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# Form **990**

Department of the Treasury
Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

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

2009

OMB No 1545-0047

Open to Public Inspection

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

A Fo	r the 2	2009 са	lendar yea	r, or tax year beginning 07	-01-2009 and ending 06-30-	-2010				
<b>B</b> Ch	eck ıf ap	pplicable	Please	C Name of organization RANDOLPH-MACON COLLEGE				D Employer i	dentii	ication number
- Ad	dress ch	ange	use IRS label or					54-05059 <b>E Telephone</b>		or
— Na	me char	nge	print or type. See	Doing Business As				-		
Ini	tıal retur	rn	Specific Instruc-		ox if mail is not delivered to street a	address)	Room/suite	(804) 798		
Te	mınated	d	tions.	POST OFFICE BOX 5005				<b>G</b> Gross receip	ots \$ 59	9,831,157
– Am	nended r	return		City or town, state or country	, and ZIP + 4					
— Ap	plication	pending		ASHLAND, VA 230055505						
				ne and address of principal	officer	H	<b>i(a)</b> Is thi	ı s a group retı	urn fo	r
				RT R LINDGREN OFFICE BOX 5005			affilia	tes?		┌ Yes ┌ No
				ND, VA 230055505			H(b) Are al	l affiliates incl	uded?	┌ Yes ┌ No
			_				If"No	o," attach a li	st (se	ee instructions)
[ la	x-exem	ipt status	<b>5</b> 01(c)	) (3) ◀ (insert no )	a)(1) or   527	+	H(c) Grou	p exemption	numb	er ►
J W	ebsit e	: F ww	w rmc edu							
			Corporat	tion Trust Association C	ther ►		L Year of fo	rmation 1830	M Sta	ite of legal domicile VA
Pa	rt I									
	1	,		3	most significant activities oh-Macon College is an instit	tution of	hıaher edi	ıcatıon, offeri	na ba	ccalaureate degrees
e,	1		ral arts cu							
Governance										
E ⊕										
Ģ.	2	Check t	hıs box দ	f the organization discon	tinued its operations or dispo	osed of	more than	25% of its ne	tass	ets
ø	3	Number	of voting r	members of the governing b	ody (Part VI, line 1a)				з _	39
Activities	4	Number	ofindepen	ndent voting members of th	e governing body (Part VI, lir	ne 1b)		•	4 _	39
				nployees (Part V , line 2a)					5 _	1,116
a ब				olunteers (estimate if neces	_				100	
				ted business revenue from iness taxable income from	. 2	•		<sup>7a</sup> — 7b	192,023 -35,402	
	B	Net unr	erated busi	ness taxable income from	Form 990-1, line 34		Drio	r Year	/B	Current Year
	8	Contri	butions and	d grants (Part VIII, line 1h		FIIO	8,360,548		7,767,462	
ē	9			revenue (Part VIII, line 2g			41,273,507	_	43,883,143	
Revenu	10				lines 3, 4, and 7d)	-		-4,896,287		4,465,572
芒	11	Other	revenue (P	art VIII, column (A), lines	5, 6d, 8c, 9c, 10c, and 11e)	,		834,853		670,834
	12			dd lines 8 through 11 (mus	), line		45,572,621		56,787,011	
	13				olumn (A), lines 1-3 )			14,748,325	_	16,246,446
	14				umn (A), line 4)	-		14,740,323		10,240,440
	15		•		nefits (Part IX, column (A), lir	-				
8		10)	•		, , , , , , , , , , , , , , , , , , , ,			21,552,644		23,133,391
Expenses	16a	Profes	sional fund	lraising fees (Part IX, colur	nn (A), line 11e)			19,205		24,463
표	b			enses (Part IX, column (D), line		_				
	17				11a-11d, 11f-24f)	-		21,007,825	_	17,842,136
	18				ual Part IX, column (A), line 2	-		57,327,999	_	57,246,436
- e7	19	Keven	ue iess exp	penses Subtract line 18 fro	om line 12	•		-11,755,378 <b>J of Current</b>		-459,425
ရုံး ရောင်း								ear		End of Year
Net Assets or Fund Balances	20	Total	assets (Par	rt X, line 16)			1	66,387,038		176,443,825
38	21	Totall	ıabılıtıes (F	Part X, line 26)				37,624,935	_	38,972,200
	22				1 from line 20		1	28,762,103		137,471,625
Pa	rt II		ature Blo						- 41 1	
					nned this return, including accompa n of preparer (other than officer) is					
							1			
Sigr Her		**** Signa	*** ature of office	er			2011- Date	05-13		
	•	'					Julio			
			e or print nam	REN PRESIDENT ne and title						
		r Preparer	's <b>k</b>		Date	Chec	ck ıf	Preparer's ide	ntıfyınd	number
Paid		signature		/ingfield		self-		(see instruction		
	arer's	Firm's na	ame (or yours	s L BROWN EDWARDS & COMP.	ANY LLP		/ -= ·			
Use (		ıf self-er	nployed), and ZIP + 4	319 MCCLANAHAN ST		EIN ▶				
						Phone no 🕨	(540)	345-0936		
May	the ID	C diccii	c this retu	ROANOKE, VA 24014	phoyo? /coo instructions\			1		Vas E No

