets			24,360,665	28	11,881,392
됻	29	Permanently restricted net assets			48,668,016	29	48,323,045
or Fund		Organizations that do not follow SFAS 117, check here ▶ ☐ at lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31			
	32	Retained earnings, endowment, accumulated income, or other fo		32			
Ŋĕţ	33	Total net assets or fund balances		113,393,997	33	97,134,159	
_	34	Total liabilities and net assets/fund balances	149,477,651	34	132,974,294		
Pa	rt XI	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		Νο
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)

Department of the Treasury Internal Revenue Service

Name of the organization

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

.aGra	nge Col	lege										
									-056619			
	rt I			harity Status (to be co					Instruct	ions)		
The o	organı	zation is not	a private found	ation because it is (Please	check on	ly one org	anızatıon)				
1	Г	A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i).										
2	<u> </u>	A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)										
3	Γ	A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H)										
4	Γ	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	Γ	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
		Section 170	D(b)(1)(A)(iv).	(Complete Part II)								
6	Γ	A federal, s	tate, or local go	overnment or governmental	unıt desci	rıbed ın Se	ection 170	(b)(1)(A)	(v).			
7	Γ	Anorganiza	ation that norma	ally receives a substantial p	art of its	support fro	om a gove	rnmental u	ınıt or fror	n the gene	eral publ	ıc
		described i	n Section 170(b	o)(1)(A)(vi) (Complete Par	tII)							
8	Γ	A communi	ity trust describ	oed in Section 170(b)(1)(A)	(vi) (Com	nplete Par	tII)					
9	Γ	Anorganiza	ation that norma	ally receives (1) more than	3 3 1/3% 0	of its supp	ort from c	ontributior	ns, membe	rship fees	s, and gr	oss
		receipts fro	m activities rel	lated to its exempt functions	s—s ubject	to certair	n exceptio	ns, and (2) no more	than 331/	′3% of	
		ıts support	from gross inve	estment income and unrelate	ed busines	ss taxable	income (less sectio	on 511 ta:	x) from bu	sinesse	5
		acquired by	the organization	on after June 30, 1975 See	Section 5	i09(a)(2).	(Complet	e Part III)			
10	Γ	Anorganiza	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	An organiza	atıon organızed	and operated exclusively fo	r the bene	fit of, to p	erform the	functions	of, or to d	arry out t	he purpo	ses of
				orted organizations describe						Section 5	09(a)(3). Check
				type of supporting organiza					_			.
_	_		• •			- Function	-	_	d		III - O	
e	ı	•		rtify that the organization is agers and other than one or			•			•	•	
		section 50		agers and other than one or	more pub	nely supp	orica orga	inzacions .	acsembed	III Section	1 3 0 3 (u)	(1)01
f		If the organ	nization receive	d a written determination fro	m the IRS	5 that it is	a Type I,	Type II o	r Type III	supportir	ng organ	ızatıo <u>n,</u>
		check this						6.1				Г
g		following pe		as the organization accepted	d any gift	or contrib	ution from	any of the)			
				r indirectly controls, either a	alone or to	ogether wi	th persons	s describe	d ın (ıı)		Yes	No
			•	ng body of the the supported		-	•		` ,	11g		No
				erson described in (i) above	_					11g(No
			•	ty of a person described in (bove?				11g(_	No
h				mation about the organizatio	. , , ,		supports				/	
			-	•	•							
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did y	ou notify	(vi) I	s the	(vii) A	mount of
		orted		(described on lines 1-9		ation in		anızatıon		ation in	sup	port?
	Organ	ıızatıon		above or IRC section		listed in		i) of your		rganized		
				(See Instructions))		verning ment?	sup	port?	in the	US?		
					Yes	No	Yes	No	Yes	No	-	
					1.03	110	1.63	110	1.03	110		
						 				 		
						-				-		
						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, 160, 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

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ 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.

Employer identification number Name of the organization LaGrange College 58-0566199

Pai	organizations Maintaining Donor Ad organization answered "Yes" to Form 99		ar Funds or Account	s. Complete if the
	organization unswered res to rorm 33	(a) Donor advised funds	(b) Funds and	other accounts
1	Total number at end of year			
2	Aggregate Contributions to (during year)			
3	Aggregate Grants from (durıng year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advis funds are the organization's property, subject to the o	_		┌ Yes ┌ No
6	Did the organization inform all grantees, donors, and oused only for charitable purposes and not for the bendimpermissible private benefit?	2 2	•	┌ Yes ┌ No
Par	Conservation Easements. Complete	f the organızatıon answered "`	es" to Form 990, Part I	V, line 7.
1	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space	on or pleasure) Preservatio	n of an historically importai n of certified historic struct	·
2	Complete lines 2a-2d if the organization held a qualif on the last day of the tax year	fied conservation contribution in th	e form of a conservation ea	sement
			Held a	t the End of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
c	Number of conservation easements on a certified his	storic structure included in (a)	2c	
d	Number of conservation easements included in (c) a	cquired after 8/17/06	2d	
3	Number of conservation easements modified, transfer the taxable year \blacktriangleright	red, released, extinguished, or ter	minated by the organization	n during
4	Number of states where property subject to conserva	tion easement is located ►		
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		n, violations, and	┌ Yes ┌ No
6	Staff or volunteer hours devoted to monitoring, inspec	ting and enforcing easements dur	ng the year ►	
7	A mount of expenses incurred in monitoring, inspecting	g, and enforcing easements during	the year ► \$	
8	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements	of section	┌ Yes ┌ No
9	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easem	ne footnote to the organization's fir ents	ancial statements that des	cribes
Part	Organizations Maintaining Collection Complete if the organization answered "	Yes" to Form 990, Part IV, line	8.	
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 fine	for public exhibition, education or r	esearch in furtherance of p	
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for p provide the following amounts relating to these items	·		•
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$	6,201
	(ii) Assets included in Form 990, Part X		▶ \$	1,449,845
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFAS		'	ıde the
а	Revenues included in Form 990, Part VIII, line 1		► \$	0
b	Assets included in Form 990, Part X		► \$	0

