

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



DLN: 93493042000461

 $_{\text{Form}}990$

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 calen		, or tax year beginnir	ıg 07-01-2009	and ending 06-30	-2010				
B Che	eck if ap		ease	C Name of organization LYNCHBURG COLLEGE					D Employer i	dentific	ation number
Add	tress cha	ange	se IRS bel or	Doing Business As					54-05059 E Telephone		
Nar	ne char		int or pe. See	Doing Business As					-		
Inıt	ial retur	n Sp	ecific struc-		P O box if mail i	s not delivered to street	address)	Room/suite	(434) 544 G Gross receip		812 605
Ter	mınated		ons.	1501 Lakeside Drive					G Gloss receip	ι 3 φ 12π,	
Am	ended r	eturn	ľ	City or town, state or co Lynchburg, VA 24501	ountry, and ZIP	+ 4		•			
App	olication	pending		Lynchburg, VA 24301							
				e and address of prin	cıpal officer			H(a) Is th	• ıs a group retı		
			Steve B	right akeside Drive				affilia	ites?		⊤Yes ▼ No
				urg, VA 24501				H(b) Are al	l affiliates incl	uded?	┌ Yes ┌ No
						_		If"N	o," attach a lı	st (see	ınstructions)
I Tax	x-exem	pt status 🗸	7 501(c)	(3) ◄ (insert no)	4947(a)(1) or	☐ 527		H(c) Grou	ıp exemption i	number	F
J W	ebsit e	: 🕨 www ly	nc hburg	edu							
				on ┌ Trust ┌ Associatio	Other 🕨			L Year of fo	rmation 1903	M State	of legal domicile VA
Pa	rt I	Summa	•	e organization's missi							
Activities & Governance	2 3 4 5	educational experiences that are grounded in the liberal arts and sciences, er residential community. The College serves the region through its outreach preand the expertise of faculty, staff, and students Check this box if the organization discontinued its operations or disposed Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1 Total number of employees (Part V, line 2a)						ams, cultur	al opportunitie	t asset: 3 4 5	urces, services,
								6			
	1	_		ed business revenue ness taxable income i				•		/a 7b	102,673
		Tree amera		Tess taxable income		5 1, IIII 5 1 1 1		Prio	r Year		Current Year
	8	Contribut	ions and	grants (Part VIII, lır	ne 1 h)				3,598,949		3,841,062
≘	9								70,208,178		74,749,256
Revenue	10	Investme	nt incom	ne (Part VIII, column			-1,911,485		-2,444,770		
Ť	11	O ther rev	enue (Pa	art VIII, column (A),	lınes 5, 6d, 8	c, 9c, 10c, and 11e))		92,955		93,668
	12			ld lines 8 through 11					71 000 507		76 220 216
	13								71,988,597		76,239,216
	14	, , , , , , , , , , , , , , , , , , , ,							21,758,846		23,944,395
	15			mpensation, employe							
8		10)	J. 1101 CO	mpensation, employe	e belleties (i e	21.6 17.7, 6 0 1411111 (7.77, 11			31,300,862		32,638,649
Expenses	16a	Professio	nal fundr	raising fees (Part IX,	column (A), lı	ne 11e)			63,625		7,237
ਠਿੰ	b	Total fundra	aising expe	enses (Part IX, column (D)	, line 25) ▶ 1,76	9,455					
_	17	Otherexp	penses (I	Part IX, column (A), l	ines 11a-11	d, 11f-24f)			23,080,406		22,855,048
	18			dd lines 13-17 (mus					76,203,739		79,445,329
. 02	19	Revenue	less exp	enses Subtract line :	18 from line 1	2	•		-4,215,142		-3,206,113
ěš Sa									g of Current 'ear		End of Year
18.00 18.00	20	Total ass	ets (Pari	t X, line 16)					133,194,531		143,724,257
Net Assets or Fund Balances	21			art X, line 26)					32,778,294		37,596,486
žĒ	22	Net asset	ts or fund	d balances Subtract	ine 21 from li	ine 20	_		100,416,237		106,127,771
Par	t II	Signati	ure Blo	ck							
Sign Here		and belief, i	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2011-02-14 Signature of officer Date								
			print name	r Business & Finance e and title							
Paid	,	Preparer's signature				Date	self	eck if - polyed 🕨 🦵	Preparer's idei (see instructio		umber
•		Fırm's name ıf self-emplo					•		EIN Þ		
Use (ן אווזכ	address, and		r —							
									Phone no 🕨		
M = u +	-h - TD(e dissues t	bio rotur	n with the preparer of		(· + · · · - + ·)				-	as ENO

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

The College offers distinctive undergraduate and graduate programs that reflect its commitment to teaching, scholarship, and service to the greater community. The mission of the College is to develop students to have strong character and balanced perspectives and to prepare them for intelligent and wholehearted participation in a global society and for effective leadership in civic, professional, spiritual, and social dimensions of life.

2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?										
	If "Yes," describe these new services on Schedule O										
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?										
	If "Yes," describe thes	e changes on Sched	lule O								
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported										
4a	(Code) (Expenses \$	40,183,048	ıncludıng grants of \$	23,944,395) (Revenue \$	0)					
	Includes Student Instruction	on and Scholarships For	the Fall 2009, there	e were 2,199 undergraduat	es, 390 graduates for a total enrol	llment of 2,589 students					
4b	(Code) (Expenses \$	15,530,180	ıncludıng grants of \$	0) (Revenue \$	0)					
	Includes Other Program Se	ervices (Information tech	inology, interest ex	pense, depreciation expens	se, and other allocated expenses)	that support student instruction					
	(Code) (Expenses \$	9,578,308	ıncludıng grants of \$	0) (Revenue \$	0)					
	Includes Auxiliary Enterpris	ses (Student housing, di	ning services, book	store, and other snack bar	areas)						
4d	Other program servic	es (Describe in Scl	nedule O) See a	also Additional Data fo	or Description						
	(Expenses \$	8,513,325 inc	cluding grants o	of\$	O) (Revenue \$	0)					
40	Total program service	evnenses t -¢	73 804 86	1							

Part IV	Checklist	of Rea	uired	Sche	dules
---------	-----------	--------	-------	------	-------

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	Yes			
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? If "Yes," complete Schedule D, Part II	7	Yes			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes			
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No		
10	Did the organization, 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			
12A	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? If "Yes," complete Schedule F, Part I	14b	Yes			
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15		No		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16	Yes			
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? If "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	Yes			
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		

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		Νo
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		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		Νο
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Νο
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		Νo
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.
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	140
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	Yes	
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	Yes	
31		31		Νο
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		Νο
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		Νο
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		Νο
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		Νο
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		Νο
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		Νο
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	

rt V	Statements	Regarding	Other	TRS F	ilinas	and '	Tax	Comi	oliance
	ota to illoiles	itegai aiiig	•					~~	J.:

	outsiments negations, and a ning outside the complete section of the complete		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			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1a 111 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Νο
Ь	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \cdot .	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
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 contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νο
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		Νo
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		Νo
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	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			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

Lynchburg, VA 24501 (434) 544-8428

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			
			Yes	No
1a	Enter the number of voting members of the governing body 1a 36]		
b	Enter the number of voting members that are independent 1b 32			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νο
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	. 3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo
6	Does the organization have members or stockholders?	6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? \cdot \cdot	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	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, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	vertion B. Policies (This Section B requests information about policies not required by the Internal venue Code.)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		Νο
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		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 or similar arrangement with a taxable entity during the year?	16a		N o
Ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed ►VA			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website.			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of th Steve Bright 1501 Lakeside Drive	ne orga	inizatior	n ⊫