Cat No 11282Y

#### Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

Randolph-Macon is an undergraduate, coeducational college of the liberal arts. The purpose of a Randolph-Macon education is to develop the mind and the character of its students. They are challenged to communicate effectively, to think analytically and critically, to experience and appreciate the creative process, to develop qualities of leadership, and to synthesize what they know with who they are At Randolph-Macon College the liberal arts constitute a comprehensive educational opportunity. The curriculum includes exposure both to broad perspectives and specific concepts. Students explore the natural and social sciences, the arts, and the humanities, while they also achieve a deeper understanding of the single discipline in which they major. They are guided in this endeavor by a faculty of teacher-scholars who are dedicated to the liberal arts and active in their professional disciplines and in the extra-curricular life of the campus

2	Did the organization under the prior Form 990 or 99		ant program services during tl	he year which were not listed on	┌ Yes ┌ No
	If "Yes," describe these i	new services on Sc	hedule O		
3	Did the organization ceasservices?		nake significant changes in ho	ow it conducts, any program	┌ Yes ┌ No
	If "Yes," describe these o	changes on Schedu	ile O		
4	Section 501(c)(3) and 5	01(c)(4) organızatı		s three largest program service rusts are required to report the ogram service reported	
4a	(Code	) (Expenses \$	48,911,468 including grants of	of \$ 16,246,446 ) (Revenue	± \$ 44,029,597 )
	RANDOLPH-MACON COLLEGE STUDENTS	IS AN INSTITUTION OF	HIGHER EDUCATION PROVIDING A	FOUR YEAR LIBERAL ARTS CURRICULI	JM TO APPROXIMATELY 1,246
4b	(Code	) (Expenses \$	ıncludıng grants o	f \$ ) (Revenue	\$ )
4c	(Code	) (Expenses \$	ıncludıng grants o	f\$ ) (Revenue	\$       ) 
4d	Other program services (Expenses \$	•	edule O) uding grants of\$	) (Revenue \$	)
4e	Total program service e	xpenses <b>►</b> \$	48,911,468		
	<del>-</del>	<u>- · · · · · · · · · · · · · · · · · · ·</u>			

art TV	Check	dist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	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? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	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? <i>If</i> " <i>Yes," complete Schedule D, Part V</i>	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 12A No	Į		
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		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If</i> " <i>Yes," complete Schedule F, Part II</i>	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		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I	17	Yes	
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		Νο
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		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

