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$_{\text{Form}}990$

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

Open to Public

Inspection

A Fo	rthe 2	2009 calendar ye	ear, or tax year beginning 0	7-01-2009 an	d ending 06-30-20	10				
	eck ıf ap		C Name of organization EMORY & HENRY COLLEGE		-		D Employer ider	ntification number		
Add	dress cha	ange use IRS label or	Doing Business As				54-0505892 E Telephone nu			
Naı	me chan	nge print or type. Se								
Init	al retur		Number and street (or P O	box if mail is not d	elivered to street add	ress) Room/suite	(276) 944-6 G Gross receipts \$			
Ter	mınated		PO BOX 947				C closs receipts 4			
Am	ended r	eturn	City or town, state or counti EMORY, VA 243270947							
App	olication	pending								
			ame and address of principa	lofficer			is a group return			
		РО В	OX 947	ates?	⊤Yes ▼ No					
		EMO	RY,VA 24327	1	H(b) Are all affiliates included?					
T Ta	x-exem	pt status 🔽 501	(c) (3) ◀ (insert no)	l _	o," attach a list up exemption nur	(see instructions)				
		: www.ehc.edu		H(c) Grou	ap exemption har	ilber P				
	n of org rt I		ration Trust Association	Other F		L Year of fo	ormation 1839 M	State of legal domicile VA		
			the organization's mission o	r most significa	ant activities					
Governance		to be a focus Th future of our plar highest national	ontinued to create positive : ne development of values an net continued, as well Emor recognition for community s ne nation in providing effectiv	d skills to make y & Henry Colle service and ser	e decisions that w ege was honored w vice learning New	ill improve the ith the Preside sweek ranked	quality of life with ntial Award for S	hout jeoparding the ervice Learning, the		
26 47	2	Check this box	If the organization disco	ntınued its ope	rations or dispose	d of more than	25% of its net a	ssets		
Activities &			g members of the governing					37		
Ę			endent voting members of the	_	ody (Part VI, line 1	lb)		825		
q.	1		employees (Part V, line 2a) volunteers (estimate if nece		•		5 6	150		
	1		lated business revenue fron	• •			7a			
		_	isiness taxable income from			•	7b			
						Pric	or Year	Current Year		
gı.	8	Contributions a	and grants (Part VIII, line 1	h)			5,914,513	4,992,790		
Revenue	9	3	e revenue (Part VIII, line 2	•			27,311,231	29,486,442		
ЖèV	10 11		ome (Part VIII, column (A) (Part VIII, column (A), line:		-	•	5,625,147	5,122,737		
	12		-add lines 8 through 11 (mu			ne				
		12)	<u> </u>	<u> </u>	<u> </u>		38,850,891	39,601,969		
	13		illar amounts paid (Part IX,		-		10,787,175	12,260,608		
	14 15	•	o or for members (Part IX, co compensation, employee be		·	5_	0	0		
8	13	10)	compensation, employee be	ments (rait IX)	column (A), mies		13,493,660	13,522,742		
Expenses	16a	Professional fu	ndraising fees (Part IX, colu	mn (A), lıne 11	e)		0	0		
짚	ь	_	xpenses (Part IX, column (D), line	•						
	17		s (Part IX, column (A), lines			•	11,312,003	11,150,586		
	18 19	·	s Add lines 13-17 (must ed expenses Subtract line 18 fi	•	,		35,592,838	36,933,936		
Net Assets or Fund Balances		Kevenue less e	Apended Subtract line 10 ii			_	g of Current Year	End of Year		
10 of	20	Total assets (P	art X, line 16)				147,616,360	158,036,620		
4. A. A. B.	21		(Part X, line 26)				22,602,180	27,325,124		
žĒ	22	Net assets or f	und balances Subtract line	21 from line 20			125,014,180	130,711,496		
Pai	rt II	Signature E								
			регјигу, I declare that I have exa e, correct, and complete Declarat							
C:		<u> </u>								
Sign Here		Signature of off	ficer			2011 Date	-02-11			
		DIRK WILMOTH Type or print na	I VP FOR BUSINESS & FINANCE ame and title							
		Preparer's		Date		Check If	Preparer's identify			
Paid		signature		self- empolyed 🕨 🦵						
	arer's	Firm's name (or yo	urs			· · · · · · · · · · · · · · · · · · ·	EIN Þ			
Use (Only	if self-employed), address, and ZIP +	4 🔽 ———————————————————————————————————							
							Phone no 🕨			

Form 990 (2009)

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

Emory & Henry College is a learning community in pursuit of excellence, engaging a diverse group of well-qualified men and women in educational experiences in which students confront historical and contemporary ideas and issues, and develop the ability to think critically about all areas of human experience. These educational experiences lead to lives of service, productive careers and global citizenship. Emory & Henry strives to provide the highest quality liberal arts education, combining tradition and innovation as it transforms lives and creates positive social change in our region, our nation, and our world

2	Did the organization the prior Form 990 or		ant program se	rvices during the year v	which were not listed on	✓ Yes No
	If "Yes," describe the	se new services on S	chedule O			
3	Did the organization of services?		make sıgnıfıcan • • •	t changes in how it con	ducts, any program • • • • • • •	┌ Yes ┌ No
	If "Yes," describe the	se changes on Sched	ule O			
4	Section 501(c)(3) an	d 501(c)(4) organizat	ions and section		argest program services by e required to report the amo ervice reported	
4a	(Code) (Expenses \$	23,370,385	ıncludıng grants of \$	12,260,608) (Revenue \$	22,356,503)
	Bachelor of Science and scholarships and grants, faculty-student ratio is a support the academic surtutors, skill development documented disabilities), Highlights of academic	Bachelor of Art degrees in supporting the pursuit of d pproximately 1 11, providiccess of all students, acade , workshops, academic cou and the Office of the Acade ccomplishments for the year munity and Organizationa	over 50 fields of st egrees Formal cla ing for personalized emic services were unseling, career se demic Dean Quant ar include initiatio	udy Student financial aid was sroom instruction was provided through the library vices, personal counseling stative Literacy and Writing In of the new Core Curriculur.	ion to 877 full-time equivalent strass provided to nearly every stude ded by approximately 75 full-time incomments. To assist the instruction, academic computing, the Powervices, and academic accommodabs are made available to stude in, initiation of the new Honors Proposition which is an important, in	nt through a variety of e teaching faculty members. The on programs of the College and to ll Resource Center (providing lations for students with hits on an ongoing basis. Academiogram, initiation of the new
4b	(Code) (Expenses \$	4,809,228	ıncludıng grants of \$) (Revenue \$	6,897,197)
	Taskforce, new dorm cor expand, providing more	nstruction was initiated to place flexibility and additional stand mercantile for the conve	provide new housir udent services Bo	ng options for over 100 beds oks, art and school supplies,	neals Based on the recommenda Utilization of the new Campus C and essential grocery and health de available to students through t	neCard System continued to products were provided through
4c	(Code) (Expenses \$	4,624,755	ıncludıng grants of \$) (Revenue \$	232,742)
	Various services were pro and Financial Aid, the Re Students 891 students in those students also quali students for community	ovided to students through gistrar, the Student Health eceived some form of fina fied to work on campus ar	many programs a n Center, the Appa ncial aid through so nd by doing so, eat arriety of service pr	nd offices, including athletics achian Center for Coummun cholarships and grants, provi med valuable work experien	s, intramural sports, the Martin Br hity Service, the Bonner program, ding them the opportunity to purs ces while learning Additional opp which students partner with loca	ock Student Center, Admissions and the Office of the Dean of sue a higher education Many of ortunities were provided to all
4d	Other program servi	ces (Describe in Sch	edule O)			
	(Expenses \$	0 inc	luding grants o	f \$	O) (Revenue \$	0)
4e	Total program service	e expenses►\$	32,804,36	 8		

Part IV	Checl	dist o	f Requi	red s	Sche	dules
		11136 0	ı ivcuuli	···	3 0110	4416