Par	411 Organizations Maintaining Collections of Art,	Hist	toric	<u>cal Treasu</u>	res, or Othe	er Similar Ass	ets (co	ontinued)
3	Using the organization's accession and other records, check any of items (check all that apply)	of the	e foll	owing that are	a significant	use of its collecti	on	
а	Public exhibition	d	~	Loan or exch	ange program	S		
b	Scholarly research	e	Γ	Other				
c	✓ Preservation for future generations							
4	Provide a description of the organization's collections and explain Part XIV	how	they	further the o	rganızatıon's e	xempt purpose in		
5	During the year, did the organization solicit or receive donations of assets to be sold to raise funds rather than to be maintained as pa						Yes	▼ No
Par	t IV Trust, Escrow and Custodial Arrangements. C				nızatıon ansv	vered "Yes" to	Form 9	90,
	Part IV, line 9, or reported an amount on Form 990	•						
1a	Is the organization an agent, trustee, custodian or other intermedincluded on Form 990, Part X?	ary	for c	ontributions o	r other assets		Yes	┌ No
b	If "Yes," explain why in Part XIV and complete the following table					T		
					<u> </u>	A mo	ount	
С.	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on Form 990, Part X, line 2	21?				Г	Yes	∏ No
b	If "Yes," explain the arrangement in Part XIV							
Pa	rt V Endowment Funds. Complete If the organization (a)Current Year		were Prior			rt IV, line 10.)Three Years Back	/-) [aara Daak
1a	Beginning of year balance	(0)	J FIIOI	rear (c) iw	o rears back (u	Jilliee Tears back	(e)i oui ii	ears back
b	Contributions							
c	Investment earnings or losses							
d	Grants or scholarships							
e	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the year end balance held as							
а	Board designated or quasi-endowment 🕨							
Ь	Permanent endowment 🕨 100 %							
c	Term endowment 🕨							
3a	Are there endowment funds not in the possession of the organization	ion t	hat a	re held and a	dmınıstered fo	r the		
	organization by (i) unrelated organizations					3a(i	Yes	No No
	(ii) related organizations					3a(ii		No
ь	If "Yes" to 3a(II), are the related organizations listed as required or				· . · . · . · .	3b	1	<u> </u>
4	Describe in Part XIV the intended uses of the organization's endo	wme	nt fu	nds				
Pai	t VI Investments—Land, Buildings, and Equipment	t. S	ee F	orm 990, Pa	rt X, line 10			
	Description of investment			Cost or other s (investment)	(b) Cost or other basıs (other)	(c) Depreciation	(d) Boo	ok value
1a	Land			8,388,499				8,388,499
b	Buildings			80,263,668	0	28,671,971	5	1,591,697
c	Leasehold improvements							
d	Equipment							
e	Other			11,036,887	0		1	1,036,887

71,017,083

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2.
(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		Cost of end-of-year market value
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. Se	e Form 990, Part X, line	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		Cost of end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, II	ne 15.	
(a) Descri	ption	(b) Book value
OTHER RECEIVABLES		380,414
BENEFICIAL INTERESTS IN TRUSTS		1,683,165
REMAINDER INTEREST TRUSTS		168,754
BOND ISSUANCE COSTS		374,974
		-
Total. (Column (b) should equal Form 990, Part X, col.(B) line.		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	(b) A mount	
Federal Income Taxes	(b) Amount	
ADVANCES FROM FEDERAL GOV'T	408,375	
ASSET RETIREMENT OBLIGATION	998,556	
ANNUITIES & NOTES PAYABLE	205,661	
LIABILTY FOR INTEREST RATE SWAP	1,300,029	
NOTES PAYABLE	32,769	
	==,. 35	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	2,945,390	
In Part XIV, provide the text of the footnote to the organization uncertain tax positions under FIN 48	ation's financial statements	that reports the organization's liability for