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		Νo
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		N o
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
С	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		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		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		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Schedule R, Part V, line 2	35		Νο
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Part V	Statements	Regarding	Other II	RS Filings a	and Tax	Compliance
--------	------------	-----------	----------	--------------	---------	------------

			Yes	No				
.a	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 1,499  1b 0							
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1</b> c	Yes					
a.	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							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?							
	<b>Note:</b> 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					
a	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					
а								
Ь	If "Yes," enter the name of the foreign country ▶ EI							
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts							
1	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	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						
	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				
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b						
	Organizations that may receive deductible contributions under section 170(c).							
	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		No				
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo				
a	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		No				
F	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo				
J	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	Yes					
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	Yes					
	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						
	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						
	Section 501(c)(7) organizations. Enter							
а	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							
	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 )							
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							

310 N CENTER STREET ASHLAND, VA 23005 (804) 752-7241

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	ection A. Governing Body and Management						
			Yes	No			
	Enterthe number of colors according of the colors and the						
1a b	Enter the number of voting members of the governing body 1a 39  Enter the number of voting members that are independent 1b 39						
ъ 2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any						
2	other officer, director, trustee, or key employee?	2		Νo			
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		Νο			
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		Νο			
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?	7b		Νο			
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			
	ection B. Policies (This Section B requests information about policies not required by the Internal						
Re	evenue 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?						
	11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form						
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?						
	The organization's CEO, Executive Director, or top management official	15a	Yes				
Ь	Other officers or key employees of the organization	15b		Νo			
	If "Yes" to line a or b, describe the process in Schedule O (See instructions )						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο			
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the						
	organization's exempt status with respect to such arrangements?	16b					
	ection C. Disclosure						
17	List the States with which a copy of this Form 990 is required to be filed						
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. Upon request						
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 the	ne orga	ınızatıor	n 🕨			
	JOHN A AHLADAS TREASURER						

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

					 		-							$\overline{}$	
1b	Total .										•	1,170,5	31	0	343,345

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►12

			Yes	No	
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule <i>J</i> for such individual	3		No	
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				
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	<b>(C)</b> Compensation
CHARTWELLS PO BOX 91337 CHICAGO, IL 606931337	FOOD SERVICES	2,915,099
ROYALL & COMPANY 1920 EAST PARHAM ROAD RICHMOND, VA 23228	DIRECT MARKETING CONSULTANTS	482,159
HANBURY EVANS WRIGHT VLATTAS & CO 120 ATLANTIC STREET NORFOLK, VA 23510	ARCHITECTURAL SERVICES	273,011
USI INSURANCE SERVICES 4880 COX ROAD SUITE 102 GLEN ALLEN, VA 23060	INSURANCE SERVICES	268,767
EMC MECHANICAL SERVICES PO BOX 6328 RICHMOND, VA 23230	HVAC CONTRACTOR	245,530
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►12	) who received more than	