			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		Νο
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 similar funds or 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? <i>If "Yes," complete Schedule D, Part II</i>	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		No
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, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12 A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school 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 United States?	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 United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part I	14b		Νο
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 U S? If "Yes," complete Schedule F, Part II	15		Νο
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 U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions 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 of gross income from gaming activities 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

Form	990 (2009)			Page 4
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States 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 of grants and other assistance to individuals in the United States 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, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? 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 line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	Yes	
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	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
h	A family member of a current or former officer, director, trustee, or key employee? <i>If</i> " <i>Yes,"</i>	204		INO
	complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
36	Section 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
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Form 990 (2009)										
Part 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									
		1a	50)						

		1a	50			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments t gaming (gambling) winnings to prize winners?	o vend	dors and reportable	1 c		
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 return	2a	825			_
b	If at least one is reported on line 2a, did the organization file all required federal emp Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-fil instructions)			2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more durin return?	year covered by this	3a		No	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Scho	edule (o	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a sover, a financial account in a foreign country (such as a bank account, securities acaccount)?	or other financial	4a		No	
b	If "Yes," enter the name of the foreign country ►	Report	of Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during	ng the	tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	elter transaction?	5b		Νο
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-E Prohibited Tax Shelter Transaction?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$1 organization solicit any contributions that were not tax deductible?	-		6a		N o
Ь	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?		6Ь			
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribut services provided to the payor?		7a		N o	
b	If "Yes," did the organization notify the donor of the value of the goods or services p	rovide	d?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal proper file Form 8282?	which it was required to	7c		No	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay benefit contract?	prem	iums on a personal	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a person	onal b	enefit contract?	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8	8899	as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization for required?	ile a F	orm 1098-C as	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, or a donor advised fund maintained by a sponsoring organization business holdings at any time during the year?	anızat	ion, have excess	8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person	?.		9b		
10	Section 501(c)(7) organizations. Enter		•			
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter		•			
	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 99	0 ın lı	eu of Form 1041?	12a		
_ b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
						(2.2.2.)

PO Box 947

Emory, VA 243270947 (276) 944-6814

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

Se	ction A. Governing Body and Management					
	ction A. Governing body and Planagement				Yes	No
					163	140
1a	Enter the number of voting members of the governing body	1a	37			
b	Enter the number of voting members that are independent	1b	36			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?	ıness	relationship with any	2		No
3	Did the organization delegate control over management duties customarily performe			3		
4	supervision of officers, directors or trustees, or key employees to a management coil Did the organization make any significant changes to its organizational documents s		•			Νο
_	filed?			4		No
5	Did the organization become aware during the year of a material diversion of the organization			5		No
6	Does the organization have members or stockholders?			6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect governing body?			7a		Νo
b	Are any decisions of the governing body subject to approval by members, stockhold	ers, o	other persons?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written action year by the following	ons ur	idertaken during the			
а	The governing body?			8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	-		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A,				103	
	organization's mailing address? If "Yes," provide the names and addresses in Sched	ule O		9		Νo
	ction B. Policies (This Section B requests information about policies not	requi	red by the Internal			
ке	venue Code.)				10	
					Yes	No
	Does the organization have local chapters, branches, or affiliates?			10a		Νo
Ь	If "Yes," does the organization have written policies and procedures governing the acaffiliates, and branches to ensure their operations are consistent with those of the or			10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing	ng bod	y before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Fo	orm 9	90			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually to conflicts?	ıntere •	sts that could give rise	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance wit describe in Schedule O how this is done	h the	policy? If "Yes,"	12c	Yes	
12	Does the organization have a written whistleblower policy?			13	Yes	
13 14	Does the organization have a written whistieblower policy?	•		14	Yes	
14 15	Did the process for determining compensation of the following persons include a revi			14	res	
	independent persons, comparability data, and contemporaneous substantiation of th		peration and decision?			
	The organization's CEO, Executive Director, or top management official			15a	Yes	
Ь	Other officers or key employees of the organization	•		15b		Νo
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture of	orsim	ılar arrangement with a			
h	taxable entity during the year?			16a		Νο
	participation in joint venture arrangements under applicable federal tax law, and take organization's exempt status with respect to such arrangements?	n ste	ps to safeguard the			
		•		16b		
	ction C. Disclosure					
17	List the States with which a copy of this Form 990 is required to be filed					
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable (3)s only) available for public inspection. Indicate how you make these available. Ch. Own website. A nother's website. Upon request.					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing interest policy, and financial statements available to the public. See Additional Data	-	•			
20	State the name, physical address, and telephone number of the person who possess	es the	books and records of th	e orga	nızatıor	ı -
	EMORY & HENRY COLLEGE					

Part VIII 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 Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

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

Check this box if the organization did i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
(A) Name and Title	(B) Average hours	Average Position (check all Reportable hours that apply) compensation						(E) Reportable compensation	(F) Estimated amount of other	
	per week	Institutional Trustee Individual trustee or director		Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

1 b	Total .										429,453	0	143,026

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►3

		Yes	No			
Did the organization list any former officer, director or trustee, key employee, or highest compensated employee						
on line 1a 11 Tes, complete schedule From such individual	3		Νo			
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such						
individual	4	Yes				
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		N o			
-	on line 1a? If "Yes," complete Schedule J for such individual	on line 1a? If "Yes," complete Schedule J for such individual	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Output Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services			

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)	(B)	(C)
Name and business address	Description of services	Compensation
Sodexo Inc & Affilifates PO BOX 536922 ATLANTA, GA 303536922	Food Services, Project Management Services	2,468,875
BurWil Construction Company BOX 637 BRISTOL, TN 37621	Construction Contractor	636,240
United Healthcare Plan PO BOX 88832 CHICAGO, IL 606951832	Employee Medical Plan Contract	1,286,010
Craig Gaulden and Davis Inc 19 WASHINGTON PARK GREENVILLE, SC 29602	ARCHITECTURE SERVICES	346,014
Jan Krukowski & Company Generation 55 WASHINGTON ST BROOKLYN, NY 11201	COMMUNICATIONS & DESIGN	395,065
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►11) who received more than	

Page 8

Part VIII		Statement of	of Revenue								
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514			
\$ \$	1a	Federated cam	paigns 1a	0							
Contributions, gifts, grants and other similar amounts	ь	Membership du	ıes 1b	0							
ಕ್ಟ್	c	•	ents 1c								
್ # ±	_	_									
ਰੂਵ	d		zations 1d								
ξŒ.	e	Government grants		119,871							
일 일	f	All other contribution similar amounts no	ons, gifts, grants, and 1f ot included above	4,872,919							
ĕŧ	g	Noncash contri	ibutions included in								
늍		lines 1a-1f \$ _	65,463								
ပွဲ မြ	h	Total. Add lines	s 1a-1f	▶	4,992,790						
				Business Code							
9⊒	2a	Tuition and Fees		611,310	22,356,503	22,356,503	0				
ie.	ь	Sales & Services fr	rom Educational	611,310	6,897,197	6,897,197	0				
22		Auxiliaries		011,510	0,037,137	0,037,137					
AC 6	c	Sales & Services, E	Educational Other	611,310	232,742	232,742	0				
Ę.	d										
Ë	e										
Program Serwce Revenue	f	All other progra	am service revenue		0	0	0	(
۶											
	g	Total. Add lines			29,486,442						
	3		ome (including dividen								
			aramounts)		5,125,248	5,125,248	0	(
	4	Income from inves	stment of tax-exempt bond	proceeds 🕨	0	0	0	(
	5	Royalties	<u> </u>		0	0	0	(
			(ı) Real	(II) Personal							
	6a	Gross Rents									
	ь	Less rental expenses									
	c	Rental income	0	0							
	۱ ا	or (loss)	me or (loss)	b -							
	d	Net rental inco									
	7a	Gross amount	(i) Securities 240,463	(II) O ther							
	⁷	from sales of	210,103	, and the second							
		assets other than inventory									
	ь	Less cost or other basis and	242,974	0							
		sales expenses									
	c	Gain or (loss)	-2,511	0							
	d	Net gaın or (los	ss)		-2,511	-2,511	0	(
	8a		rom fundraising								
пe		events (not inc	luding 0								
<u>₹</u>		\$ of contributions	 s reported on line 1c)								
é			ne 18								
<u>.</u>			а								
Other Revenue	ь		penses b								
ō	С	Net income or ((loss) from fundraising	events 🟲							
	9a		rom gaming activities								
		See Part IV, III	ne 19								
			a								
	Ь		penses b	urtinos 🛌							
	10a		(loss) from gaming acti	ville5							
	Tua	Gross sales of returns and allo									
			a								
	ь	Less cost of a	oods sold b								
	c	_	(loss) from sales of inve	entory 🟲							
		Miscellaneou		Business Code							
	11a										
	ь										
						-					
	c	A.II									
			ue								
	е	Total. Add lines	s 11a-11d		0						
	, ,	Tatel	Can Instruction								
	12	iotal revenue.	See Instructions .	•	39,601,969	34,609,179	0	o			