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	Posi t	(C tion (hat a	ched	ckal)	I		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►16

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation			
Southern Air PO Box 4205 Lynchburg, VA 24502	Construction	200,562			
Commonfund 15 Old Danbury Road Wilton, CT 068978012	Investment Consultant	399,877			
Lynch Roofing Co PO Box 1240 Madison Heights, VA 24572	Construction	203,413			
Dominion Seven Architects 100 Jefferson Street Lynchburg, VA 24504	Architectual Services	513,546			
Carnegie Communications LLC 2 Lan Drive Suite 120 Westford, MA 01886	Marketing/Publication Design	223,029			
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►7					

	Form 990 (2009) Part VIII Statement of Revenue										
Part V	/1111	Statement	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514			
nts Lite	1a	Federated camp	paigns 1a								
gra	b	Membership du		0							
E H	c	Fundraising eve		30,409							
<u> </u>	d	Related organiz Government grants	ations 1d								
Sign Sign	e _	_	ons, gifts, grants, and 1f	3,047,950							
Contributions, gifts, grants and other similar amounts	g	sımılar amounts no Noncash contri		3,047,930							
and	h		: 1a-1f	▶	3,841,062						
				Business Code							
enue.	2a	Tuition and Fees		611,600	58,642,133	58,642,133	o	o			
Re K	ь	Auxiliary Enterprise	es	900,099	14,460,581	14,460,581	0	0			
Program Serwce Revenue	c	Miscellaneous Reve	enue	900,099	1,646,542	1,646,542	0	0			
ž.	d										
Ē	e										
್ಷಾ	f	All other progra	ım service revenue		0	0	0	0			
<u>Ā</u>	g	Total. Add lines	3 2a-2f		74,749,256						
	3		ome (including dividen	· · · · · · · · · · · · · · · · · · ·			_				
			ar amounts)	⊢	1,166,039	0	0	1,166,039			
	5		tment of tax-exempt bond	· · · · · · · · · · · · · · · · · · ·	0	0	0	0			
		Royalties	(ı) Real	(II) Personal	_						
	6a	Gross Rents	0	0							
	ь	Less rental expenses	0	0							
	c	Rental income	0	0							
	d	or (loss) Net rental incoi	l me or (loss)		О	0	o	o			
			(ı) Securities	(II) O ther							
	7a	Gross amount from sales of assets other than inventory	44,921,925	5,720							
	b	Less cost or other basis and	48,421,117	117,337							
	c	sales expenses Gain or (loss)	-3,499,192	-111,617							
	d	Net gaın or (los	s)		-3,610,809	0	О	-3,610,809			
nne	8a	Gross income for events (not included) \$	_								
Other Revenue		of contributions See Part IV, lin	reported on line 1c) e 18 a	25,930							
the	Ь	Less direct ex	penses b	34,935							
0	С		loss) from fundraising	events 🛌	-9,005	0	0	-9,005			
	9a	Gross income fi See Part IV, lin	rom gaming activities e 19 a	0							
	b c		penses b loss) from gaming activ	0 vities ▶	0	0	0	0			
	-	Gross sales of returns and allo	inventory, less owances .								
	ь		a pods sold b	0		0					
	С	Net income or (loss) from sales of inve	Business Code	0	0	0	0			
	11a	A uxiliary-Cate		722,320	102,673	0	102,673	0			
	ь										
	С										
	d	All other revenu			0	0	0	0			
	e	Total. Add lines	s 11a-11d		102,673						
12 Total revenue. See Instructions					76,239,216	74,749,256	102,673	-2,453,775			

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 mu			(B)	
	ll other organizations must complete column (A) but are not required to	complet e columi	ns (B), (C), and (B)	(D). (C)	(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	0	0		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22		22 705 400		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	23,786,109	23,786,109		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	1,250,498	460,722	587,626	202,150
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	24,511,534	22,068,206	1,571,657	871,671
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,873,166	1,645,763	150,790	76,613
9	Other employee benefits	3,019,069	2,802,914	127,248	88,907
10	Payroll taxes	1,984,382	1,743,478	159,743	81,161
11	Fees for services (non-employees)				_
а	Management	0	0	0	0
b	Legal	24,043	0	24,043	0
c	Accounting	68,352	0	68,352	0
d	Lobbying	0	0	0	0
e	Professional fundraising See Part IV, line 17	7,237			7,237
f	Investment management fees	399,877	0	399,877	0
g	Other	0	0	0	0
12	Advertising and promotion	93,815	39,282	53,150	1,383
13	Office expenses	1,411,505	1,171,380	115,152	124,973
14	Information technology	1,580,244	1,534,009	12,965	33,270
15	Royalties	0	0	0	0
16	Occupancy	2,313,503	2,248,274	43,486	21,743
17	Travel	954,633	693,893	115,573	145,167
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	0	0	0	0
20	Interest	1,188,579	1,188,579	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	3,673,898	3,673,898	0	0
23	Insurance	86,313	0	86,313	0
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	Food Purchases-Dining Services	1,981,640	1,981,640	0	0
Ь	Purchases-Bookstore	1,240,837	1,240,837	0	
c	Indirect Costs Alloc-Auxiliary & Other	3,891,847	3,891,847	0	0
d	Other Miscellaneous	3,945,962	3,475,744	355,038	115,180
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	79,445,329	73,804,861	3,871,013	1,769,455
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			23,766	1	22,331
	2	Savings and temporary cash investments	•		6,610,293	2	8,826,682
	3	Pledges and grants receivable, net			2,489,034	3	2,266,137
	4	Accounts receivable, net			405,385	4	560,310
	5	Receivables from current and former officers, directors, trustee highest compensated employees. Complete Part II of	s, key	employees, and			
		Schedule L			0	5	0
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ Complete Part II of		n 4958(f)(1)) and			
		Schedule L			0	6	0
ets	7	Notes and loans receivable, net			1,664,195	7	1,651,274
Assets	8	Inventories for sale or use			489,674	8	528,027
⋖	9	Prepaid expenses and deferred charges			197,969	9	319,673
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	101,428,283			
	b	Less accumulated depreciation	10b	43,889,720	54,436,300	10c	57,538,563
	11	Investments—publicly traded securities			66,564,218	11	71,659,563
	12	Investments—other securities See Part IV, line 11			0	12	0
	13	Investments—program-related See Part IV, line 11			0	13	
	14	Intangible assets			0	14	0
	15	Other assets See Part IV, line 11			313,697	15	351,697
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			133,194,531	16	143,724,257
	17	Accounts payable and accrued expenses .			6,177,238	17	6,875,298
	18	Grants payable			0	18	0
	19	Deferred revenue			1,125,475	19	1,199,616
_	20	Tax-exempt bond liabilities			16,178,000	20	19,983,715
- Se	21	Escrow or custodial account liability Complete Part IV of Schedu	le D		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			0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		•	6,810,231	23	6,688,602
	24	Unsecured notes and loans payable to unrelated third parties			1,717	24	0
	25	Other liabilities Complete Part X of Schedule D			2,485,633	25	2,849,255
	26	Total liabilities. Add lines 17 through 25			32,778,294	26	37,596,486
Ses		Organizations that follow SFAS 117, check here ▶ and compare through 29, and lines 33 and 34.	olet e l	lines 27			
ä	27	Unrestricted net assets			44,013,048	27	45,933,199
Balance	28	Temporarily restricted net assets			19,244,889	28	20,591,549
Σ	29	Permanently restricted net assets	37,158,300	29	39,603,023		
Fund		Organizations that do not follow SFAS 117, check here ▶ ┌ ar	nd con	nplet e			
2		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	
ĕ	33	Total net assets or fund balances			100,416,237	33	106,127,771
_	34	Total liabilities and net assets/fund balances			133,194,531	34	143,724,257