Page 8

Form 9								Page <b>9</b>
	<b>/</b>	Statement o	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	1a	Federated camp						
gra	b	Membership du						
ts,	C	Fundraising eve						
Contributions, gifts, grants and other similar amounts	d		rations 1d	064.542				
ars, Sim	e	Government grants		864,512				
ntributio d other :	f g	sımılar amounts no Noncash contri	ons, gifts, grants, and for included above butions included in 01,024	6,902,950				
and	h	IIIIes ra-ri p _	s 1a-1f	▶	7,767,462			
				Business Code				
Program Serwce Revenue	2a	TUITION AND FEES	5	611,600	35,196,491	35,196,491		
æ	Ь	AUXILIARY SERVIC	ES	611,600	8,686,652	8,655,657	30,995	
93	c							
Ser	d		_					
Ē	e							
200	f	All other progra	ım service revenue					
Δ	g	Total. Add lines	s 2a – 2f		43,883,143			
	3	Investment inc	ome (ıncludıng dıvıdend	ds, interest				
			aramounts)	F	5,502,562		1,892	5,500,670
	4		tment of tax-exempt bond p	proceeds				
	5	Royalties	() Park	(v) P				
	6a	Gross Rents	(ı) Real 84,553	(II) Personal				
	Ь	Less rental	36,719					
		expenses Rental income	47,834					
	C	or (loss)	·		47.004			47.004
	d	Net rental incor	me or (loss)		47,834			47,834
	7a	Gross amount	(ı) Securities 1,036,990	(II) O ther				
	'	from sales of assets other	_,,,,,,,,					
	١.	than inventory	2.072.000					
	Ь	Less cost or other basis and	2,073,980					
	<sub>c</sub>	sales expenses Gain or (loss)	-1,036,990					
	d	Net gaın or (los	s)		-1,036,990			-1,036,990
	8a	Gross income f						
Other Revenue		sof contributions	reported on line 1c)					
Ť۴	Ь		penses <b>b</b> [					
0	c		loss) from fundraising e	events 🛌				
	9a	Gross income fi See Part IV, lin	rom gaming activities e 19 a					
	b c		penses <b>b</b> loss) from gaming activ	//ties <b>b</b> -				
		Gross sales of returns and allo	inventory, less	vities				
	b c		a   bods sold b   loss) from sales of inve	1,155,479 933,447	222,032	177,449	44,583	
	Ť	Miscellaneous		Business Code	, –	, ]	, -	
	11a		US PROGRAMS	900,099	400,968		114,553	286,415
	ь		·					
	c							
	d	All other revenu	ue					
	e	Total. Add lines	L		400.000			
				▶	400,968			
	12	Total revenue.	See Instructions	. •	56,787,011	44,029,597	192,023	4,797,929 Form <b>990</b> (2009)