_	rotal revenue (Form 990, Part VIII, Column (A), line 12)		23,333,47
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	33,015,52
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-9,460,05
4	Net unrealized gains (losses) on investments	4	-5,276,47
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-1,523,30
9	Total adjustments (net) Add lines 4 - 8	9	-6,799,78
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-16,259,83
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Retu	ırn
1	Total revenue, gains, and other support per audited financial statements	1	11,553,39
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)	_	
e	Add lines 2a through 2d	2e	-5,276,47
3	Subtract line 2e from line 1	3	16,829,87
4	A mounts 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 Other (Describe in Part XIV)		
b c	Other (Describe in Part XIV)	4c	6,725,60
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	23,555,47
	Reconciliation of Expenses per Audited Financial Statements With Expenses		
1	Total expenses and losses per audited financial statements	1	27,813,23
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		
d	Other (Describe in Part XIV) 2d]	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	27,813,23
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	.	
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	5,202,29
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	33,015,52

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 X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
Other Changes in Net Assets	Schedule D, Part XI, Line 8	Valuation Loss on Interest Rate Swap Agreement -1,018,165 Changes in Value of Split-Interest Aggreement -7,021 Changes in Benefical Interests in Perpetual trusts -498,121 Total 1,523,307
Other Changes in Revenue	Schedule D, Part XII, Line 4b	Scholarship Reclass -5,202,293 Valuation Loss on Interest Rate Swap Agreement -1,018,165 Changes in Value of Split- Interest Aggreements -7,021 Changes in Benefical Interests in Perpetual Trusts -498,121 Total 6,725,600
Other Changes in Expenses	Schedule D, Part XIII, Line 4b	Scholarship Reclass 5,202,293
ORGANIZATION'S COLLECTIONS	FORM 990, SCHEDULE D, PART III,	LaGrange College began establishing an art collection in the 1960s under the leadership of President Waights G. Henry. It was the belief at that time that the south was behind the rest of the country in its exposure to the visual arts. The College later became a beneficiary of a collection of Lamar Dodd paintings and drawings, who lived across the street from Mr. Fuller. Callaway. Dodd enjoyed a long and distinguished association with the College, and the College's Art Center was named in his honor. Over the years other collections were contributed to the College through the Callaway Foundation and private donors, making it a major pedagogical collection for the benefit of our students. It is a tremendous asset for an art program on the college level to present such direct experience of the finest in visual expression.

Schools

OMB No 1545-0047

Department of the Treasury

SCHEDULE E

(Form 990 or 990-EZ)

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.

Internal Revenue Service **Employer identification number** Name of the organization LaGrange College 58-0566199 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?	1	Yes	
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?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during		res	
•	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	
	THE COLLEGE PUBLISHES ITS NONDISCRIMINATION POLICY IN A LOCAL NEWSPAPE AND IN ALL ADVERTISING PROGRAMS AT THE BEGINNING OF EACH SCHOOL QUARTE			
4	Does the organization maintain the following?			
а	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)			
5	Does the organization discriminate by race in any way with respect to			
а	Students' rights or privileges?	5a		Νo
b	Admissions policies?	5b		Νο
c	Employment of faculty or administrative staff?	5c		Νο
d	Scholarships or other financial assistance?	5d		No
е	Educational policies?	5e		Νο
f	Use of facilities?	5f		No
g	Athletic programs?	5g		No
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)			
	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		No
_	If you answered "Yes" to either 6a or b, please explain using an attached statement			
/	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	7	Yes	

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SCHEDULE F (Form 990)

Department of the Treasury

▶ Attach to Form 990. Complete if the organization answered "Yes" to

Form 990, Part IV, line 14b.

Statement of Activities Outside the United States

Open to Public **Inspection**

Internal Revenue Service Name of the organization LaGrange College

Employer identification number

58-0566199

Part I	General Information on Activities Outside the United State	s. 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 the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award ☐ Yes
- For grant makers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States
- Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed) 3

Activites per Region (or	se schedule i - i	(I OIIII 990) II aut			
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, 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 in
Europe (Including Iceland and Greenland)	0	0	Program Services	STUDY ABROAD	
Central America and the Caribbean	0	0	Program Services	STUDY ABROAD	
East Asia and the Pacific	0	0	Program Services	STUDY ABROAD	
South America	0	0	Program Services	STUDY ABROAD	
	0	0			
Totals				50083W	chodulo E (Form 990) 2008

Pa	Part IV,	line 15, for any edule F-1 if add	sistance to Orga recipient who rec litional space is ne	nizations or Entiti eived more than \$5, eded.	es Outside the Ur ,000. Check this bo	nited States. Composite of the composition of the c	plete if the organiza received more thai	tion answered "Yes n \$5,000	" to Form 990, ▶ 厂
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		_							
		-							
		-							
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		-							
		-							
		-							
		-							
2	Enter total nu has provided	mber of organi a section 501(c	zations that are re	cognized as charities	s by the foreign cou	ntry or for which th	e grantee or counse	el . ▶	
3	Enter total nu	mber of other o	organizations or er	ntities				. ▶	

	F-1 (Form 990) if a			ted States. Complete	ii ule organization a	iliswered tes to form	990, Part IV, line 16.
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2008