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	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).						
			(B), (C), and (B)	(D).	(D)		
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses		
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV, line 21 $$						
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	12,260,608	12,260,608				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16						
4	Benefits paid to or for members						
5	Compensation of current officers, directors, trustees, and key employees	383,609	383,609				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$						
7	Other salaries and wages	10,597,509	8,897,184	1,354,070	346,255		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	416,785	342,921	59,307	14,557		
9	Other employee benefits	1,374,549	1,057,227	288,006	29,316		
10	Payroll taxes	750,290	635,598	89,306	25,386		
11	Fees for services (non-employees)						
а	Management						
b	Legal	646		646			
c	Accounting	78,010		78,010			
d	Lobbying						
e	Professional fundraising See Part IV, line 17						
f	Investment management fees						
g	Other	142,937	53,001	89,625	311		
12	Advertising and promotion	48,685	8,779	39,906			
13	Office expenses	1,427,379	1,219,467	124,546	83,366		
14	Information technology	328,913	154,243	174,670			
15	Royalties						
16	Occupancy	3,954,110	3,686,108	268,002			
17	Travel	410,970	361,647	18,571	30,752		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials						
19	Conferences, conventions, and meetings	522,536	365,715	129,947	26,874		
20	Interest	678,740	525,420	153,320			
21	Payments to affiliates						
22	Depreciation, depletion, and amortization	2,367,547	1,928,028	<u> </u>			
23 24	Insurance	198,227	171,940	26,287			
	grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)						
а	Publications	285,775	241,434	42,310	2,031		
b	Memberships/Dues	150,157	98,886	50,511	760		
С	WEHC Radio	108,469	108,469	 	0		
d	I-Hey Athletics	101,409	101,409	0	0		
e	Field Biology Study	44,629	44,629	 	0		
f	All other expenses	301,447	158,046	127,894	15,507		
25	Total functional expenses. Add lines 1 through 24f	36,933,936	32,804,368	3,554,453	575,115		
26	Joint costs. Check here ► ☐ 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						

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			53,412	1	49,250
	2	Savings and temporary cash investments			14,106,341	2	14,502,252
	3	Pledges and grants receivable, net	nd grants receivable, net				4,294,653
	4	Accounts receivable, net			1,141,671	4	970,369
	5	Receivables from current and former officers, directors, trustees highest compensated employees. Complete Part II of					
		Schedule L					0
	6	Receivables from other disqualified persons (as defined under s persons described in section 4958(c)(3)(B) Complete Part II of		n 4958(f)(1)) and			
		Schedule L			О	6	0
Assets	7	Notes and loans receivable, net			1,308,956	7	1,186,132
Š	8	Inventories for sale or use			375,405	8	376,110
⋖	9	Prepaid expenses and deferred charges			247,320	9	193,466
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	86,908,474			
	ь	Less accumulated depreciation	10b	28,917,318	52,317,544	10c	57,991,156
	11	Investments—publicly traded securities			52,833,634	11	53,928,664
	12	Investments—other securities See Part IV, line 11		•	15,579,134	12	18,094,408
	13	Investments—program-related See Part IV, line 11			1,258,070	13	1,408,070
	14	Intangible assets				14	0
	15	Other assets See Part IV, line 11			4,717,212	15	5,042,090
	16	Total assets. Add lines 1 through 15 (must equal line 34)			147,616,360	16	158,036,620
	17	Accounts payable and accrued expenses .			1,515,315	17	1,705,964
	18	Grants payable			970,916	18	956,461
	19	Deferred revenue			170,006	19	149,753
_	20	Tax-exempt bond liabilities			14,452,500	20	19,067,500
- Š	21	Escrow or custodial account liability Complete Part IV of Schedul	eD.		0	21	0
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
=======================================		persons Complete Part II of Schedule L			О	22	0
	23	Secured mortgages and notes payable to unrelated third parties			2,750,000	23	2,250,000
	24	Unsecured notes and loans payable to unrelated third parties			0	24	0
	25	Other liabilities Complete Part X of Schedule D			2,743,443	25	3,195,446
	26	Total liabilities. Add lines 17 through 25			22,602,180	26	27,325,124
es_		Organizations that follow SFAS 117, check here ▶	let e l	ines 27			
anc	27	Unrestricted net assets			37,930,101	27	36,835,146
Balance	28	Temporarily restricted net assets		46,155,903	28	52,487,915	
	29	Permanently restricted net assets	40,928,176	29	41,388,435		
ᆵ		Organizations that do not follow SFAS 117, check here ▶ ┌ an	nizations that do not follow SFAS 117, check here ▶ ☐ and complete				
or Fund		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 fu	ınds			32	
Š	33	Total net assets or fund balances			125,014,180	33	130,711,496
	34	Total liabilities and net assets/fund balances $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$			147,616,360	34	158,036,620

Part XI 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		No		
b Were the organization's financial statements audited by an independent accountant?						
C	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both Separate basis Consolidated basis Both consolidated and separated basis					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes			
b	b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits					

Form **990** (2009)

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

EMORY & HENRY COLLEGE

Public Charity Status and Public Support

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

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

Inspection **Employer identification number**

Pa	rt I	Reas	on for Pul	olic Charity State	us (All org	anızatıons	must comp	lete this pa	irt.) See ins	structions	
he o	organiz	zatıon ıs	not a private	e foundation because	itis (Forli	nes 1 throu	ıgh 11, check	only one box	<)		
1	Γ	A churc	h, conventio	on of churches, or ass	sociation of	churches :	section 170(b)	(1)(A)(i).			
2	굣	A schoo	ol described	ın section 170(b)(1)	(A)(ii). (Att	ach Sched	ule E)				
3	Γ	A hospi	tal or a coop	erative hospital serv	/ice organiza	atıon descr	ıbed ın section	170(b)(1)(A)(iii).		
4	Γ	A medic	al research	organization operate	ed in conjunc	tion with a	hospital desci	rıbed ın sect	ion 170(b)(1)(A)(iii). Ente	erthe
		hospita	l's name, cıt	y, and state							
5	_		nization one	rated for the benefit	of a college	or universi	ty owned or on	aratad by a	governments	Lupit desemb	_ ad.m
,	'	_	•	A)(iv). (Complete Pa	_	or universi	ty owned or op	erateu by a	governinenta	ii uiiit describi	eu III
6	г			local government or o		al unit desc	rihed in sectio	n 170(h)(1)	(A)(v)		
7	,			t normally receives a	=					m the general	Lnublic
	,	describ		e normany receives a	, sabstantia	pure or res	Support Home	, governmen	icar anne or mo	in the general	Pablic
		section	170(b)(1)(A	A)(vi) (Complete Pa	rt II)						
8	Γ	A comn	nunity trust (described in section :	170(b)(1)(A	(iv)(vi)	nplete Part II)			
9	Γ	Anorga	inization tha	t normally receives	(1) more tha	ın 331/3%	of its support f	rom contribi	utions, memb	ership fees, a	nd gross
		receipts	s from activi	ties related to its exe	empt functio	ns —s ubje c	t to certaın ex	ceptions, an	ıd (2) no mor	e than 331/3%	of
		ıts supp	ort from gro	ss investment incom	ne and unrela	ated busine	ss taxable ınc	ome (less s	ection 511 ta	ax) from busın	esses
		acquire	d by the orga	anızatıon after June 3	30,1975 Se	e section !	509(a)(2). (Co	mplete Part	III)		
10	Γ	Anorga	ınızatıon org	anızed and operated	exclusively	to test for	public safety S	See section 5	509(a)(4).		
11	Γ	_	_	anızed and operated						•	
				/ supported organizat						e section 509 ((a)(3). Check
		_	Type I	pes the type of suppo Type II		_	complete lines [- Functionally	_	d	Type II	I - Other
e	Г	· ·	• •	x, I certify that the o							
_	,	•	•	on managers and othe	-		•	•	•	•	•
			509(a)(2)	5		•		J			, ,, ,
f				eceived a written det	termination f	rom the IR	S that it is a T	уре І, Туре	II or Type II	I supporting (organization,
a		check t		006, has the organız	ation accent	ed any dift	or contributio	n from any o	fthe		ı
g			g persons?	ooo, nas the organiz	ation accept	eu any gni	or contributio	ii ii oiii aiiy o	Title		
				ectly or indirectly co	ntrols, eithe	r alone or t	ogether with p	ersons desc	rıbed ın (ıı)		Yes No
		and (III)	below, the g	overning body of the	the support	ed organız	ation?			11g(i)	
		(ii) a fa	mıly membe	r of a person describe	ed ın (ı) abov	/e [?]				11g(ii)	
		(iii) a 3	5% controll	ed entity of a person	described in	ı (ı) or (ıı) a	above?			11g(iii)	
h		Provide	the followin	g information about t	he supporte	d organızat	ion(s)				
				(iii)	(iv)						
	7:1			Type of	Is the		(v) Did you no		(vi		
	(i) Name		(ii)	organization (described on	organizat		organizat		organiza		(vii)
	suppor		EIN	lines 1- 9 above	col (ı) lıs		col (ı) of		col (ı) org		A mount of
	rganız			or IRC section	your gove docume	_	suppo	rt?	in the U		support?
				(see		1	<u> </u>	T	- V	T	-
				ınstructions))	Yes	No	Yes	No	Yes	No	
									+		
									-		