	990 (2009)				Page <b>10</b>		
Part							
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.							
	ll other organizations must complete column (A) but are not required to	complete columi	(B), (C), and (B)	(D).	(D)		
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses		
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21						
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	16,246,446	16,246,446				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16						
4	Benefits paid to or for members						
5	Compensation of current officers, directors, trustees, and key employees	1,116,418	474,886	285,755	355,777		
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$						
7	Other salaries and wages	17,221,574	13,976,019	2,254,912	990,643		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,383,467	1,093,854	189,296	100,317		
9	Other employee benefits	2,139,507	1,691,650	292,727	155,130		
10	Payroll taxes	1,272,425	1,005,140	<del>                                     </del>	92,583		
11	Fees for services (non-employees)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
 a	Management						
h	Legal	76,468		76,468	_		
c	Accounting	71,298		71,298			
d	Lobbying	71,230		71,230			
e	Professional fundraising See Part IV, line 17	24,463			24,463		
	Investment management fees	24,403			24,403		
f	-	144.350	07.703	22.064	12.602		
g 42	Other	144,350	97,783	<del>                                     </del>	12,603		
12	Advertising and promotion	986,169	846,257	<del>                                     </del>	16,495		
13	Office expenses	2,611,764	1,625,092	· ·	584,534		
14	Information technology	673,490	368,631	298,882	5,977		
15	Royalties						
16	Occupancy	2,657,446	2,509,539	†	48,855		
17	Travel	673,561	517,307	81,642	74,612		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials						
19	Conferences, conventions, and meetings	468,645	186,060	208,405	74,180		
20	Interest	850,435	827,195	15,571	7,669		
21	Payments to affiliates						
22	Depreciation, depletion, and amortization	2,279,503	2,133,659	108,449	37,395		
23	Insurance	217,684		217,684			
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	studENT FOOD SERVICE	2,488,498	2,488,498				
b	POST RETIREMENT BENEFIT	1,887,676	1,472,387	226,521	188,768		
С	INTERCOLLEGIATE ATHLETI	826,419	826,419				
d	OTHER SUPPLIES, SERVICE	565,264	161,180	185,233	218,851		
e	LIBRARY & LIBRARY SERVI	363,466	363,466		_		
f	All other expenses						
25	Total functional expenses. Add lines 1 through 24f	57,246,436	48,911,468	5,346,116	2,988,852		
26	Joint costs. Check here ► ☐ If following SOP 98-2	2.,2.0,.30	12,212,100	=,= .5,110			
	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>(B)</b> End of year
-	1	Cash—non-interest-bearing			4,869,102	1	5,828,310
	2	Savings and temporary cash investments			4,878,866	2	5,900,151
	3	Pledges and grants receivable, net			5,807,623	3	5,841,164
	4	Accounts receivable, net			1,146,304	4	1,282,625
	5	Receivables from current and former officers, directors, trustees highest compensated employees. Complete Part II of	s, key	employees, and			
		Schedule L				5	_
	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				6	
ssets	7	Notes and loans receivable, net			4,312,584	7	4,306,140
8	8	Inventories for sale or use			233,673	8	209,371
⋖	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	84,537,922			
	ь	Less accumulated depreciation	10b	39,372,245	45,219,660	10c	45,165,677
	11	Investments—publicly traded securities		68,080,286	11	77,269,506	
	12	Investments—other securities See Part IV, line 11	29,880,671	12	28,630,446		
	13	Investments—program-related See Part IV, line 11		13	_		
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11	1,958,269	15	2,010,435		
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			166,387,038	16	176,443,825
	17	Accounts payable and accrued expenses .			2,307,380	17	2,461,506
	18	Grants payable		18			
	19	Deferred revenue			1,433,308	19	1,509,740
	20	Tax-exempt bond liabilities			21,675,000	20	20,825,000
<u>ē</u> ,	21	Escrow or custodial account liability Complete Part IV of Schedul	le D.			21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
ŢŢ		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			892,835	23	834,192
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D	•		11,316,412	25	13,341,762
	26	Total liabilities. Add lines 17 through 25			37,624,935	26	38,972,200
S S		Organizations that follow SFAS 117, check here ► $\sqrt{}$ and comp	olet e l	ines 27			
INC	27	through 29, and lines 33 and 34. Unrestricted net assets			73,472,617	27	73,978,584
<u>छ</u>	28	Temporarily restricted net assets			16,853,544	28	24,211,164
<u>п</u>	29	Permanently restricted net assets		38,435,942		39,281,877	
Fund Balances		Organizations that do not follow SFAS 117, check here ▶ ☐ ar	nd con	nnlet e			
or F		lines 30 through 34.		.p.c.c			
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
AS	32	Retained earnings, endowment, accumulated income, or other fu	ınds			32	
Net	33	Total net assets or fund balances			128,762,103	33	137,471,625
2	34	Total liabilities and net assets/fund balances			166,387,038	34	176,443,825
				L			