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

Form **990** (2009)

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

LYNCHBURG COLLEGE

Name of the organization

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**

					1	1	1	1	1	
									1	
(i) Namo suppo organiz	e of (ii) (described on rted EIN lines 1 - 9 above or IRC section (see			Did you no organiza col (i) c suppo	otify the tion in of your	(vi Is t organiza col (i) or in the l	he Ition in ganized	A m	vii) ount of oport?	
h		lled entity of a person ng information about t						11g(iii)	<u> </u>
		er of a person describ			itioni			11g(i)		
	• • •	rectly or indirectly co governing body of the	•		-	persons des	crıbed ın (ıı)	11g(i)	Yes	No
g	check this box	2006, has the organiz						rr supporting	organiz	
e Γ	other than foundat section 509(a)(2)	ox, I certify that the o ion managers and other received a written det	er than one o	or more pub	licly supporte	ed organizat	ions describe	d in section 5	09(a)(1) or
11	one or more public	ganized and operated ly supported organizations the type of suppo b Type II	tions describ rting organiz	bed in sect zation and o	on 509(a)(1)	or section ! s 11e throug	509(a)(2) Se gh 11h	e section 509	(a)(3).	Check
10	An organization or	ganized and operated	exclusively	to test for p	oublic safety	See section	509(a)(4).			
		oss investment incom ganization after June 3						ax) from busi	nesses	
	•	rities related to its exe	-	_						
9		at normally receives					outions, meml	pership fees,	and gro	ss
8		(A)(vi) (Complete Pa t described in section :		.)(vi) (Cor	nplete Part II)				
7	described in	at normally receives a		part of its	support from	a governme	ntal unit or fro	om the genera	al public	:
6		r local government or (-	al unit desc	rıbed ın secti	on 170(b)(1	.)(A)(v).			
5		perated for the benefit (A)(iv). (Complete Pa	_	or universi	y owned or o	perated by a	governmenta	al unit describ	ed in	
4	A medical researc hospital's name, c	h organization operate ity, and state	d in conjunc	tion with a	hospital desc	ribed in sec	tion 1/0(b)(1	l)(A)(III). Ent	erthe	
3		operative hospital serv								
2 🔽		d in section 170(b)(1)			•					
1	A church, convent	ion of churches, or ass	sociation of	churches s	ection 170(b)(1)(A)(i).				
he organı		te foundation because								
Part I	Reason for Pu	ıblic Charity Statı	us (All org	anızatıons	must comp	lete this p				
							54-05059	22		

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	ration 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				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						
	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

Political Campaign and Lobbying Activities

DLN: 93493042000461

OMB No 1545-0047

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

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

Open to Public Inspection

If the organization	n answered "Yes,	" to Form 990, Part	IV, Line 3, or Form	، 990-EZ, Part VI, line ا	46 (Political Campaigi	n Activities),
then						

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

τtn	e organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 4/	(Loppyin	ig Acti	vities), the	n
• Se	ction 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-	A Do not	comple	ete Part II-B	
	ction 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete				
	e organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line	: 35a (reg	jarding	j proxy tax)), then
	ction 501(c)(4), (5), or (6) organizations Complete Part III				
	me of the organization CHBURG COLLEGE	mployer i	dentific	ation numbe	er
LIIV		4-05059	22		
Par	t I-A Complete if the organization is exempt under section 501(c) or is a se			ganizatio	n.
1	Provide a description of the organization's direct and indirect political campaign activities in Part				
2	Political expenditures	►	\$_		
3	Volunteer hours		_		
Par	t I-B Complete if the organization is exempt under section 501(c)(3).				
1	Enter the amount of any excise tax incurred by the organization under section 4955	Þ	+ \$_		
2	Enter the amount of any excise tax incurred by organization managers under section 4955	•	+ \$_		
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?			☐ Yes	┌ No
4a	Was a correction made?			☐ Yes	┌ No
b	If "Yes," describe in Part IV				
Par	t I-C Complete if the organization is exempt under section 501(c) except s	ection 5	01(c))(3).	
1	Enter the amount directly expended by the filing organization for section 527 exempt function acti	vities 🕨	\$_		
2	Enter the amount of the filing organization's funds contributed to other organizations for section 5	27 .			
	exempt funtion activities	•	\$_		
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 1	7 b 🕨	\$_		
4	Did the filing organization file Form 1120-POL for this year?			☐ Yes	┌ No
5	State the names, addresses and employer identification number (EIN) of all section 527 political	-			

were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Pa	rt II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c)(3) and file	d Form 5768	(election
	Check If the filing organization belongs to a Check If the filing organization checked box		d" provisions apply	,		
<u> </u>	Limits on Lobbying E (The term "expenditures" means ar	Expenditures			(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	yıng)			
c	Total lobbying expenditures (add lines 1a and 18	b)				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount f	from the following table	ın both			
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxa 20% of the amount on lir				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	0		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,0	000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,00	00		
	Over \$17,000,000	\$1,000,000				
		•				
g	Grassroots nontaxable amount (enter 25% of lin	ne 1 f)				
h	Subtract line 1g from line 1a If zero or less, enter	er -0-				
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -				
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file F	orm 4720 repoi	rtıng	┌ Yes ┌ No
	(Some organizations that made a columns below. See the	he instructions fo	ection do not l r lines 2a thro	nave to com ugh 2f on pa		ne five
	Lobbying Exp	enditures During	4-Year Averag	ing Period	I	ı
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots non-taxable amount					

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768
	(election under section 501(h)).

		(a)		(b)	
		Yes	No	A mount	
L	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?		Νo		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo		
c	Media advertisements?		Νo		
d	Mailings to members, legislators, or the public?		Νo		
e	Publications, or published or broadcast statements?		Νo		
f	Grants to other organizations for lobbying purposes?		Νo		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo		
i	Other activities? If "Yes," describe in Part IV	Yes		C	
j	Total lines 1c through 1:			0	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No		
Ь	If "Yes," enter the amount of any tax incurred under section 4912				
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes". 1 Dues, assessments and similar amounts from members

2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Ident if ier	Return Reference	Explanation
SchC_P2B_S00_L01	Schedule C, Part II-B, Line 1	The College is a member of the Council of Independent Colleges in Virginia (CICV), which is an association of 27 Virginia independent colleges and universities. The CICV works to promote the interests of non-profit, independent higher education in Virginia. CICV coordinates the advocacy of Virginia's independent colleges for increased funding for the state's Tuition Assistance Grant (TAG) and other programs assisting students at independent colleges. CICV also monitors legislative and regulatory actions which affect Virginia private colleges. In FY 09-10, the College paid \$25,590.94 in membership dues which was based upon the student population. The College is unaware of the amount of funding expended on the various projects of the CICV.

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493042000461

OMB No 1545-0047

Open to Public Inspection

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. ► Attach to Form 990. ► See separate instructions.