Total

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	֥ <i>)</i>		
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
_	(f) Dublic Support Subtract line F from						
6	Public Support. Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and stop here						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
	and stop here. The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	▶ □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and stop here. The organization				,		▶
17a	10%-facts-and-circumstances test-	-2009. If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ation qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						▶ ┌
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

▶□

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support			<u> </u>	1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 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,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes here	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

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

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

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DLN: 93493045018041

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

nal Revenue Servic	e ► Attach to Fe	orm 990. F See separate instructions.			Inspect	tion
ame of the o			Emp	loyer identifica	tion numbe	er
TORI & HENRY	COLLEGE		54-0	0505892		
	ganizations Maintaining Donor A		Funds	or Accounts	. Complet	te if the
or	ganization answered "Yes" to Form 99			/L\		4 -
Total num	havet and of ware	(a) Donor advised funds	,	(b) Funds and o	tner accou	nts
	ber at end of year					
	contributions to (during year)					
55 5	e value at end of year					
	·					
	ganization inform all donors and donor advi the organization's property, subject to the			sea	☐ Yes	☐ No
used only	ganization inform all grantees, donors, and for charitable purposes and not for the ben i impermissible private benefit		•		☐ Yes	┌ No
rt III Co	nservation Easements. Complete	if the organization answered "Yes	" to Forn	n 990, Part I\	/, line 7.	
Purpose(s) of conservation easements held by the o	rganızatıon (check all that apply)				
<u> </u>	ervation of land for public use (e g , recreati	· · · · · · · · · · · · · · · · · · ·			-	a
<u> </u>	ction of natural habitat	Preservation of	a certifie	d historic struc	ture	
Pres	ervation of open space					
•	lines 2a-2d if the organization held a qual	fied conservation contribution in the fo	orm of a co	onservation		
easement	on the last day of the tax year			Hald at the	Fud of Abo	V
Total num	ber of conservation easements			Held at the	End of the	Year
			2a			
	eage restricted by conservation easements		2b			
	f conservation easements on a certified his	, ,	2c			
	f conservation easements included in (c) a		2d			
	f conservation easements modified, transfe	rred, released, extinguished, or termin	ated by th	ie organization	during	
the taxab	le year ►					
Number o	f states where property subject to conserva	ation easement is located ►				
	organization have a written policy regarding ent of the conservation easements it holds?		andling of	violations, and	│ │ Yes	┌ No
Staff and	volunteer hours devoted to monitoring, insp	ecting and enforcing conservation eas	ements d	uring the year I	<u> </u>	
A mount o	fexpenses incurred in monitoring, inspecti	ng, and enforcing conservation easeme	ents during	g the year 🟲 💲 _		
	h conservation easement reported on line 2)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of	section		☐ Yes	┌ No
balance s	V, describe how the organization reports c heet, and include, if applicable, the text of t ization's accounting for conservation easer	he footnote to the organization's financ	•	•		
	ganizations Maintaining Collection mplete if the organization answered			her Similar	Assets.	
If the org art, histoi	anization elected, as permitted under SFAS rical treasures, or other similar assets held n Part XIV, the text of the footnote to its fir	116, not to report in its revenue state for public exhibition, education or rese	ment and earch in fu			∍,
historical	anization elected, as permitted under SFAS treasures, or other similar assets held for ne following amounts relating to these items	oublic exhibition, education, or researc				
(i) _{Reven}	ues included in Form 990, Part VIII, line 1			▶ \$		
(ii) _{Asset}	s included in Form 990, Part X					
If the org	anization received or held works of art, hist amounts required to be reported under SFA		s for finan			
		•		.		
Revenues	included in Form 990, Part VIII, line 1			► \$		

b Assets included in Form 990, Part X

'a r	Titl Organizations Maintaining Co	<u>llections of Art</u>	, Hist	toric	<u>al Tre</u>	ası	ires, or (<u> </u>	<u>r Simila</u>	r Asse	ets (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of the	e follo	wing tha	atar	e a signific	ant ι	ise of its co	llectio	n	
а	Public exhibition		d		Loan or	exc	hange prog	rams	;			
b	Scholarly research		e	Γ (Other							
c	Preservation for future generations											
1	Provide a description of the organization's co Part XIV	ollections and expla	ın how	v they	further	the	organizatio	n's ex	xempt purp	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								nılar	Г	Yes	┌ No
Pai	t IV Escrow and Custodial Arrang						n answere	ed "Y	es" to Fo	m 990	Ο,	
	Part IV, line 9, or reported an ar											
la	Is the organization an agent, trustee, custoo included on Form 990, Part X?					ons	or other as:	sets	not	Г	Yes	Г No
b	If "Yes," explain the arrangement in Part XI	√ and complete the	followi	ıng tab	ole		Г		1			
_							}		1	A mo	unt	
с	Beginning balance							1c	-			
d	Additions during the year							1d				
e	Distributions during the year							1e				
f	Ending balance							1f				
a.	Did the organization include an amount on Form 990, Part X, line 21?											
b	If "Yes," explain the arrangement in Part XI\	/										
a'	rt V Endowment Funds. Complete											
		(a)Current Year	(b	Prior Y		(c)	Two Years Bad	:k (d	Three Years	Back (€	e)Four Ye	ears Back
a	Beginning of year balance	66,842,675		•	383,239							
b	Contributions	313,223			939,474			_				
C	Investment earnings or losses	8,368,756		-15,	544,879							
d	Grants or scholarships	0			0							
e	Other expenditures for facilities and programs	3,919,418		3,	935,159							
f	Administrative expenses	0			0							
g	End of year balance	71,605,236		66,	842,675							
<u> </u>	Provide the estimated percentage of the yea	r end balance held a										
а	Board designated or quasi-endowment	15 % %										
_	Permanent endowment ► 51 % %											
Ь	7 ermanent endowment P											
c Sa	Term endowment ► 34 % % Are there endowment funds not in the posse	ssion of the organiz	ation t	hat ar	a hald s	and s	dminictor	d for	tho			
a	organization by	ssion of the organize	ation t	.mat ai	e neia a	and c	aummistere	u ioi	tile		Yes	No
	(i) unrelated organizations									3a(i)		Νο
	(ii) related organizations									3a(ii)		Νo
b	If "Yes" to 3a(II), are the related organization							•		3b		
	Describe in Part XIV the intended uses of th											
a l	t VI Investments—Land, Buildings	s, and Equipme	nt. Se	<u>ee Fo</u> T	rm 990	0, P	art X, lıne	10.	1			
	Description of investment				ost or oth		(b)Cost or o basis (oth		(c) Accumu depreciat		(d) Boo	k value
a	Land					0	1,10	6,878				1,106,878
b	Buildings					0	71,48	0,046	18,0	44,730	53	3,435,316
c	Leasehold improvements					0		0		0		(
d	Equipment					0	13,93	6,873	10,8	72,588	3	3,064,285
e	Other					0	38-	4,677		0		384,677