			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

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

**Public Charity Status and Public Support** 

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

Inspection

Name of the organization RANDOLPH-MACON COLLEGE

**Employer identification number** 

	rt I			olic Charity Stat						ructions	
The o	rganı	zatıon ıs	not a private	e foundation because	tis (Forlin	nes 1 throug	h 11, check o	only one box	)		
1	Γ	A churc	h, conventio	on of churches, or as	sociation of d	churches <b>se</b>	ction 170(b)(	(1)(A)(i).			
2	굣	A schoo	ol described	ın <b>section 170(b)(1)</b>	( <b>A)(ii).</b> (Atta	ach Schedul	e E )				
3	Γ	A hospi	tal or a coop	perative hospital serv	vice organiza	ition describ	ed in <b>section</b>	170(b)(1)(A	A)(iii).		
4	Γ		cal research l's name, cıt	organization operate y, and state	ed in conjunc	tion with a h	ospital descr	ıbed ın <b>secti</b>	on 170(b)(1)	( <b>A)(iii).</b> En	ter the
5	Г	_	•	rated for the benefit	_	or university	owned or ope	erated by a g	overnmental	unıt descri	bed in
6	<pre>section 170(b)(1)(A)(iv). (Complete Part II ) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</pre>										
7	,	An orga describ	inization tha ed in	t normally receives a	a substantial					n the gener	al public
8	$\sqcap$			described in <b>section</b>		)(vi) (Comp	olete Part II )	ı			
9	Γ	An orga receipts its supp	inization tha s from activi port from gro	t normally receives ties related to its ex ss investment incom anization after June 3	(1) more tha empt function ne and unrela	n 331/3% of ns—subject ited busines:	its support fr to certain exc s taxable inco	rom contribu ceptions, and ome (less se	d (2) no more ction 511 tax	than 331/3	% of
10	$\Gamma$	An orga	ınızatıon org	anızed and operated	exclusively t	to test for pu	ıblıc safety S	ee <b>section 5</b> 0	09(a)(4).		
11	_	one or r the box a	nore publicly that describ Type I	anized and operated y supported organiza pes the type of suppo b	tions describ orting organiz c	ped in sections and control of the Type III -	n 509(a)(1) c mplete lines Functionally	or section 50 11e through integrated	9(a)(2) See 11h <b>d</b>	section 50	<b>9(a)(3).</b> Check
e f g	1	other th section If the o check t	ian foundatio 509(a)(2) rganization r his box	x, I certify that the con managers and other ceceived a written decode, has the organiz	er than one o termination f	r more publi	cly supported	d organizatio	ns described	ın section	509(a)(1) or
			g persons?								
				ectly or indirectly co				ersons descr	ibed in (ii)		Yes No
				overning body of the			ion?			11g(i	
			•	r of a person describ	• • •					11g(i	<del></del>
h				ed entity of a person g information about t						11g(ii	ii)
9	(i) Name Suppo Ganiz	e of rted	(ii) EIN	(iii)  Type of  organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove	on in ed in rning	(v) Did you not organizati col (i) of suppor	on in your	(vi) Is the organizati col (i) orga	on in anized	(vii) A mount of support?
				instructions))	Yes	No	Yes	No	Yes	No	
Total											

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	÷·/		
	endar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	( <b>b)</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) <b>Dublic Support</b> Subtract line F from						
6	<b>Public Support.</b> Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	( <b>b</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 <b>stop here</b>						-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
<b></b>	and <b>stop here.</b> The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	<b>▶</b> □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and <b>stop here.</b> The organization				,		▶
17a	10%-facts-and-circumstances test-	<b>-2009.</b> If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ation qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						<b>▶</b> ┌
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>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 2009	<b>(f)</b> 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>(b)</b> 2006	<b>(c)</b> 2007	( <b>d)</b> 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12 ) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and <b>stop here</b>	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	<b>▶</b> ┌
	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	<b>009</b> (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	<b>2008</b> 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 <b>stop here.</b> T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes been	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