Internal Revenue Service Name of the organization **Employer identification number** LYNCHBURG COLLEGE 54-0505922

	organization answered "Yes" to Form 99	(a) Donor advised funds	(b) Funds an	ıd other accounts
1 T	otal number at end of year	(a) Donor advised failus	(D) i ulius al	a sensi accounts
	ggregate contributions to (during year)			
	aggregate contributions to (during year)			
	ggregate value at end of year			
		Learn in writing that the access hold in d	oner advised	
f	Old the organization inform all donors and donor advious are the organization's property, subject to the	organization's exclusive legal control?		☐ Yes ☐ No
ι	Oid the organization inform all grantees, donors, and used only for charitable purposes and not for the ber conferring impermissible private benefit			┌ Yes ┌ No
Part	Conservation Easements. Complete	ıf the organization answered "Yes	" to Form 990, Part	IV, line 7.
Γ Γ 2 (Purpose(s) of conservation easements held by the o Preservation of land for public use (e g , recreat Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qual	ion or pleasure) Preservation of Preservation of	an historically import a certified historic st rm of a conservation	
€	easement on the last day of the tax year		Held at 1	the End of the Year
a T	Total number of conservation easements		2a	1
_	Total acreage restricted by conservation easements		2b	470
	Number of conservation easements on a certified his		2c	
_	Number of conservation easements included in (c) a	` ,	2d	
	Number of conservation easements modified, transformed to the taxable year ransformed by the year ransformed by the year ransformed by the year ransformed	erred, released, extinguished, or termina	ated by the organizati	on during
4 1	Number of states where property subject to conserv	ation easement is located 🛌 👤 1		
	Does the organization have a written policy regardinenforcement of the conservation easements it holds		andling of violations,	and ▼Yes
	Staff and volunteer hours devoted to monitoring, ins			
7 /	Amount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easeme	nts during the year 🟲	\$0
	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of s	ection	✓ Yes
t	n Part XIV, describe how the organization reports of palance sheet, and include, if applicable, the text of the description of the description is accounting for conservation eases	the footnote to the organization's financ ments	ıal statements that d	escribes
Part	Organizations Maintaining Collection Complete if the organization answered		s, or Other Simila	ar Assets.
a	f the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fil	l for public exhibition, education or rese	arch in furtherance of	
_	f the organization elected, as permitted under SFAS nistorical treasures, or other similar assets held for provide the following amounts relating to these item	public exhibition, education, or researc		
((i) Revenues included in Form 990, Part VIII, line 1	L	► \$	6,200
((ii) Assets included in Form 990, Part X		► \$	6,200
2 I	f the organization received or held works of art, hist following amounts required to be reported under SFA			ovide the
a _F	Revenues included in Form 990, Part VIII, line 1		► \$	0
L	See ats uncluded in Form 990 Part Y			0

Par	Organizations Maintaining Co	<u>llections of Art</u>	, His	torical	Treas	sures, or C	<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	y of th	ne following	g that a	are a sıgnıfıc	ant u	ise of its c	ollectio	n	
а	▼ Public exhibition		d	▽ Loa	n or ex	change prog	rams				
ь	Scholarly research		e	┌ Oth	er						
с	✓ Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ın hov	w they furt	her the	e organizatioi	n's ex	xempt purp	ose in		
5	During the year, did the organization solicity assets to be sold to raise funds rather than t							nılar	Г	Yes	√ No
Pai	rt IV Escrow and Custodial Arrang					on answere	d "Y	'es" to Fo	rm 99	0,	
	Part IV, line 9, or reported an ar			•							
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?				butions	or other as:	sets	not	Γ	Yes	Г No
Ь	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ing table		Г		1			
						-			A mo	unt	
с	Beginning balance					-	1c				
d	Additions during the year					-	1d				
e	Distributions during the year					-	1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	e 21?						Г	Yes	│ No
	If "Yes," explain the arrangement in Part XI\										
Pa	rt V Endowment Funds. Complete	if the organization (a)Current Year		wered "Y Prior Year) Form 990)Two Years Bad				a \ Eour V	ears Back
1a	Beginning of year balance	62,177,036		82,010,		jiwo icais bac	, (u	Timee rear	Back (c) our i	cars back
b	Contributions	1,013,976		784,	675		+				
c	Investment earnings or losses	5,724,299		-18,381,	644		\top				
d	Grants or scholarships	373,692		776,	669						
e	Other expenditures for facilities	952,836		1,460,	103						
	and programs						_				
f	Administrative expenses	0			0		+				
g	End of year balance	67,588,783		62,177,	036						
2	Provide the estimated percentage of the year		as								
а	Board designated or quasi-endowment 🕨	20 % %									
b	Permanent endowment ► 76 % %										
c	Term endowment ► 4 % %										
3a	Are there endowment funds not in the posse organization by	ssion of the organiza	ation	that are he	eld and	administere	d for	the		Yes	No
	(i) unrelated organizations								3a(i)	Yes	140
	(ii) related organizations								3a(ii)		No
b	If "Yes" to 3a(II), are the related organization	ns listed as required	d on S	chedule R	? .				3b		
4	Describe in Part XIV the intended uses of th										
Pai	rt VI Investments—Land, Building	s, and Equipme	nt. S	ee Form	990,	Part X, line	10.	ı	Г		
	Description of investment			(a) Cost of basis (inve				(c) Accum deprecia		(d) Boo	ok value
1a	Land				(1,580	0,397				1,580,397
b	Buildings				C	76,95	3,116	31,9	61,986	4	4,996,130
c	Leasehold improvements				(1,670	0,243		0		1,670,243
d	Equipment				(13,46	1,152	9,2	36,026		4,225,126
е	Other				1	0 7,75	8,375	2,6	91,708		5,066,667

57,538,563

Part VII Investments—Other Securities. See (a) Description of security or category	Form 990, Part X, line 1.		od of valuation
(including name of security)	(b)Book value		f-year market value
Financial derivatives	0		
Closely-held equity interests	0		
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	0		
Part VIII Investments—Program Related. See	Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value	(c) Metho	od of valuation
(a) Description of investment type	(b) book value	Cost or end-o	f-year market value
Tatal (Column (h) should equal Form 000 Part V col (B) line 12.)			
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets See Form 990, Part X line			
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15.		(b) Book value 351,697
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		(b) Book value 351,697
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15.		
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15.		
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15.		
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15.		
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15.		
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15.		
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15.		
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15.		
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15.		
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15.		
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15.		
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15.		
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15.		
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15.		
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15.		
Part IX Other Assets. See Form 990, Part X, III (a) Descrip Debt Issuance Costs	ne 15. ition		351,697
Part IX Other Assets. See Form 990, Part X, III (a) Descrip Debt Issuance Costs Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	ne 15. ition		351,697
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		351,697
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.) 5.) 6. Jine 25. (b) A mount		351,697
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Interest Rate Swap Agreement	5.)		351,697
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.) 5.) 6. Jine 25. (b) A mount		351,697
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Interest Rate Swap Agreement	5.)		351,697
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Interest Rate Swap Agreement	5.)		351,697
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Interest Rate Swap Agreement	5.)		351,697
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Interest Rate Swap Agreement	5.)		351,697
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Interest Rate Swap Agreement	5.)		351,697
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Interest Rate Swap Agreement	5.)		351,697
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Interest Rate Swap Agreement	5.)		351,697
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Interest Rate Swap Agreement	5.)		351,697
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Interest Rate Swap Agreement	5.)		351,697
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Interest Rate Swap Agreement	5.)		351,697
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Interest Rate Swap Agreement	5.)		351,697
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Interest Rate Swap Agreement	5.)		351,697
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Interest Rate Swap A greement	5.)		351,697

che	dule D (Form 990) 2009		Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	76,239,216
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	79,445,329
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-3,206,113
4	Net unrealized gains (losses) on investments	4	9,142,103
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)	8	-224,456
9	Total adjustments (net) Add lines 4 - 8	9	8,917,647
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	5,711,534
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	
1	Total revenue, gains, and other support per audited financial statements	1	60,823,820
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments 2a 9,142,103		
ь	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d -24,168,851		
e	Add lines 2a through 2d	2e	-15,026,748
3	Subtract line 2e from line 1	3	75,850,568
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 399,877		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	388,648
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	76,239,216
ar	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial	1	55,112,286
2	statements	<u> </u>	
² a	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIV)	4	
e	Add lines 2a through 2d	2e	11,229
3	Subtract line 2e from line 1	3	55,101,057
<i>3</i> 4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	<u> </u>	33,101,037
	and and an i aim so y i are any into any sate flow of fillion at	1	1

Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) Part XIV Supplemental Information

Add lines 4a and 4b . . .