57,991,156

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives	0	
Closely-held equity interests	0	
Other		
Alternatives	11,663,487	F
Diversified Inflation Hedge	6,430,921	F
		<u> </u>
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	18,094,408	
Part VIII Investments—Program Related. Se		
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
Investment Property	1,408,070	C
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	1,408,070	
Part IX Other Assets. See Form 990, Part X, I		1 (1) 2 1 1
Deferred Loan Costs, Net of Accumulated Amortization	ption	(b) Book value 222,792
Funds Held in Trust by Others		4,819,298
		+
		<u> </u>
Total. (Column (b) should equal Form 990, Part X, col.(B) line	15.)	 5,042,090
Part X Other Liabilities. See Form 990, Part		
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes	0	
A mounts Held on Behalf of Others	58,763	
Annuity & Trust Obligations FMV of Interest Rate Swap Agreements	1,184,860 1,951,823	
THE OF Interest Nate Swap Agreements	1,331,023	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	3,195,446	

3	1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	39,601,969
Net unrealized gains (losses) on investments 5	2	Total expenses (Form 990, Part IX, column (A), line 25)	2	36,933,936
S Donated services and use of facilities 6 0 0 0 0 0 0 0 0 0	3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,668,033
Prior period adjustments Prior period adjustments (net) Add lines 4 - 8 Prior period adjustments (net) Add lines 4 - 8 Prior period adjustments (net) Add lines 4 - 8 Prior period adjustments (net) Add lines 4 - 8 Prior period adjustments (net) Add lines 4 - 8 Prior period digustments (net) Add lines 4 - 8 Prior period digustments (net) Add lines 4 - 8 Prior period digustments (net) Add lines 4 - 8 Prior period digustments (net) Add lines 4 - 8 Prior period digustments (net) Add lines 4 - 8 Prior period digustments (net) Add lines 4 - 8 Prior period digustments (net) Add lines 1 but not on Form 990, Part VIII, line 12 Prior period digustments (net) Add lines 2 and noise offscilities Prior period digustments (net) Add lines 2 and 1 prior period grains (net) Add lines 2 and 4 prior period digustments (net) Add lines 2 and 4 prior period grain	4	Net unrealized gains (losses) on investments	4	3,144,433
New Note	5	Donated services and use of facilities	5	0
B	6	Investment expenses	6	0
9 Total adjustments (net) Add lines 4 - 8 9 3,029,283 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 10 5,697,316 20 21 21 21 21 22 24 3,049,6852 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 2 3,144,433 3 Not unrealized gains on investments 2 2 3,144,433 4 Not unrealized gains on investments 2 2 0 0 5 C Recoveries of prior year grants 2 0 0 6 Other (Describe in Part XIV) 2 2 0 0 7 Add lines 2 at hrough 2 2 3 0,29,283 8 Subtract line 2 efrom line 1 3 27,867,569 9 3,029,283 10 5,697,316 10 5,697,316 10 5,697,316 10 30,896,852 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 2 Add lines 2 at hrough 2 2 3,044,433 3 Subtract line 2 efrom line 1 3 27,867,569 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 5 Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 5 39,601,969 2 Amounts included on Form 990, Part VIII, line 25 4 4 2 2 5 Amounts included on Form 990, Part IX, line 25 2 0 6 Other (Describe in Part XIV) 2 2 0 0 7 Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part IX, line 25 0 6 Other (Describe in Part XIV) 2 2 0 0 7 C Add lines 2 at hrough 2 2 0 0 8 C C C C C 0 9 C C C C C 0 9 C C C C C 0 9 C C C C C 0 9 C C C C C 0 9 C C C C 0 9 C C C C 0 9 C C C C 0 9 C C C C 0 9 C C C C 0 9 C C C C 0 9 C C C C 0 9 C C C C 0 9 C C C C 0 9 C C C C 0 9 C C C C 0 9 C C C C 0 9 C C C C C	7	Prior period adjustments	7	0
10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 10 5,697,316	8	Other (Describe in Part XIV)	8	-115,150
Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements 1 30,896,852 Amounts included on line 1 but not on Form 990, Part VIII, line 12 Amounts included gains on investments 2b 0 C Recoveries of prior year grants 2c 0 D Onated services and use of facilities 2b 0 C Recoveries of prior year grants 2d -115,150 E Add lines 2a through 2d 2e 3,029,283 Subtract line 2e from line 1 3 27,867,569 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b 4a 0 b Other (Describe in Part XIV) 4b 11,734,400 c Add lines 4a and 4b 4c 11,734,400 Add lines 4a and 4b 5 5 39,601,969 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements With Expenses per Return Total expenses and losses per audited financial statements With Expenses per Return Total expenses and losse per audited financial statements With Expenses per Return Total expenses and losse per audited financial statements With Expenses per Return Total expenses and losse per audited financial statements With Expenses per Return Total expenses and losse per audited financial statements With Expenses per Return	9	Total adjustments (net) Add lines 4 - 8	9	3,029,283
Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements 1 30,896,852	10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	5,697,316
A mounts included on line 1 but not on Form 990, Part VIII, line 12	Par		er R	eturn
Net unrealized gains on investments 2a 3,144,433	1	Total revenue, gains, and other support per audited financial statements	1	30,896,852
b Donated services and use of facilities 2b 0 c Recoveries of prior year grants 2c 0 d Other (Describe in Part XIV) 2d -115,150 e Add lines 2a through 2d 2e 3,029,283 3 Subtract line 2e from line 1 3 27,867,569 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 4a 0 a Investment expenses not included on Form 990, Part VIII, line 7b 4a 0 b Other (Describe in Part XIV) 4b 11,734,400 c Add lines 4a and 4b 4c 11,734,400 5 Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 5 39,601,969 Part XIII Reconciliation of Expenses per Audited Financial Statements 4c 11,734,400 5 Total expenses and losses per audited financial statements with Expenses per Return 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 1 25,199,536 a Donated services and use of facilities 2a 0 0 <th>2</th> <th>Amounts included on line 1 but not on Form 990, Part VIII, line 12</th> <th></th> <th></th>	2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
c Recoveries of prior year grants 2c 0 d Other (Describe in Part XIV) 2d -115,150 e Add lines 2a through 2d 2e 3,029,283 3 Subtract line 2e from line 1 3 27,867,569 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 4a 0 a Investment expenses not included on Form 990, Part VIII, line 7b 4a 0 b Other (Describe in Part XIV) 4b 11,734,400 5 Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 5 39,601,969 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements With Expenses per Return 1 Total expenses and losses per audited financial statements With Expenses per Return 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 2a 0 a Donated services and use of facilities 2a 0 b Prior year adjustments 2a 0 c Other (Describe in Pa	а	Net unrealized gains on investments		
March Color Colo	b	Donated services and use of facilities		
Add lines 2a through 2d Subtract line 2e from line 1 Subtract line 2a from 990, Part VIII, line 12, but not on line 1 Subtract line 2a from 990, Part IXII, line 7b Subtract line 2a from line 1 Subtract line 2a from line 2a	c	Recoveries of prior year grants		
Subtract line 2e from line 1	d	Other (Describe in Part XIV) 2d -115,150		
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 .	e	Add lines 2a through 2d	2e	3,029,283
Total expenses and losses per audited financial statements With Expenses per Return	3	Subtract line 2e from line 1	3	27,867,569
b Other (Describe in Part XIV) 4b 11,734,400 c Add lines 4a and 4b 4c 11,734,400 5 Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 5 39,601,969 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements With Expenses per Return 2 A mounts included on line 1 but not on Form 990, Part IX, line 25 1 a Donated services and use of facilities 2a 0 b Prior year adjustments 2b 0 c Other losses 2c 0 d Other (Describe in Part XIV) 2d 0 e Add lines 2a through 2d 2e 0 3 Subtract line 2e from line 1 25,199,536 4 A mounts included on Form 990, Part IX, line 25, but not on line 1: 3 25,199,536 a Investment expenses not included on Form 990, Part VIII, line 7b 4a 0 b Other (Describe in Part XIV) 4b <th>4</th> <th>A mounts included on Form 990, Part VIII, line 12, but not on line 1</th> <th></th> <th></th>	4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
c Add lines 4a and 4b 4c 11,734,400 5 Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 5 39,601,969 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 25,199,536 1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 3 a Donated services and use of facilities 2a 0 b Prior year adjustments 2b 0 c Other losses 2c 0 d Other (Describe in Part XIV) 2d 0 e Add lines 2a through 2d 2e 0 3 Subtract line 2e from line 1 3 25,199,536 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 3 25,199,536 a Investment expenses not included on Form 990, Part VIII, line 7b 4a 0 b Other (Describe in Part XIV) 4b 11,734,400 c Add lines 4a and 4b 11,734,400	а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 0		
Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	Ь	Other (Describe in Part XIV)		
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements	c		4c	11,734,400
Total expenses and losses per audited financial statements	_			39,601,969
statements 1 2 A mounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities 2a 0 b Prior year adjustments 2b 0 c Other losses 2c 0 d Other (Describe in Part XIV) 2d 0 e Add lines 2a through 2d 2e 0 3 Subtract line 2e from line 1 3 25,199,536 4 A mounts included on Form 990, Part IX, line 25, but not on line 1: 3 25,199,536 a Investment expenses not included on Form 990, Part VIII, line 7b 4a 0 b Other (Describe in Part XIV) 4b 11,734,400 c Add lines 4a and 4b 4c 11,734,400			per	
a Donated services and use of facilities . 2a 0 b Prior year adjustments . . 2b 0 c Other losses d Other (Describe in Part XIV) .	1		1	25,199,536
b Prior year adjustments 2b 0 c Other losses 2c 0 d Other (Describe in Part XIV) 2d 0 e Add lines 2a through 2d 2e 0 3 Subtract line 2e from line 1 3 25,199,536 4 A mounts included on Form 990, Part IX, line 25, but not on line 1: 4a 0 b Other (Describe in Part XIV) 4b 11,734,400 c Add lines 4a and 4b 4c 11,734,400	2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
c Other losses	а	Donated services and use of facilities		
d Other (Describe in Part XIV) 2d 0 e Add lines 2a through 2d	ь	Prior year adjustments	1	
e Add lines 2a through 2d	c	Other losses]	
3 Subtract line 2e from line 1	d	Other (Describe in Part XIV) 2d 0		
4 A mounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a	e	Add lines 2a through 2d	2e	0
a Investment expenses not included on Form 990, Part VIII, line 7b 4a 0 b Other (Describe in Part XIV)	3	Subtract line 2e from line 1	3	25,199,536
b Other (Describe in Part XIV)	4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
c Add lines 4a and 4b	а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 0]	
	b	Other (Describe in Part XIV)]	
5 Total expenses Add lines 3 and 4c. (This should equal Form 990. Part I. line 18)	c		4c	11,734,400
Part YTV Supplemental Information		Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	36,933,936