DLN: 93493136025651

#### OMB No 1545-0047

Open to Public

#### **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.

**Political Campaign and Lobbying Activities** 

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

Inspection

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

- ◆ 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

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

♣ Se	ction 501(c)(3) organizations that	: have filed Form 5768 (election ui : have NOT filed Form 5768 (electi s," to Form 990, Part IV, Line 5 zations Complete Part III	on under section 501	(h)) Complete Part II-B Do n	ot complete Part II-A
Na	me of the organization  NDOLPH-MACON COLLEGE			Employer iden	tification number
				54-0505940	
Par	t I-A Complete if the or	ganization is exempt und	ler section 501(	c) or is a section 527	organization.
1	Provide a description of the org	ganızatıon's dırect and ındırect p	olitical campaign ac	tivities in Part IV	
2	Political expenditures			▶	\$
3	Volunteer hours				
Par	t I-B Complete if the or	ganization is exempt und	ler section 501(	c)(3).	
1	Enter the amount of any excise	e tax incurred by the organization	n under section 4955	5 <b>•</b>	\$
2	Enter the amount of any excise	e tax incurred by organization ma	nagers under sectio	n 4955 🕨	\$
3	If the organization incurred a s	ection 4955 tax, did it file Form	4720 for this year?		┌ Yes
4a	Was a correction made?				┌ Yes ┌ No
b	If "Yes," describe in Part IV				
Par	t I-C Complete if the or	ganization is exempt und	ler section 501(	c) except section 501	L(c)(3).
1	Enter the amount directly expe	nded by the filing organization fo	or section 527 exem	pt function activities 🕨	\$
2	Enter the amount of the filing o exempt funtion activities	rganızatıon's funds contributed t	o other organization	s for section 527	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter h	ere and on Form 112	20-POL, line 17b	\$
4	Did the filing organization file <b>F</b>	Form 1120-POL for this year?			
5	were made For each organizat contributions received that we	nd employer identification numbe ion listed, enter the amount paid re promptly and directly delivere ittee (PAC) If additional space	from the filing organ d to a separate polit	ızatıon's funds Also enter t ıcal organızatıon, such as a	he amount of political
	(a) Name	<b>(b)</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	Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).							
	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>(b)</b> 2007	<b>(c)</b> 2008	( <b>d)</b> 2009	<b>(e)</b> 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							

Schedule C (1 c	orm 990 or 990-E2/2009	raye
Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT file	ed Form 5768
	(election under section 501(h)).	

		(a	a)	(b)	
		Yes	No	A mount	
1	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		4,997	
j	Total lines 1c through 1i			4,997	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo		
b	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				
Ы	If the filing organization incurred a section 4912 tay, did it file Form 4720 for this year?		1		

## 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	1	
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

Ident if ier	Return Reference	Explanation
art II-B, Line 11	Explanation of Other Lobbying Activities	The College is a member of the Council of Independent College in Virginia (CICV), an association of 27 independent colleges and universities CICV works to promote the interests of non-profit, independent higher education in Virginia CICV worked to initiate and continues to promote the state's non-need based tuition assistance program for Virginia students attending a private institution Additionally, CICV monitors legislative and regulatory actions which affect the membership by a presence during the General Assembly sessions to review proposed legislation and interact with various administrative agencies CICV is engaged in promoting the awareness of Virginia's independent colleges to potential students through publications and by sponsoring VA Private College Week CICV also provides analyzed data to member institutions and appropriate state agencies to promote ventures where efficiencies can be achieved by the participation of a group of institutions. The College pays a membership fee based upon student population For the year ended June 30, 2010, CICV expended approximately 8 1% of the membership fee for lobbying activities. The College is a member of The National Association of Independent Colleges and Universities (NAICU) NAICU serves as the unified national voice of independent higher education. Since 1976, the association has represented private colleges and universities on policy issues with the federal government regulation. The NAICU staff meets with policymakers, tracks campus trends, conducts research, analyzes higher education issues, publishes information, helps coordinate state-level activities, and advises members of legislative and regulatory developments with potential impact of their institutions. NAICU spearheaded initiatives include the Student aid programs, and the nonpartisan National Campus Voter Registration Project. NAICU's 1,000 members nationwid reflect the diversity of private, nonprofit higher education in the United States. Members include traditional liberal arts colleges major re

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**SCHEDULE D** (Form 990)