Other (Describe in Part XIV)

Investment expenses not included on Form 990, Part VIII, line 7b .

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.

4a

4b

399,877

4c

5

24,344,272

79,445,329

23,944,395

Ident if ier	Return Reference	Explanat ion
SchD_P02_S00_L05	Schedule D, Part II, Line 5	The Virginia Outdoors Foundation has the responsibility to enter the property from time to time (usually on an annual basis) for purposes of inspection and enforcement of the terms of the easement after permission from or reasonable notice is given to the College. The Foundation has the right to bring an action at law or in equity to enforce the restrictions as outlined in the easement. This right specifically includes the right to require restoration of the property to a condition of compliance with the terms of the easement as existed on the date of the gift of the easement. A report is received from the Virginia Outdoors Foundation detailing their visit and addressing any issues that may arise. The College has a full-time Director of the Claytor Nature Study Center (the farm) that is responsible for the general direction, vision, and management of the Center. The Director is also the person who is responsible for working with the Virginia Outdoors Foundation.
SchD_P02_S00_L09	Schedule D, Part II, Line 9	The Virginia Outdoors Foundation easement was included with a gift of a 470 acre farm received in 1998. The gift value of the farm was substantiated by a real estate appraisal report and recorded as an asset to the College on the Statement of Financial Position and as gift revenue in the Statement of Activities when received
SchD_P03_S00_L04	Schedule D, Part III, Line 4	The College's art collection includes paintings, drawings, prints, and sculptures by Pierre Daura and many other American and European artists. These collections are used to further the educational purpose of the College through lectures, gallery talks, and exhibitions on campus.
SchD_P05_S00_L04	Schedule D, Part V, Line 4	The College's endowment includes (1) Funds that offer a comprehensive financial aid program for students demonstrating financial need, academic merit, and special leadership traits, (2) Funds that support Distinguished chairs, professorships, and special lectureships, (3) Funds that offer numerous special programs to benefit students, faculty, staff and the broader community which are diverse in focus and create unique learning opportunities, and (4) Funds that offer financial support to the College's annual operating budget
SchD_P10_S00_L00	Schedule D, Part X	A disclosure of FIN 48 has not been included in the audit footnotes for fiscal year ending June 30, 2010
SchD_P11_S00_L08	Schedule D, Part XI, Line 8	This figure includes the Change in the value of split interest agreements
SchD_P12_S00_L02d	Schedule D, Part XII, Line 2d	Includes Financial Aid (\$23,944,395) and Change in the Value of Split Interest Agreements (\$224,456)
SchD_P12_S00_L04b	Schedule D, Part XII, Line 4b	This figure includes Special Events
SchD_P13_S00_L02d	Schedule D, Part XIII, Line 2d	This figure includes Special Events
SchD_P13_S00_L04b	Schedule D, Part XIII, Line 4b	This figure includes Financial Aid

OMB No 1545-0047

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Schools

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

Ins

► Attach to Form 990 or Form 990-EZ.

Name of the organization LYNCHBURG COLLEGE

990)

Employer identification number

54-0505922

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 Yes 3 The College has publicized its notice of non-discriminatory policy of students through newspaper media Also, the College's website includes a statement that Lynchburg College does not discriminate on the basis of age, race, religion, disability, gender, sexual orientation, or national or ethnic origin 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 4b Yes Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain If you need more space, use Schedule O (Form 990) Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? 5c Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 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

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493042000461

OMB No 1545-0047

2009

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Open to Public

Inspection

Internal Revenue Service Name of the organization

LYNCHBURG COLLEGE

Department of the Treasury

Employer identification number

54-0505922

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

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

For grant makers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (U:	se Schedule F-1	(Form 990) If add	ditional space is needed)		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean	0	0	Program Services	Educational Training/Partnership	2,823
Sub-Saharan Africa	0	0	Program Services	Institutional aid to students	14,062
Central America and the Caribbean	0	0	Program Services	Institutional aid to students	41,830
East Asia and the Pacific	0	0	Program Services	Institutional aid to students	56,904
South Asia	0	0	Program Services	Institutional aid to students	3,510
Russia and the newly independent States	0	0	Program Services	Institutional aid to students	14,000
Europe (including Iceland and Greenland)	0	0	Program Services	Institutional aid to students	27,980
Totals	0	0			161,109
For Privacy Act and Paperwork Re	eduction Act Notic	re, see the Instruc	tions for Form 990.	Cat No 50082W Sche	edule F (Form 990) 2009

Part IV	, line 15, for an	sistance to Orgar y recipient who recensional	eived more than \$5	es Outside the Ur ,000. Check this box	nited States. Composite of the composite	plete if the organiza received more that	tion answered "Yes' n \$5,000	'to Form 990, ► 厂
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2 Enter total n tax-exempt	number of recipions by the IRS, or f	ent organizations lis or which the grante	ted above that are e or counsel has pr	recognized as chari ovided a section 50	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . ►	
3 Enter total n	umber of other	organizations or en	tities					: (Earm 990) 2009

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Use Schedule F-1 (Form 990) if additional space is needed.

Use Scriedule	1 1 (101111) Jo) 11 ac	iditional space	is needed.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Unfunded Institutional Aid	Sub-Saharan Africa	2	13,262	Applied to the student's tuition and fees account	0		
Funded Institutional Aid	Sub-Saharan Africa	2	800	Applied to the student's tuition and fees account	0		
Unfunded Institutional Aid	Central America and the Caribbean	2	40,132	Applied to the student's tuition and fees account	0		
Funded Institutional Aid	Central America and the Caribbean	2	1,698	Applied to the student's tuition and fees account	0		
Unfunded Institutional Aid	East Asia and the Pacific	2	55,960	Applied to the student's tuition and fees account	0		
Funded Institutional Aid	East Asia and the Pacific	1	944	Applied to the student's tuition and fees account	0		
Unfunded Institutional Aid	South Asia	1	3,510	Applied to the student's tuition and fees account	0		
Unfunded Institutional Aid	Russia and the newly independent States	1	14,000	Applied to the student's tuition and fees account	0		
Unfunded Institutional Aid	Europe (including Iceland and Greenland)	2	27,980	Applied to the student's tuition and fees account	0		

Schedule F (Form 990) 2009

		ııred ın Part I, line 2, and any addıtıonal ınformation.
Identifier	ReturnReference	Explanation
SchF_P01_S00_L02	Schedule F, Part I, Line 2	Lynchburg College does not provide grants and other assistance to organizations or entities outside of the United States Institutional aid is awarded to students who attend the College and who live outside of the United States based upon need and merit and is applied to each student's billed tuition and fees account The College uses the College Board's PowerFAIDS software to manage its financial aid database and awarding procedures

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493042000461

OMB No. 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

licensing

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Internal Revenue Service Name of the organization Employer identification number