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 IV, 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 Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
SchD_P05_S00_L04	Schedule D, Part V, Line 4	The endowment consists of approximately 400 individual funds, the majority of which support students directly through various scholarships. Approximately 60 of the funds provide support to program services for professorships, program chairs, lectureships, faculty travel and research, and other academic program expenses. A few funds are restricted and are used to subsidize various programs and projects of the College.
SchD_P10_S00_L00	Schedule D, Part X	The College is exempt from federal income tax under Section 501(c)(3) of the Internal Revenue code (There is no reference to FIN 48)
SchD_P11_S00_L08	Schedule D, Part XI, Line 8	Change in Funds Held in Trust 300,638 Change in Fair Value of Swaps (437,778) Other 21,990
SchD_P12_S00_L02d	Schedule D, Part XII, Line 2d	Change in Funds Held in Trust 300,638 Change in Fair Value of Swaps (437,778) Other 21,990
SchD_P12_S00_L04b	Schedule D, Part XII, Line 4b	Financial Aid 11,734,400
SchD_P13_S00_L04b	Schedule D, Part XIII, Line 4b	Financial Aid 11,734,400

Employer identification number

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

EMORY & HENRY COLLEGE

Schools

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2009

Open to Public Inspection

54-0505892 YES NO 1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain 3 Yes Emory & Henry College publicizes the following statement Emory & Henry College does not discriminate on the basis of race, color, national origin, religion, sex, sexual orientation, or physical handicap in administration of its educational policies, hiring policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs Emory & Henry college affirms the dignity and worth of every individual Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? Yes 4c 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, use Schedule O (Form 990) Does the organization discriminate by race in any way with respect to a Students' rights or privileges? Νo 5a **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? 5g Νo h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990) 6a 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 Νo If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990) 🍠 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 CB 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form 7 Yes 990)

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DLN: 93493045018041

OMB No 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule I

(Form 990)

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

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

Open to Public **Inspection**

ЕМО	RY & HENRY COLLEGE						54-0505892	
Pa	rt I General Infor	mation on Grants	and Assistance				1	
	Does the organization m the selection criteria use Describe in Part IV the o	ed to award the grants	or assistance?			,	,	▽ Yes ┌ N
Pai	Form 990, Part	IV, line 21 for any	Governments and recipient that receive 0) if additional space	d more than \$5,000	. Check this box if no	o one recipient receiv	ed more than \$5,00	0. Use
(a	Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant		(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance

2	Enter tota	l number o	fsection	501(c)(3)	and	government	organizations
---	------------	------------	----------	-----------	-----	------------	---------------

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

(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
891	11,734,400	0	Book Value	
150	526,208	0	Book Value	
	recipients 891	recipients cash grant 891 11,734,400	recipients cash grant non-cash assistance 891 11,734,400 0	recipients cash grant non-cash assistance (book, FMV, appraisal, other) 891 11,734,400 0 Book Value

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.									
Ident if ier	Return Reference	Explanation							
SchI_P01_S00_L02	Schedule I, Part I, Line 2	Emory & Henry College maintains complete records for the grants and scholarships provided to all individuals. Those records indicate the criteria used to award the grants, documentation supporting the grantee's eligibility of the award, and substantiation for the amounts awarded. Documentation is also maintained as to when and how the funds are utilized. Where appropriate, periodic reports are prepared, summarizing the allocation of funds and a reconciliation of the amouns spent for each grant and scholarship. The College employs individuals whose primary responsibilities are to oversee the process of distributing financial grants and scholarships.							