Complete this part t	o provide the information required	ın Part I, line 2, and any other additional information.
Identifier	ReturnReference	Explanation

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Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspect ion

Employer identification number

LaGrange College						58-0566199	
Part I General Infor	mation on Grai	nts and Assistance	2			'	
Does the organization mathematical the selection criteria useDescribe in Part IV the organization	d to award the grar	nts or assistance?					V Yes □
Form 990, Part Part IV and Sch	IV, line 21 for ar edule I-1 if addii	ny recipient that rece tional space is	eived more than \$5,0	00. Check this box	tes. Complete if the call if no one recipient rec	served more than \$5,	
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)	,	(h) Purpose of grant or assistance
2 Enter total number of seconganizations					· · · · · · · · · ·		-
For Paperwork Peduction Act Not							hedule I (Form 990) 2008

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line	e 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
Student Financial Assistance	717	5,202,293	0	n/a	n/a

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
MONITORING THE USE OF GRANT FUNDS	FORM 990, SCHEDULE I, PART I, QUESTION 2	LaGrange College awards both merit-based (non-need-based) and need-based aid to eligible students. Merit-based aid is awarded based on criteria such as academic excellence, leadership, and talent. Need-based aid is awarded based on demonstrated financial need as determined by family income and asset information reported on the Free Application for Federal Student Aid (FAFSA). Continued eligibility is determined annually by a review of a student's compliance with Satisfactory Academic Progress standards, grade point average for the continuation of merit-based aid, and submission of a renewal FAFSA in awarding of need-based aid. There were 717 students awarded institutional scholarships and grants in 2008-2009.

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OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

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.

2008

Open to Public Inspection

Name of the organization **Employer identification number** LaGrange College 58-0566199 Pariet Ouestions Regarding Compensation

			Yes	Νο
1a	Check the appropiate 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			
	First class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	Yes	
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?	2	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization organization's CEO/Executive Director Check all that apply			
	Compensation committee Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
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		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νο
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4с		Νο
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in 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 any compensation contingent on the revenues of			
а	The organization?	5a		Νo
b	Any related organization?	5b		Νο
	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			
а	The organization?	6a		Νo
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 non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		Νo
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		No

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-MI	SC compensation	(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior Form
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation benefits		(6)(1)-(6)	990 or Form 990-EZ
F STUART GULLEY	(ı) (ıı)	215,845 0	0	0	20,000	49,623 0	285,468 0	0 0
	(ii)							
	(i)							
	(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	Return Reference	Explanation
REIMBURSEMENT	FORM 990, SCHEDULE J, PART I, LINE 1A	F STUART GULLEY, LAGRANGE COLLEGE PRESIDENT, RECEIVED A PROVISION OF HOUSING AND SOCIAL CLUB MEMBERSHIP B DAVID ROWE, LAGRANGE COLLEGE VICE PRESIDENT FOR ADVANCEMENT, RECEIVED A SOCIAL CLUB MEMBERSHIP
-		
-		

Schedule J (Form 990) 2008

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Open to Public **Inspection**

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.

Name of the organization

Employer identification number LaGrange College 58-0566199

P	art I Bond Issues (Required	for 2008)												
	(a) Issuer Name	(b) Issuer EIN	Issuer EIN (c) CUSIP # (d) Date Issued (e) Issue Price (f) Description of		Purpose	(g) De	(g) Defeased E)On nalf of suer					
											Yes	No	Yes	No
A	DEVELOPMENT AUTHORITY OF LAGRANGE GEORGIA			10-13-2007 37,00		aan aaa	CONSTRUC RESIDENCE		IBRARY,		x		х	
Pa	Proceeds (Optional for	2008)	•								l			
1	1 Total Proceeds of Issue			4	A	E	В			D			E	
2	Gross Proceeds in Reserve Funds													
3	Proceeds in Refunding or Defeasai	nce Escrows												
4	Other Unspent Proceeds													
5	Issuance Costs from Proceeds													
6	6 Working Capital Expenditures from Proceeds													
7	Capital Expenditures from Proceed	ds												
8	Year of Substantial Completion					•		•		•		· ·		
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No
9	Were the bonds issued as part of a	a current refunding is	sue?											
10	Were the bonds issued as part of a	an advance refunding	ıssue?											
11	Has the final allocation of proceed	s been made?												
12	Does the organization maintain ad final allocation of proceeds?	equate books and red	cords to support the											
Pa	rt III Private Business Use	(Optional for 2008	?)					_						
					A		B I	-		D			E	
	Weekler			Yes	No	Yes	No	Yes	No	Yes	No	Ye	5	No
1	Was the organization a partner in a which owned property financed by		ember of an LLC,											
2	Are there any lease arrangements which may result in private busine		inanced property											
F	Demonstrate Deducation Ast Notice and the					C-1 N- FO1	LOGE			_	L - J - J - 17 .	/ E = 00	A \ 3AA	_

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

		4	A	В		C		D		I	E
		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	С		D		E	
		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?										

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Schedule L Transactions with Interested Persons

(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.