LIN	CHBURG CULLEGE						54-0505922				
Pa		ctivities. Comple ers are not require			tion answered "Ye s part.	s" to Forn	າ 990, Part IV	, line 17.			
1	Indicate whether the orga	anızatıon raısed fund	s through a	ny of the	following activities	Check all t	hat apply				
а	Mail solicitations			e	☐ Solicitation of	non-goverr	ment grants				
b	Internet and e-mail s	olicitations	governmen	t grants							
c	Phone solicitations			g	g Special fundraising events						
d	☐ In-person solicitation	person solicitations									
2a	Did the organization have or key employees listed i							Г _{Yes} Г N			
b	If "Yes," list the ten higher to be compensated at lea										
	(i) Name of individual or entity (fundraiser)	I (II) A CTIVITY		Old or have ly or ol of tions?	(iv) Gross receipts from activity	or r fundra	(v) A mount paid to (or retained by) fundraiser listed in col (i) (vi) A mo (or retained in organ				
			Yes	No							
Tota	al			.							
<u> </u>	List all states in which t	the organization is re	anstered or	licansor	t to collect funds or hi	ac haan not	tified it is over	nt from registration or			

Pa	rt I	Fundraising Events. Commore than \$15,000 on Form					report	ted
			(a) Event #1 Golf Tournament (event type)	(b) Event #2 Golf Tournament (event type)	(c) O ther Events 4 (total number)	(d) Tot (Add col col		
Φ	1	Gross receipts	13,995	13,876	28,468		5	6,339
Revenue	2	Less Charitable contributions	9,770	6,361	14,278		3	0,409
~	3	Gross income (line 1 minus line 2)	4,225	7,515	14,190		2	5,930
	4	Cash prizes	C	0	0			0
ú	5	Non-cash prizes	C	0	0			0
anse.	6	Rent/facility costs	4,463	9,553	7,845		2	1,861
ă	7	Food and beverages	C		4,020			4,020
Direct Expenses	8	Entertainment	(o c	0			0
ā	9	Other direct expenses .		1,411	7,643			9,054
	10	Direct expense summary Add lin	nes 4 through 9 ın column	(d)			3	4,935
	11	Net income summary Combine li	nes 3, column d, and line	10			-	9,005
Par	t II	Gaming. Complete if the oil \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted mor	e thar	1
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tot (Add col col		
	1	Gross revenue						
Ses	2	Cash prizes						
Expenses	3	Non-cash prizes						
	4	Rent/facility costs						
Direct	5	Other direct expenses						
	6	Volunteer labor	┌ Yes	Г Yes	┌ Yes <u>%</u>			
	7 8	Direct expense summary Add line						
		Trot gammig moonie bammar, bon					Yes	No
9 a b	Is	ter the state(s) in which the organiza the organization licensed to operate "No," Explain			 .	· 9a		
	_	No, Explain						
10a b								
11 12	Is	es the organization operate gaming the organization a grantor, beneficia med to administer charitable gaming	ry or trustee of a trust or	a member of a partnersh	ıp or other entity	11		
	.51	to animote on antable galling			Schedule G (Form 9	990 or 990-	<u> </u> EZ) 20	L 109

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name 🟲		
	Address -		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	,	
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the	+	
	amount of gaming revenue retained by the third party 🟲 \$		
c	If "Yes," enter name and address		
	Name 🟲		
	Address •		
16			
16	Gaming manager information		
	Name 🟲		
	Name F		
	Gaming manager compensation 🕨 \$		
	Description of services provided -		
	Director/officer Employee Independent contractor		
	I Director/officer I Employee I Independent contractor		
.7	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent		
	in the organization's own exempt activities during the tax year ▶ \$	1	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule I

Department of the Treasury

DLN: 93493042000461

OMB No 1545-0047

Grants and Other Assistance to Organizations, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

Open to Public Inspect ion

Internal Revenue Service Name of the organization **Employer identification number** LYNCHBURG COLLEGE 54-0505922 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (a) Name and address of **(b)** EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable (book, FMV, appraisal, non-cash assistance or assistance grant cash other) or government assistance

Attach to Form 990

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.

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Unfunded Institutional Aid	1882	22,628,600	0		
Funded Institutional Aid	96	1,157,509	0		
See Additional Data Table					
		·	· · · · · · · · · · · · · · · · · · ·	·	

Part IV Supple	mental Information. Comple	ete 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	Within the limits of available resources, the College makes every effort to make financial aid opportunities available to needy and academically eligible students. Traditional age students must be enrolled in a full-time undergraduate degree program to be considered for College academic scholarships, grants, and/or need-based financial aid. With the exception of some academic scholarships, students who wish to apply for grants, loans, or work-study should submit the Free Application for Federal Student Aid (FAFSA). Awards are considered on the basis of financial need and/or a student's academic profile. A wards are packaged using a combination of grants and scholarships, loans and work-study assignments. Students must be in good academic and social standing and achievement and the minimum quality point average required. The College uses the College Board's PowerFAIDS software to manage our financial aid database and awarding procedures.
SchI_P03_S00_L00	Schedule I, Part III	Part III (a) Unfunded Institutional aid is funded from the College's unrestricted resources. Funded Institutional aid consists of the proceeds of endowed scholarhips and annual gifts that were donated to help students pay for the cost of their education. Various state grants would also provide scholarships to assist students with paying for their education. Part III (b) 98% of traditional students at the College (2,019) received some form of Financial Aid. Therefore, the number of recipients was estimated by multiplying 98% times 2,019 students or 1,978 students and then prorating 1,978 students to Unfunded and Funded aid.

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**Compensation Information**

DLN: 93493042000461

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

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

Internal Revenue Service Name of the organization **Employer identification number** LYNCHBURG COLLEGE 54-0505922

Pa	art I Questions Regarding Compensation							
			Yes	Νο				
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items							
	First-class or charter travel Housing allowance or residence for personal use							
	▼ Travel for companions							
	Tax idemnification and gross-up payments Health or social club dues or initiation fees							
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)							
b	b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain							
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all							
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes					
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply							
	✓ Compensation committee ✓ Written employment contract							
	✓ Independent compensation consultant ✓ Compensation survey or study							
	Form 990 of other organizations Approval by the board or compensation committee	e						
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization							
а	Receive a severance payment or change-of-control payment?							
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?							
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo				
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III							
	Only $501(c)(3)$ and $501(c)(4)$ organizations only must complete lines 5-9.							
5	For persons listed in form 990, Part VII, Section A, line ${\tt 1a}$, did the organization pay or accrue any compensation contingent on the revenues of							
а	The organization?	5a		Νo				
b	Any related organization?	5b		Νo				
	If "Yes," to line 5a or 5b, describe in Part III							
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of							
а	The organization?	6a		Νo				
b	Any related organization?	6b		Νo				
	If "Yes," to line 6a or 6b, describe in Part III							
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III							
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs-section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		No				
0				NO				
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?							

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)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	f W-2 and/or 1099-MI		(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(5)(1)	Form 990 or Form 990-EZ
Kenneth R Garren	(I) (II)	260,925 0	138,966 0			1	442,983	The state of the s
Stephen E Bright	(I) (II)	146,029 0	0 0	/	0 0	1	176,659 0	
			<u> </u>					
			<u> </u>				<u> </u>	

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
	Part I, Line 1a	As outlined in the President's contract with the College, the following items were provided (1) the President's spouse can accompany him on trips and perform bona fide and substantial school-related business activities, (2) the President is required to live in a house provided by the College as part of his job as President. The house is physically located on the College's campus
SchJ_P01_S00_L03	Part I, Line 3	The Compensation Committee of the Board of Trustees approves the President's written employment contract on an annual basis. The approved written employment contract is approved by the full board and documented in the minutes. As deemed necessary by the Compensation Committee, an independent compensation consultant is used for input regarding the President's salary level when compared to other comparable positions.