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DLN: 93493045018041

OMB No 1545-0047

Schedule J (Form 990)

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

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization **EMORY & HENRY COLLEGE**

Department of the Treasury

Internal Revenue Service

Employer identification number

54-0505892

Pa	Questions Regarding Compensation	1				
					Yes	Νο
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III		•			
	First-class or charter travel	굣	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	\sqcap	Health or social club dues or initiation fees			
	Discretionary spending account	<u>~</u>	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the or reimbursement orprovision of all the expenses desc			1b	Yes	
2	Did the organization require substantiation prior to r officers, directors, trustees, and the CEO/Executive			2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all the Compensation committee Independent compensation consultant					
	Form 990 of other organizations	<u>.</u>	Approval by the board or compensation committee			
4 a	During the year, did any person listed in Form 990, for a related organization Receive a severance payment or change-of-control		I, Section A, line 1a with respect to the filing organization	4a		No
ь	Participate in, or receive payment from, a supplement			4b		No
С	Participate in, or receive payment from, an equity-ba			4c		No
•	If "Yes" to any of lines 4a-c, list the persons and pro					
	Only 501(c)(3) and 501(c)(4) organizations only mu	st comp	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	lıne 1a,	, did the organization pay or accrue any			
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, compensation contingent on the net earnings of	line 1a,	, did the organization pay or accrue any			
а	The organization?			6a		Νo
Ь	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, payments not described in lines 5 and 6? If "Yes," d			7		No
8	Were any amounts reported in Form 990, Part VII, p subject to the initial contract exception described in					
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow the section 53 4958-6(c)?	able presumption procedure described in Regulations	9			

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		(i) Base compensation (ii) Bonus & incentive compensation		SC compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ	
Rosalind Reichard	(1) (11)	219,003 0		0	_ ·	64,746 0		276,315	
-									
-									

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
	1	Housing for presonal use is provided to the President of the College, as well as housekeeping and maintenance services. The amounts are not reported as taxable compensation

Schedule J (Form 990) 2009

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

DLN: 93493045018041

OMB No 1545-0047

Schedule K (Form 990) 2009

Schedule K (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ► Attach to Form 990. ► See separate instructions.

Open to Public **Inspection**

Name of the organization **EMORY & HENRY COLLEGE** Employer identification number

LINC	OKT WHENKI COLLEGE									54-0	505892			
Pā	TTI Bond Issues									•				
	(a) Issuer Name	(b) Issuer EIN (c) CUS	SIP #	(d) Date	: Issued	(e) Issue	e Price	(f) De	scription of F	'urpose	(g) Dei	feased		On alf of uer
											Yes	No	Yes	No
A	IDA of the Town of Saltville VA	54-1090126		08-26-	2003	5,	200,000	Refinance :	1993 Bonds			Χ		Χ
В	IDA of Washington County Va	52-1324605		12-22-	2004	5,	000,000	Campus Er	nergy Saving:	s Project		X		Х
С	IDA of Washington County Va	52-1324605		12-23-	2005	2,	500,000	Construction	on of 2 Stude	nt Housin	g	x		X
D	IDA of Washington County Va	52-1324605		12-22-	2006	10,	000,000		of 2 Educati & Administra			x		х
E	IDA of Washington County Va	52-1324605		12-30-	2009	5,	500,000	Constructi	on of Student	Housing		Х		Х
Pa	rt III Proceeds													
1	Total proceeds of issue			A	5,200,000	В			2 500 000	D			E	00.000
2	Gross proceeds in reserve funds			5	0 0	Э	000,000,		2,500,000	1,	0 0 0, 0 0 0, 0 0		5,50	00,000
3	Proceeds in refunding or defeasan	nce escrows			0		0		0					0
4	Other unspent proceeds	ice escrows			0		0	•	0		C			0
5	Issuance costs from proceeds				0		19,856	,	50,000		75,000	•		41,636
6	Working capital expenditures from	n proceeds			0		19,030		0 0 0 0		73,000 C		_	41,030
7	Capital expenditures from proceed				0	4	,980,144		2,450,000		9,925,000		5 4 5	58,364
8	Year of substantial completion			200	_	200			07	20		•	2010	•
	,			Yes	No	Yes	No	Yes	No	Yes	No	Yes		No
9	Were the bonds issued as part of	a current refunding issue?		X			X		X		X			X
10	Were the bonds issued as part of	an advance refunding issue?			X		X		X		Х			X
11	Has the final allocation of proceed	is been made?		X		X		X		X		Х		
12	Does the organization maintain active final allocation of proceeds?	dequate books and records to su	pport	Х		X		Х		х		Х		
Pai	tiiii Private Business Use													
				V	A No.		В	V	C	•	D N-	V	E	NI-
1	Was the organization a partner in which owned property financed by		ıLLC,	Yes	No X	Yes	No X	Yes	No X	Yes	No X	Yes		No X
2	Are there any lease arrangements which may result in private busine	s with respect to the financed pro	operty		X		X		Х		×			X
ı .														

Cat No 50193E

Schedule K (Form 990) 2009 Page 2 Part Private Business Use (Continued) С D Ε Α В Yes No Yes No Yes No Yes No Yes No Are there any management or service contracts with respect to the За Χ Χ Χ Х Х financed property which may result in private business use? Are there any research agreements with respect to the financed property 3Ь Х Х Χ Х Х which may result in private business use? Does the organization routinely engage bond counsel or other outside 3с counsel to review any management or service contracts or research Х Х Х Х Х agreements relating to the financed property? Enter the percentage of financed property used in a private business use 4 by entities other than a section 501(c)(3) organization or a state or local 0 % 0 % 0 % 0 % 0 % government Enter the percentage of financed property used in a private business use 5 as a result of unrelated trade or business activity carried on by your 0 % 0 % 0 % 0 % 0 % organization, another section 501(c)(3) organization, or a state or local government Total of lines 4 and 5 0 % 0 % 0 % 0 % 0 % 6 Has the organization adopted management practices and procedures to 7 Х Χ Χ Х Х ensure the post-issuance compliance of its tax-exempt bond liabilities? Part IV Arbitrage Α В C D Ε Yes No No Yes No No Yes Yes Yes No Has a Form 8038-T. Arbitrage Rebate, Yield Reduction and 1 Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? Χ Χ Х Χ Χ

2	Is the bond issue a variable rate issue?	X			Х	Χ		X		Χ	
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?	X			X	×		X			X
b	Name of provider	Bank of America				Bank of A me	rıca				
С	Term of hedge		20				20		20		
4a	Were gross proceeds invested in a GIC?		X		X		X		X		Χ
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?	X			X	x			X		X
6	Did the bond issue qualify for an exception to rebate?		х	x			X	х		X	
									Schedule K	(Form 990)	2009

SCHEDULE M (Form 990)

NonCash Contributions

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

Name of the organization EMORY & HENRY COLLEGE **Employer identification number** 54-0505892

Pa	rt I Types of Property							
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d Method of d reven	etermı	nıng	
1	Art—Works of art	аррпсавіе		19				
	Art—Historical treasures .							
3								
4	B 1 11 1							
	Clothing and household							
3	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	19	240.463	Market Quotes			
10	Securities—Closely held stock .			,	•			
	Securities—Partnership, LLC,							
	or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial	Х	1	25,000	Market Appraisal			
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxıdermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	O ther ▶ ()							
26								
27	O ther ▶()							
28	O ther ▶ ()							
29	Number of Forms 8283 received for which the organization compl				29		- I	0
30a	During the year, did the organiza	tion receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it		Yes	No
	must hold for at least three year	s from the o	date of the initial contribution	on, and which is not require	d to be used			
	for exempt purposes for the entire	re holding p	eriod?			30a		No
b	If "Yes," describe the arrangeme	ent in Part I	I					
31	Does the organization have a gif	t acceptano	ce policy that requires the r	eview of any non-standard	contributions?	31		Νο
32a	Does the organization hire or use contributions?	e third parti	es or related organizations	to solicit, process, or sell i	non-cash	32a	Yes	
Ь	If "Yes," describe in Part II							
33	If the organization did not report describe in Part II	revenues i	n column (c) for a type of p	roperty for which column (a) is checked,			

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.

Ident if ier	Ret urn Reference	Explanation		
SchM_P01_S00_L32b	Schedule M, Part I, Line 32b	Real Estate agents are utilized in the sale of property		

Schedule M (Form 990) 2009

As Filed Data -

DLN: 93493045018041

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990.