Open to Public Inspection

LaGrange College					[mpioy	er ide	ntirica	t ion r	number	
						58-0566199					
Part I Excess Benefit Transac To be completed by organization	•			٠,	. , .				. D	+ \ / luna	40h
		es on	·					90-62		(c) Corr	
1 (a) Name of disqualifie	d person		(b) Des	crıpt	ion of trans	action			ľ	Yes	No
									\longrightarrow		
									\dashv		
									\dashv		
2 Enter the amount of tax imposed on	the organization man	nagers	or disqualified pers	ons	during the y	earui	nder				
section 4958				•				\$ ——			
3 Enter the amount of tax, If any, on III			the organization .	•		• •		\$			
Part II Loans to and/or From To be completed by organize			on Form 990. Part	IV.I	ıne 26. or F	orm 9	90-E	Z. Part	V. lır	ne 38a	
· · · · · · · · · · · · · · · · · · ·	(b) Loan to or				,			(f	·)		
(a) Name of interested person and	from the	(c)	O riginal principal	(4)E	Balance due	(e) In default?		A ppr			ritten ment?
purpose	organization?	amount		Jaianee aae			committee?		1 -		
	To From					Yes	No	Yes	No	Yes	No
										+	-
										+	
										1	
otal											
To be completed by orga				90,	Part IV, lır	ne 27					
(a) Name of interested person		-	ween interested pe	rson	(c)A m	ount d	of grai	nt or ty	pe of	assista	nce
	an	ia the o	organization								
Part IV Business Transactions	Involving Inter	ested	l Persons								
To be completed by orga				90,	Part IV, lır	ne 28	a, 28	b, or λ	28c.		
	(b) Relationsh between interes		(c) A mount of							(e) Sha	_
(a) Name of interested person	person and th		transaction		(d) Descr	iption	of tra	ınsactı	on [reven	
	organization								\rightarrow	Yes	No
CALLAWAY GARDENS	TRUSTEE IS OFF	ICER	14,2		EMPLOYEE PROGRAM	MEM	BERS	HIP			Νo
SUNTRUST BANK	TRUSTEE IS OFF	ICER	50,9		VEHICLE L	EASE	PAY	MENTS	<u> </u>		No
NTERFACE INC	TRUSTEE IS OFF				LIBRARY F				;		Νο
RATSON - COOK COMPANY	TRUSTEE IS OFF	TOED I	6.065	383	I TRDADY C	\cap N S T	DIIC.	TION			N o

OMB No 1545-0047

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SCHEDULE M **Non-Cash Contributions**

(Form 990)

Department of the Treasury

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

Internal Revenue Service Name of the organization Employer identification number LaGrange College

					58-0566199			
Pa	rt I Types of Property	1		<u> </u>				
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of de reven	etermi	nıng	
1	Art—Works of art	X	2		FMV			
	Art—Historical treasures .	- ''	_					
	Art—Fractional interests							
	Books and publications	X		4,547	FMV			
	Clothing and household							
	goods	X		250	FMV			
6	Cars and other vehicles	Х	1	33,281	FMV			
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .							
.0	Securities—Closely held stock $$.							
.1	Securities—Partnership, LLC, or trust interests							
2	Securities—Miscellaneous							
.3	Qualified conservation contribution (historic structures)							
.4	Qualified conservation contribution (other)							
.5	Real estate—Residential .	Х	1	12,500	FMV			
6	Real estate—Commercial							
7	Real estate—Other							
8	Collectibles							
9	Food inventory							
0	Drugs and medical supplies .							
1	Taxidermy							
2	Historical artifacts							
:3	Scientific specimens							
4	Archeological artifacts							
:5	Other (describe)							
6	Other (describe)							
7	Other (describe)							
8	Other (describe)							
29	Number of Forms 8283 received which the organization complete Acknowledgement	, ,	, ·	ar for contributions for	29			1
	-						Yes	No
0a	During the year, did the organization hold for at	ition receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it must			
	least three years from the date of for the entire holding period? .			not required to be used for a	exempt purposes	30a		No
b	If "Yes", describe the arrangeme	ent in Part 1	II					
1	Does the organization have a gif	tacceptand	ce policy that requires the r	review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us contributions?			to solicit, process, or sell i	non-cash	32a	Yes	
b	If "Yes", describe in Part II							
33	If the organization did not report checked, describe in Part II	revenues i	n Column (c) for a type of p	property for which Column (a	a) is			

Schedule M (Form 990) 2008 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. Identifier ReturnReference Explanation FORM 990, SCHEDULE M, LINE 32A LAGRANG COLLEGE USES A REALTOR TO PROCESS REAL USE OF THIRD PARTIES ESTATE CONTRIBUTIONS, AND A BROKER TO PROCESS AND SELL SECURITIES

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

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.