Schedule J (Form 990) 2009

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

DLN: 93493042000461

OMB No 1545-0047

Schedule K (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization **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** Employer identification number

Schedule K (Form 990) 2009

	ne of the organization NCHBURG COLLEGE									Employe	er identiii	ication nu	mber	
										54-050	5922			
P	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date	Issued	(e) Issu	ie Price	(f) De	escription of Pu	rpose	(g) De	feased	Beh	On alf of suer
											Yes	No	Yes	No
A	Industrial Development Authority of the City of Lynchburg Virginia	54-1225193	55123PBM1	07-16-2003		11	,937,335		ion and equippi bldg & Student			x		x
В	Industrial Development Authority of the City of Lynchburg Virginia	54-1225193	55123PBN9	12-22-2004		6	,575,000	Construction & equipping o Student housing facility & v bldgs on campus				Х		X
С	Economic Development Authority of the City of Lynchburg Virginia	54-1225193		02-23-2010		4	,680,715	Renovation & equipping of 5 bldgs for the purpose of re the College's energy costs		educing		X	х	
Pā	rt II Proceeds													
_	Total proceeds of issue		A			В	_	C	D)		E		
1				1:	1,877,388		6,537,50		4,680,715					
2					0			0	3,297,034					
3	Proceeds in refunding or defeasand Other unspent proceeds	e escrows			0			0	0					
4	Issuance costs from proceeds				0			0	0					
5	Working capital expenditures from	nrocoodo		108,399		•		•						
6	Capital expenditures from proceed	•		0				0 0						
7	Year of substantial completion	5			1,768,989	6,459,19		1,330,473						
8	rear of substantial completion			200) 5 No	Yes	005 No	Yes	No	V	No	V	_	N-
9	Were the bonds issued as part of a	current refunding is	sue?	Yes	X	res	X	tes	NO X	Yes	NO	Yes	•	No
	Were the bonds issued as part of a	J			X		X		X					
10	·	_	13346	V	^	V	^							
11			X		Χ			X						
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?		X		Х		X							
Pa	rt IIII Private Business Use													
					Α		В		С	D			E	
1	Was the organization a partner in a which owned property financed by t		ember of an LLC,	Yes	No X	Yes	No X	Yes	No X	Yes	No	Yes		No
2	Are there any lease arrangements which may result in private busines	with respect to the f	inanced property	X		X			X					

Cat No 50193E

Part Private Business Use (Continued) С E В D Α Yes No Yes No Yes No Yes No Yes No Are there any management or service contracts with respect to the За Х Х Χ financed property which may result in private business use? Are there any research agreements with respect to the financed property 3Ь Х Х Χ 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 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 28 % 0 07 % 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 % organization, another section 501(c)(3) organization, or a state or local government Total of lines 4 and 5 0 28 % 0 07 % 0 % 6 Has the organization adopted management practices and procedures to 7 Х Χ Х ensure the post-issuance compliance of its tax-exempt bond liabilities? Part IV Arbitrage Α В C D Ε Yes No Yes Nο Yes No Yes No Yes Nο 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? Х Х Χ Is the bond issue a variable rate issue? 2 Χ Χ Χ Has the organization or the governmental issuer identified a 3a hedge with respect to the bond issue on its books and records? Х Х Χ SunTrust Bank SunTrust Bank Name of provider Term of hedge 30 30 Were gross proceeds invested in a GIC? Χ Х Χ 4a Name of provider Term of GIC Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? Were any gross proceeds invested beyond an available 5 temporary period? Х Χ Х Did the bond issue qualify for an exception to rebate? 6 Х Х Χ

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493042000461

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Name of the organization

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, tructions.

Transactions with Interested Persons

Open to Public Inspection

De Int

LYNCHBURG COLLEGE

	or Form 990-EZ, Part V lines 38a or 40b.
epartment of the Treasury	► Attach to Form 990 or Form 990-EZ. ►See separate ins
ternal Revenue Service	

Employer identification number

		54-0505922	
art I	Excess Benefit Transactions (section 501(c)	(3) and section 501 (c)(4) organizations only).	
	Complete if the organization answered "Yes" on Form 9	90, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line	40b
1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?

	section	he amount of tax imposed on the organization managers or disqualified persons during the year under in 4958
Par	t II	Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a
		/ f \

Complete if the organi.	Zation	IIIS WEIEC	1 163 011101111330	o, i ait iv, lille 20	, 01 1 0111	1 3 3 0 -	LZ, I alt v	, iiiie Je	, a	
(a) Name of interested person and purpose	or fro	oan to om the zation?	(c)Original principal amount	(d)Balance due	(e) I defaul		(f) Approv by boar commit	d or	(g) Writ agreeme	
	То	From			Yes	No	Yes	No	Yes	No

											Þ				
Part :	ш	Gra	nts	5 OI	r A	ssi							Persons.		

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

(b)Relationship between interested person (a) Name of interested person (c)A mount of grant or type of assistance and the organization

Business Transactions Involving Interested Persons.

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

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

See Additional Data Table

Additional Data

Software ID: Software Version:

EIN: 54-0505922

Name: LYNCHBURG COLLEGE

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person

(b) Relationship

(c) A mount of (d) Description o

(a) Name of Interested person	(b) Relationship between interested person and the	(c) A mount of transaction \$	(d) Description of transaction		ization's enues?	
	organization			Yes	No	
Scott Insurance	Trustee is President of the Company	171,464	Commercial Insurance Provider		No	
L G Flint Inc	Trustee's husband is President of the Company	421,280	Construction on campus		No	
J E Jamerson & Sons Inc	Trustee's husband is President of the Company	1,566,733	Construction		No	
Roberson Financial Services	Trustee is the Owner of the Company	120,796	Employee's dental insurance provider		No	
Annette Eccles	Family member of John Eccles, College Officer	37,801	Compensation paid as employee of the College		No	
Tyler Eccles	Family member of John Eccles, College Officer	25,000	Compensation paid as employee of the College		No	
Janet Sigler	Family member of Julius Sigler, College Officer	35,938	Compensation paid as employee of the College		No	

DLN: 93493042000461

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

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.

NonCash Contributions

Name of the organization LYNCHBURG COLLEGE

Employer identification number

					54-0505922			
Pa	Tt I Types of Property		T	Τ	T			
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line	(d) Method of de reven	etermi	ning	
1	Art—Works of art	Х	2	-	FMV-Opinion of an e	xnert		
	Art—Historical treasures .	_^		0,200	THV Opinion or an e	хреп		
	Books and publications	X		11 901	FMV-Opinion of an e	vnart		
	Clothing and household	_^				xperc		
3	goods	X		285	FMV			
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
	Securities—Publicly traded .	Х	17	188,489	A vg hı/low on gıft da	te		
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .	X	1	117,500	Appraised value			
	Real estate—Commercial							
	Real estate—Other							
	Collectibles							
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
	Archeological artifacts							
	A utomobile							
	provided to							
25	Other \blacktriangleright (the President)	X	1	5,052	FMV-Lease value			
	Various							
26	music related Other ► (donations)	x	3	10,105	 FMV			
	Donations of			20,200				
	travel							
	Other ► (<u>expenses</u>)	X	5	2,331	FMV			
28	Other ► (Miscellaneous)	Х	34	8,915	FMV			
29	Number of Forms 8283 received				29			0
	for which the organization compl	eted Form 8	8283, Part IV, Donee Ackn	iowledgement	29	-	I	
20-	D the control of the control				1 20 15-1-1		Yes	No
3Ua	During the year, did the organiza							
	must hold for at least three year			on, and which is not require	d to be used			
	for exempt purposes for the enti					30a		No_
b	If "Yes," describe the arrangem	ent in Part 1	II					
31	Does the organization have a gif	·		·		31	Yes	
32a	Does the organization hire or us contributions?	e third part	ies or related organizations	to solicit, process, or sell	non-cash	32a		Νo
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,			