2009

Open to Public Inspection

Name of the organization EMORY & HENRY COLLEGE

Employer identification number

54-0505892

ldentifier	Return Reference	Explanation
F990_P03_S00_L02	Form 990, Part III, Line 2	1 - Implementation of a new Core Curriculum was introduced during the 2010 academic year. It includes courses that each student takes as a foundation for and enhancement to a disciplinary curriculum. The core courses integrate know ledge drawn from the disciplines to create a meld of thinking, learning, and know ledge. They serve as models for study in the disciplines and lifelong learning after college. The courses emplasize, in different degrees, proficiency in writing, speaking, numeracy, critical thinking, and ethical reasoning. Engaging the Liberal Arts (ETLA) expresses the overarching goal of each of these courses. 2 - A new Master's degree program in Community and Organizational Leadership was initiated with its first class. The 36-hour program will equip early and mid-career professionals with the skills necessary for them to be more effective leaders within communities and organizations, to offer an interdisciplinary approach to questions and issues of leadership and community development in both the public and private sectors, for proactive leadership focused on building communities. 3 - A new Honors Program was initiated for students who want an academic experience even more challenging than the traditional Emory & Henry College experience. These students are offered competitive academic, co-curricular, and service opportunities. Honors Scholars take their academic and/or artistic interests to exceptional levels of achievement both in and out of the classroom.
F990_P06_S0B_L11	Form 990, Part VI, Section B, Line 11	The completed Form 990 is reveiwed by the President, VP for Business & Finance, and members of the Business Affairs Committee (formerly the Budget/Audit Committee) of the Board of Trustees
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	All Board members, the President, and the Vice Presidents of the College are required to complete a Conflict of Interest Questionnaire on an annual basis. The Questionnaire is designed to disclose any conflict of interest so that the Board can address directly and immediately. If, at any time during the fiscal year, a questionable relationship arises, the Executive Committee will address immediately.
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	The Board of Trustees Executive Committee conducts a reverw annually of the President's performance and reports the results to the full Board. The Committee develops appropriate recommendations for consideration by the full Board. Comparable data is compiled from Forms 990 and other college and university organizations and publications for purpose of determining appropriate levels of salaries and benefits. The Human Resources Manager and the President compile comparable information in regard to other officers of the College and the President makes adjustments as appropriate and as fiscally responsible budgets will allow.
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	Emory & Henry College makes its governing documents, conflict of interest policy, and copies of the complete Form 990 available to the public upon request. The Form 990 is also available for public inspection on a public website.

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DLN: 93493045018041

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

Department of the Treasury

Internal Revenue Service

► Attach to Form 990. ► See separate instructions.

Name of the organization **EMORY & HENRY COLLEGE**

Employer identification number

54-0505892

Part I

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

(a)
Name, address, and EIN of disregarded entity

Primary activity

(c) Legal domicile (state or foreign country)

Total income

(e) End-of-year assets

(f) Direct controlling entity

Part II

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

(a)
Name, address, and EIN of related organization

(b) Primary activity

(c) Legal domicile (state or foreign country)

Exempt Code section

Public charity status (if section 501(c)(3)) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) f Primary activity			(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		
							Yes	No		Yes	No	
Byars & Wiley LLC												
PO Box 947 Emory, VA24327 26-2421163	Rental Real Estate	VA	N/A	Unrelated	-1,313,977	-1,313,879)	No	0	Yes		

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

(a)
Name, address, and EIN of related organization

(b) Primary activity (c)
Legal domicile
(state or
foreign
country)

(d) Direct controlling entity (e)
Type of entity
(C corp, S corp,
or trust)

(f) Share of total income

(g) Share of end-of-year assets (h) Percentage ownership

(4)

(5)

(6)

Part V	Transactions With Related Organizations	(Complete if the org	anization answered "Ves"	on Form 990	Part IV line 34 35 or 36)
raitv	Transactions with Related Organizations	(Complete il the org	janization answered res	UII FULIII 330,	Part IV, line $34, 33, 01, 30.)$

	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
10	Ouring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to other organization(s)	1b		No
c	Gıft, grant, or capital contribution from other organization(s)	1 c		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 of assets to other organization(s)	1f		No
g	Purchase of assets from other organization(s)	1g		No
h	Exchange of assets	1h		No
i	Lease of facilities, equipment, or other assets to other organization(s)	1i	Yes	
j	Lease of facilities, equipment, or other assets from other organization(s)	1j	Yes	
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
ı	Performance of services or membership or fundraising solicitations by other organization(s)	11		No
n	n Sharıng of facılıtıes, equipment, mailing lists, or other assets	1m		No
n	Sharing of paid employees	1n		No
o	Reimbursement paid to other organization for expenses	10		No
р	Reimbursement paid by other organization for expenses	1р		No
q	O ther transfer of cash or property to other organization(s)	1q		No
r	O ther transfer of cash or property from other organization(s)	1r		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			
	(a) (b) Transaction		(c)	
	Name of other organization type(a-r)	nount	involve	ed
1) E	Byars & Wiley LLC		2,07	2,902
(2) E	Byars & Wiley LLC		73	32,144
3)	,			_,
-,				

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

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

(a)
Name, address, and EIN of entity

(b) Primary activity (c) Legal domicile (state or foreign country) (d)
Are all
partners
section
501(c)(3)
organizations?

Yes No

(e) Share of end-of-year assets **(f)** Disproprtionate allocations?

No

Yes

(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (h) General or managing partner?

Yes No

Software ID: Software Version:

EIN: 54-0505892

Name: EMORY & HENRY COLLEGE

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours		tıon ((C) n (check all : apply)				(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Dr Eugene M Bane Jr Board Member	7 5	X						0	0	0
Sarah Blakemore Drummond-Schell Board Member	75	X						0	0	0
Bıshop James E Swanson Sr Board Member	7 5	X						0	0	0
Dr Douglas K Armbrister Board Member	7 5	X						0	0	0
Robert H Feagins Board Member	75	Χ						0	0	0
Major R Warner Jr Board Member	7 5	X						0	0	0
F Winton Lackey Board Member	7 5	X						0	0	0
O Wayland Overstreet Board Member	75	X						0	0	0
Barbara Creasy Polly Board Member	75	Х						0	0	0
Elizabeth Maiden Mahaffey Board Member	75	Х						0	0	0
James H Brooks Board Member	7 5	Х						0	0	0
William L Wolfe II Board Vice Chairman	1 75	X						0	0	0
Leslie I Prillaman Jr Board Member	7 5	X						0	0	0
Rev Dr William S Rodgers Board Member	7 5	X						0	0	0
Hobart G Cawood Board Member	7 5	Х						0	0	0
John E Eldridge Board Chairman	1 75	X						0	0	0
Dr Robert F Harman Board Member	7 5	X						0	0	0
Rev Thomas L Joyce Board Member	1 75	X						0	0	0
David Lester Board Member	1 75	X						0	0	0
Rev Eugene H Lovell Jr Board Member	7 5	Х						0	0	0
Hal P McHorris Board Member	7 5	Х						0	0	0
Dr Emmett V Richardson Board Member	75	Х						0	0	0
Jennie Pruner Smith Board Secretary	1 75	Х						0	0	0
Katherine Greer Andrew Board Member	75	X						0	0	0
Paul A Powell Jr Board Member	7 5	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) A verage hours		((tion (hat a	(che		II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Joseph F Ellis Board Member	7 5	X						0	0	0
Carolee J Bondurant Board Member	7 5	X						0	0	0
Jeoffrey B Bodenhorst Board Member	1 75	X						0	0	0
Thomas D McGlothlin Board Member	1 75	X						0	0	0
William B Pendleton Board Treasurer	1 75	Х						0	0	0
Donna Proffit Vaughn Board Member	7 5	Х						0	0	0
David S Hawsey Vice President	40	Х						106,039	0	34,040
Jane Hicks Harter Board Member	75	Х						0	0	0
T Rick Hughes Board Member	75	Х						0	0	0
Ann Grım Sparger Board Member	75	Х						0	0	0
Robert Denny Tucker Board Member	7 5	X						0	0	0
Rev R Michael Hubble Board Member	7 5	X						0	0	0
Rosalınd Reichard President	40			X				219,003	0	64,746
Dırk Wılmoth Vıce President	40			Х				104,411	0	44,240

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Publications	285,775	241,434	42,310	2,031
Memberships/Dues	150,157	98,886	50,511	760
WEHC Radio	108,469	108,469	0	0
I-Hey Athletics	101,409	101,409	0	0
Field Biology Study	44,629	44,629	0	0