2008

Open to Public Inspection

Name of the organization
LaGrange College
58-0566199

ldentifier	Return Reference	Explanation
BOARD REVIEW OF FORM 990	FORM 990, PART VI, SECTION A, QUESTION 10	INDEPENDENT ACCOUNTANTS PREPARED FORM 990 MANAGEMENT REVIEWED THE RETURN PRIOR TO FILING MANAGEMENT DISTRIBUTED A COPY OF THE 2008 FORM 990 TO THE EXECUTIVE COMMITTEE OF THE BOARD

ldentifier	Return Reference	Explanation
CONFLICT OF INTEREST POLICY	FORM 990, PART VI, SECTION B, QUESTION 12C	Individuals must disclose in writing any potential or actual known conflicts of interest. Disclosure by members of the Board and by the President should be made to the Chairman of the Board. Disclosure by the Board. Chairman should be directed to the Executive Committee of the Board. Disclosure by all other affiliates of the College should be directed to the Executive Vice President for Administration or the President. Disclosure by the Executive Vice President for Administration should be directed to the President. If the person receiving the disclosure perceives a conflict may exist, that person shall convene a committee of peers to investigate the conflict, make a decision as to whether or not a conflict exists and offer a decision as to whether or not continuing in the arrangement is in the College's best interest.

ldentifier	Return Reference	Explanation
COMPENSATION REVIEW	FORM 990, PART VI, SECTION B, QUESTION 15	LaGrange College'S BOARD OF DIRECTORS DESIGNATED THE EXECUTIVE COMMITTEE TO BE RESPONSIBLE FOR ESTABLISHING COMPENSATION PRACTICES WHICH ARE REASONABLE AND DO NOT VIOLATE THE PRIVATE INUREMENT PROHIBITION THE PRACTICES AND PROCESSES ARE DESIGNED TO AVOID ANY CLAIM FOR INTERMEDIATE SANCTIONS AND TO SATISFY THE REQUIREMENTS TO OBTAIN THE REBUTTABLE PRESUMPTION LAGRANGE COLLEGE HAS A FULL-TIME HUMAN RESOURCE DIRECTOR, AND USES COMPARABLE DATA FROM SOURCES LIKE THE COLLEGE AND UNIVERSITY PROFESSIONAL ASSOCIATION (CUPA) FOR BENCHMARKING EXERCISES IN SETTING MEDIAN SALARY RANGES

ldentifier	Return Reference	Explanation
GOVERNING DOCUMENTS		LaGrange College DOES NOT MAKE ITS GOVERNING DOCUMENTS, FINANCIAL STATEMENTS, OR ITS CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC

DLN: 93493137007360

2008

OMB No 1545-0047

Open to Public Inspection

Related Organizations and Unrelated Partnerships

Department of the Treasury Internal Revenue Service

(Form 990)

SCHEDULE R

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ► See separate instructions.

Name of the organization **Employer identification number** LaGrange College 58-0566199 Part I Identification of Disregarded Entities (A) Name, address, and EIN of disregarded entity (D) (B) (C) Legal domicile (state Total income End-of-year assets Direct controlling Primary activity or foreign country) entity Part II Identification of Related Tax-Exempt Organizations (B) Name, address, and EIN of related organization Legal domicile (state Exempt Code section Public charity status Direct controlling Primary activity or foreign country) (if section 501(c)(3)) entity

Part III Identification of R	1				I	T		1		1			_
(A) Name, address, and EIN of related organization	(B) Primary acti	vity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of- year assets	Disproj	(H) reprtionate cations? Code V—UBI amou on Box 20 of K-1			Gener mana partr	alo ging ner?
								Yes	No			Yes	No
								-	-				
								-					
								-					
Part IV Identification of R	Related Orga	nizations	Taxable	as a Corporation	or Trust								
(A) Name, address, and EIN of related o	organization	(B) Primary ac	tivity	(C) Legal domicile (state or foreign country)	(D) Direct controlling	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total ind	come	Sł end	(G) nare of -of-year assets	Perce	H) entage ership	
LaGrange College Pooled Income Fund 1111 bay ave 4th floor columbus, GA31901 58-6236269		chantable tru	st	GA	na	trust		0		0	100 9	/o	
DOBBS TRUST 100 N MAIN ST 13TH FLOOR WINSTONSALEM, NC27150 58-6026549		charitable tru	st	GA	NA	TRUST		0		0	100 %	%	
WILSON TRUST 1111 bay ave 4th floor columbus, GA31901 58-6236269		charitable tru	st	GA	NA	TRUST		0		0	90 03	3 %	
CORN ART TRUST 1111 bay ave 4th floor columbus, GA31901		charitable tru	st	GA	NA	TRUST		0		0	100 9	/ o	
FACKLER TRUST 1111 bay ave 4th floor columbus, GA31901 22-6916098		charitable tru	st	GA	NA	TRUST		0		0	100 9	/ ₀	