Page 2

Part II

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

Identifier Return Reference Explanation

Schedule M (Form 990) 2009

OMB No 1545-0047

2009

Open to Public Inspection

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

Supplemental Information to Form 990

Name of the organization LYNCHBURG COLLEGE

Employer identification number

54-0505922

ldentifier	Return Reference	Explanation
F990_P03_S00_L02	Form 990, Part III, Line 2	The College is now offering a doctoral program in Physical Therapy (DPT) and plans to offer a Doctorate in Leadership Studies (EdD) degree program in the Fall of 2011. These programs will offer students unique opportunities to pursue rigorous study leading to know ledge and skills vital for productive and active careers.
F990_P06_S0B_L11	Form 990, Part VI, Section B, Line 11	The Form 990 is internally prepared and reviewed by management. With respect to the "review process" by the Trustees, the Chair of the Board, the Chair of the Budget and Finance Committee, and all members of the Audit Committee read over the document and notify the Business Office of their approval within three days. The completed Form 990 is then emailed (or sent by overnight delivery) to all Trustees. The Business Office executes and submits the Form to the IRS.
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	As outlined in the College's By-Laws, the Board prohibits conflict of interest by its members and College officers in particular matters under consideration by the Board, in accordance with the Conflict-of-interest Policy for trustees and College Officers. The Board asks each Trustee and each College Officer to (1) review the Conflict-of-Interest Policy annually, (2) disclose any possible personal, familial or business relationships that reasonably could give rise to a conflict involving the College, and (3) acknow ledge by his or her signature that he or she is in compliance with the letter and spirit of this policy. If a conflict is suspected or confirmed, the matter shall be discussed between the committee chair, the board chair, and the trustee in question, to determine if any specific vote by the trustee should be recanted and if said trustee should be involved in any future discussion on that topic. Should the matter not be resolved by the committee chair, the board chair, and the trustee in question, ultimate enforcement of any conflict will be determined by the Executive Committee as may be appropriate. The completed Confict-of-Interest forms are monitored and maintained in the President's Office.
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	The compensation for all faculty and staff except the College President is set on an annual basis in keeping with the College's Salary Plan that was adopted after a year long study in 2005-06. The President's salary is set by the College's Compensation Committee. The committee is led by the Board Chair and includes several other Board members who have been appointed to the Committee by the Board Chair. The purpose of the Committee is to review the President's job performance and determine the appropriate salary to recommend to the full Board of Trustees. The Trustees meet in Executive session during the annual May meeting to receive the report of the Compensation Committee and act on their recommendation. The actions of the Board of Trustees while in Executive session are documented in the minutes of the meeting. The last compensation survey or study was completed in 2006. Currently, the College has obtained the services of a consultant to analyze the President's compensation package with comparable colleges.
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	The documents are made available to the public upon request to the President of the College or VP for Business and Finance

Additional Data

Software ID: Software Version:

EIN: 54-0505922

Name: LYNCHBURG COLLEGE

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program	n services				
(Code) (Expenses \$	6,187,648	ıncludıng grants of \$	0) (Revenue \$	0)
Includes Student recreation	Services which consists of en	rollment servic	es, registrar, health and couns	eling services, student activities	, sports, and
(Code) (Expenses \$	2,325,677	including grants of \$	0) (Revenue \$	0)
Includes Academ	c Support which consists of t	he College's lib	rary, art gallery, academic adv	ising, career services, and other	support

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, ar	nd Indepen	dent C	onti	rac	tors	5		T T		Т
(A) Name and Title	(B) Average hours per		tion (that a	(che	/)	_	1	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
Thomas L Booker Trustee	1 0	Х						0	0	0
Alan A Burgess	1 0	Х						0	0	0
Trustee Howard M Butler	4.0							0		
Trustee	1 0	Х						0	0	0
Fred R Cawthorne Trustee	1 0	Χ						0	0	0
Stephen L Crank Trustee	1 0	X						0	0	0
Richard O Danker Trustee	1 0	X						0	0	0
MaryJane Tousignant Dolan Trustee	1 0	X						0	0	0
Douglas D Drysdale Trustee	1 0	X						0	0	0
Mary S Elcano Trustee	1 0	X						0	0	0
Stuart C Fauber Trustee	1 0	Χ						0	0	0
Pauline B Flint Trustee	1 0	X						0	0	0
Suzanne F Flynn Trustee	1 0	X						0	0	0
Mary H Futrell Trustee	1 0	Х						0	0	0
Roger H Green Trustee	1 0	Х						0	0	0
Yuılle Holt III Trustee	1 0	X						0	0	0
Terry H Jamerson Trustee	1 0	Х						0	0	0
Andrew J Larsen Trustee	1 0	Х						0	0	0
Nathanial X Marshall Trustee	1 0	X						0	0	0
Philip G Mazzara Trustee	1 0	Х						0	0	0
Jay W Newkirk Trustee	1 0	Х						0	0	0
Ellen G Nygaard Trustee	1 0	X						0	0	0
Kathryn M Pumphrey Trustee	1 0	X						0	0	0
Mary Rose Ragsdale Trustee	1 0	X						0	0	0
Roy A Roberson Jr Trustee	1 0	X						0	0	0
Rosel H Schewel Trustee	1 0	Х						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) Average hours per		() ition that a				ı	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
Walker P Sydnor Jr Trustee	1 0	x	•	•		•		0	0	0
Thomas A Walker Trustee	1 0	x						0	0	0
Catherine G West Trustee	1 0	X						0	0	0
Charles B White Trustee	1 0	X						0	0	0
Tucker W Withers Trustee	1 0	X						0	0	0
Percy Wootton Trustee	1 0	X						0	0	0
Charles P Collings Trustee	1 0	X						0	0	0
Julie P Doyle Trustee	1 0	X						0	0	0
Rebecca DuFour Trustee	1 0	X						0	0	0
Yong H Kım Trustee	1 0	X						0	0	0
Andrew J Tatom III Trustee	1 0	X						0	0	0
Kenneth R Garren President of the College	40			X				400,993	0	41,990
Julius A Sigler Jr VP and Dean for Academic Affairs	40			X				120,513	0	16,592
John G Eccles VP and Dean for Student Development	40			X				112,629	0	18,322
Rıta A Detwiler VP for Enrollment Management	40			X				112,163	0	22,897
Denise A McDonald VP for Advancement	40			Х				112,061	0	22,952
Edward A Polloway VP for Comm Adv & Dean of Grad Studies	40			Х				103,947	0	14,536
Stephen E Bright VP for Business and Finance and Treas	40			X				135,604	0	41,055
John C Lewis Associate VP for Business & Finance	40					X		115,560	0	19,120
Sally Selden Professor	40					X		110,838	0	9,399
David Murphy Professor	40					X		117,309	0	21,026
Howard Ramaglı Assc VP for Information Tech & Resources	40					x		111,350	0	15,324
Joseph Turek Dean, School of Bus & Econ	40					X		105,916	0	20,673