Part V	Transactions with Related Organizations
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Pel	τν	Transactions with Related Organizations							
	Note.	Complete line 1 if any entity is listed in Parts II, III or IV			Ye	s No			
1 Du	rıng th	e tax year, did the orgranization engage in any of the following transaction	s with one or more related organizations listed in Parts II-	IV?		T			
а	Recei	pt of (i) ınterest (ii) annuıtıes (iii) royaltıes (iv) rent from a controlled entı	ity		1a	No			
b	Gıft, g	rant, or capital contribution to other organization(s)			1b	No			
c	Gıft, g	rant, or capital contribution from other organization(s)			1c	No			
d	Loans	or loan guarantees to or for other organization(s)			1d	No			
e	Loans	or loan guarantees by other organization(s)			1e	No			
f	Sale o	f assets to other organization(s)			1f	No			
g	Purchase of assets from other organization(s)								
h	Excha	nge of assets		<u>:</u>	1h	No			
i 1	i Lease of facilities, equipment, or other assets to other organization(s)								
j	Lease	of facilities, equipment, or other assets from other organization(s)		<u> </u>	1j	No			
k	Perfor	mance of services or membership or fundraising solicitations for other org	anızatıon(s)	<u>:</u>	1k	No			
1 1	Perforr	nance of services or membership or fundraising solicitations by other orga	anization(s)		11	No			
m	m Sharing of facilities, equipment, mailing lists, or other assets								
n	Sharır	ng of paid employees		<u>:</u>	1n	No			
o	Reımb	ursement paid to other organization for expenses		<u> </u>	10	No			
р	Reımb	ursement paid by other organization for expenses		<u> </u>	1p	No			
q	Other	transfer of cash or property to other organization(s)		<u> </u>	1q	No			
r	O ther	transfer of cash or property from other organization(s)		Ĺ	1r	No			
2	Ifthe	answer to any of the above is "Yes," see the instructions for information or	n who must complete this line, including covered relationsl	nips and transaction thresholds					
		(A)	(B) Transaction	(C)					
		Name of other organization(s)	type(a-r)	Amount Involved					
(1)									
(2)									
<u> </u>									
(3)									
(4)									
(+)									
(5)									
(6)					· · · · · ·				

Part VI Unrelated Organizations Taxable as a Partnership

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) Are all partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?)
			Yes	No		Yes	No		Yes	No		
			•	•		•		Cabadul	D / Form			

Software ID: Software Version:

EIN: 58-0566199

Name: LaGrange College

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa												
		Posit +	(C ion (d hat a	chec		I				(F)		
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei		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		
RAY C ANDERSON , TRUSTEE	1 0	Х						0	0	0		
GEORGE W BAKER JR , TRUSTEE	1 0	Х						0	0	0		
J KENNERLY BOATWRIGHT III , TRUSTEE	1 0	Х						0	0	0		
HAL N BRADY III , TRUSTEE	1 0	Х						0	0	0		
JAMES F BRUCE JR , TRUSTEE	1 0	Х						0	0	0		
H SPEER BURDETTE III , TRUSTEE	1 0	Х						0	0	0		
ROBERT B COPELAND , TRUSTEE	10	Х						0	0	0		
GEORGE W DARDEN , TRUSTEE	10	Х						0	0	0		
E MALONE DODSON , TRUSTEE	10	Х						0	0	0		
NANCY N DURAND , TRUSTEE	10	Х						0	0	0		
GARNETT J GIESLER , TRUSTEE	10	Х						0	0	0		
EDMUND C GLOVER , TRUSTEE	10	Х						0	0			
ELIZABETH C HARRIS , TRUSTEE	1 0	Х						0	0			
SCOTT D HAWKINS , TRUSTEE	10	Х						0	0			
WILLIAM M HODGES , TRUSTEE	1 0	Х						0	0			
PAT H HOLDER , TRUSTEE	1 0	Х						0	0	0		
JOHN S HOLLE , TRUSTEE	10	Х						0	0			
WAYNE HUNTER , TRUSTEE	10	Х						0	0	0		
CHARLES M MILLER , TRUSTEE	10	Х						0	0			
POLLY C MILLER , TRUSTEE	10	Х						0	0			
PEGGY COBB SCHUG , TRUSTEE	10	Х						0	0			
CHARLES W SMITH , TRUSTEE	10	Х						0	0			
RICHARD W STORY , TRUSTEE	10	Х						0	0	0		
ALMONESE CLIFTON WILLIAMS , TRUSTEE	10	Х						0	0	0		
A QUILLIAN BALDWIN JR , TRUSTEE	1 0	Х						0	0	0		
JANET GIPSON CASWELL, TRUSTEE	1 0	Х						0	0	0		
ROBERT L JOHNSON , TRUSTEE	1 0	Х						0	0	0		
HAROLD A LAWRENCE JR , TRUSTEE	1 0	Х						0	0			
MARIE T MOSHELL , TRUSTEE	10	Х						0	0			
H ANDREW OWEN JR , TRUSTEE	1 0	Х						0	0	0		

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa		•									
		Posit t	(C tion (hat a	chec		I			(E)	(F) Estimated amount of other compensation from the organization and related organizations	
(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)		
STANLEY E THOMAS , TRUSTEE	1 0	Х						0	0	0	
LINDA BUCHANAN , VP STUDENT LIFE & Retention	40 0	Х		х				106,431	0	16,346	
F STUART GULLEY , PRESIDENT	40 0	Х		Х				215,845	0	69,623	
B DAVID ROWE , VP FOR ADVANCEMENT	40 0	Х		х				108,207	0	21,610	
PHYLLIS D WHITNEY , EXECUTIVE VP ADMIN	40 0	х		х				112,868	0	24,169	
REVEREND CINDY AUTRY , TRUSTEE	10	Х						0	0	0	
AMOST BEASON TED , TRUSTEE	1 0	Х						0	0	0	
EDWARD C CALLAWAY , TRUSTEE	1 0	Х						0	0	0	
AARON M HILL , TRUSTEE	1 0	Х						0	0	0	
JARED T JONES , TRUSTEE	1 0	Х						0	0	0	
KATHY R MCCOLLUM , trustee	10	Х						0	0	0	
JOE F RAGLAND , TRUSTEE	10	Х						0	0	0	
EDWARD D SMITH , TRUSTEE	10	Х						0	0	0	
NANCY K STEVENS , trustee	10	Х						0	0	0	
B MICHAEL WATSON , TRUSTEE	10	Х						0	0	0	
GEORGE F WHEELOCK III , TRUSTEE	10	Х						0	0	0	
DEEDEE G WILLIAMS , TRUSTEE	10	Х						0	0	0	
RICHARD C WOLFE , TRUSTEE	10	Х						0	0	0	
HOWARD J WRIGHT , TRUSTEE	10	Х						0	0	0	
CAROLYN BERNARD BECKER , TRUSTEE	1 0	х						0	0	0	
SAMUEL G CANDLER , TRUSTEE	10	X						0	0	0	
J PHILIP CLEAVELAND , TRUSTEE	10	Х						0	0	0	
LOVICK P CORN , TRUSTEE	10	Х						0	0	0	
WILLIAM B FACKLER JR , TRUSTEE	10	Х						0	0	0	
CHARLES L FOSTER JR , TRUSTEE	10	Х						0	0	0	
CLIFFORD C GLOVER , TRUSTEE	10	Х						0	0	0	
G SANDERS GRIFFITH III , TRUSTEE	10	Х						0	0	0	
CHARLES D HUDSON , TRUSTEE	10	Х					L_	0	0	0	
L BEVEL JONES III , TRUSTEE	10						<u> </u>	0	0	0	
J SMITH LANIER II , TRUSTEE	10	Х				<u> </u>		0	0	0	

Form 990, Part VII - Section Aaa

		Posit t	(C non (hat a	chec	1				(F)
(A) Name and Title	(B) Average hours per week	ensated yee Trustee		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		
C STEPHEN LYNN , TRUSTEE	1 0	Х					0	0	0
WALTER Y MURPHY , TRUSTEE	1 0	Х					0	0	0
HOWARD R PARK , TRUSTEE	1 0	Х					0	0	0
S CLIFF RAINEY , TRUSTEE	1 0	Х					0	0	0
JOHN W STEWART JR , TRUSTEE	1 0	Х					0	0	0
JOHN L WAITES , TRUSTEE	1 0	Х					0	0	0
DANIEL W LEE , TRUSTEE	1 0	Х					0	0	0
J BARRY BENNETT , TRUSTEE	1 0	Х					0	0	0
NINA DULIN-MALLORY , Faculty Representative	1 0	Х					0	0	0
GREG A MCCLANAHAN , INTERIM VP ACADEMIC AFFAIRS	40 0	Х		х			92,427	0	13,031
DANA PAUL , VP ENROLLMENT MANAGEMENT	40 0	Х		х			99,662	0	20,204
WALTER Y MURPHY , TRUSTEE	1 0	Х					0	0	0
QUINCY D BROWN , CHAPLAIN	40 0			Х			58,280	0	13,857
JAY SIMMONS , VP ACADEMIC AFFAIRS	40 0			х			72,912	0	10,280
DONALD LIVINGSTON , PROFESSOR OF EDUCATION	40 0				Х		91,374	0	12,090
WILLIAM MCCOY , PROFESSOR OF CHEMISTRY/PHYSICS	40 0				х		109,281	0	0
PHIL WILLIAMSON , ATHLETIC DIRECTOR	40 0				х		91,282	0	12,078
JOHN LAWRENCE , PROFESSOR	40 0				Х		89,933	0	16,067
Lee Johnson , Associate Professor	40 0	_			Х		114,256	0	16,760

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

LaGrange College, established in 1831, is owned by the North Georgia Conference of The United Methodist Church. LaGrange College is proud of this relationship and believes that its mission is an extension of the work of The United Methodist Church. LaGrange College is committed to the free, uninhibited pursuit of truth. Academic freedom and free expression of faculty and students are integral to the LaGrange College ethos. LaGrange College is committed to challenging the minds and inspiring the souls of students by improving their creative, critical and communicative abilities. Faculty recognize the part they play in a student's development by serving as mentors and role models. The total LaGrange College program - curricular and cocurricular - is designed to challenge and support students as they deal with fundamental issues of self, world, and God. The principal curricular means by which the College assists students in the improving of their creative, critical and communicative abili

Software ID:

Software Version:

EIN: 58-0566199

Name: LaGrange College

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
--------------------------	--	-------------------------	------------------------------	------------------------------------	---	--	--