Department of the Treasury

Internal Revenue Service

DLN: 93493136025651

OMB No 1545-0047

**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.

	me of the organization NDOLPH-MACON COLLEGE	-	Employer identification number
Pa	ort I Organizations Maintaining Donor Ac		54-0505940 Inds or Accounts. Complete if the
	organization answered "Yes" to Form 99	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) Donor advised lunds	(b) Funds and other accounts
2	Aggregate contributions to (during year)		
3	Aggregate contributions to (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advis funds are the organization's property, subject to the		or advised Yes No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben- conferring impermissible private benefit	donor advisors in writing that grant funds efit of the donor or donor advisor, or for ar	y other purpose Yes No
Pa	rt II Conservation Easements. Complete	if the organization answered "Yes" to	Form 990, Part IV, line 7.
1 2	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualiceasement on the last day of the tax year	on or pleasure)  Preservation of an Preservation of a c	historically importantly land area ertified historic structure of a conservation
	,		Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified his	toric structure included in (a)	2c
d	Number of conservation easements included in (c) ac	cquired after 8/17/06	2d
3	Number of conservation easements modified, transfe the taxable year ▶	rred, released, extinguished, or terminate	d by the organization during
4	Number of states where property subject to conserva	ation easement is located 🛌	
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	• • •	Iling of violations, and
6	Staff and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation easem	ents during the year 🗠
7	A mount of expenses incurred in monitoring, inspecting	ng, and enforcing conservation easements	during the year ► \$
8	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	tion Yes No
9	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easem	he footnote to the organization's financial	
Pai	rt III Organizations Maintaining Collectio Complete if the organization answered "		or Other Similar Assets.
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	116, not to report in its revenue stateme for public exhibition, education or researc	h in furtherance of public service,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research ir	·
	(i) Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 relating to these items

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

Revenues included in Form 990, Part VIII, line 1

1,226,555

Par	<b>444</b> Organizations Maintaining Co	ollections of Art	, His	torical Tre	eası	ures, or Ot	<u>:her</u>	Similar	ASSE	ets (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	y of th	e following th	nat a	re a sıgnıfıcaı	nt us	e of its co	llectio	n	
а	Public exhibition		d	Loan o	rexc	:hange progra	ms				
b	Scholarly research		e	┌ Other							
c	✓ Preservation for future generations										
4	Provide a description of the organization's c	ollections and expla	ın hov	v they further	the	organization's	5 6 7 6	amnt nurne	nsa in		
•	Part XIV	onections and expla	111 110 4	v they fulther	tile	organization .	3 6 7 6	empt parpt	)3 C III		
5	During the year, did the organization solicit	or receive donations	ofar	t, historical ti	reas	ures or other	sımı	lar			_
	assets to be sold to raise funds rather than								<u> </u>	Yes	✓ No
Pai	Escrow and Custodial Arrang Part IV, line 9, or reported an ar					n answered	l "Ye	es" to For	m 990	),	
1a	Is the organization an agent, trustee, custoo			•		orotherasse	te n	ot.			
Ia	included on Form 990, Part X?	nan or other mterme	ulaly	ioi contributi	10115	or other asse	:15 11	σι	Г	Yes	Г№
ь	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ing table							
		·		_					A mou	ınt	
c	Beginning balance					:	Lc				
d	Additions during the year						Ld				
e	Distributions during the year						le				
f	Ending balance						Lf				
2a	Did the organization include an amount on F	orm 990 Part X line	o 212						Г	Yes	Г№
	If "Yes," explain the arrangement in Part XIV								'		,
	rt V Endowment Funds. Complete		n ans	wered "Yes	" to	Form 990.	Part	IV. line	10.		
		(a)Current Year		)Prior Year		Two Years Back				Four Ye	ears Back
1a	Beginning of year balance	96,099,380		127,907,075							
b	Contributions	1,289,142		2,145,753							
c	Investment earnings or losses	13,515,077		-28,490,056							
d	Grants or scholarships	1,288,186		1,159,485							
e	Other expenditures for facilities	4,035,581		4,303,907							
f	and programs						+				
g	End of year balance	103,125,070		96,099,380							
9 2	Provide the estimated percentage of the year	, ,									
		52.730 %	15								
а	Board designated or quasi-endowment	521750 X									
Ь	12.170.0/										
c	Term endowment ► 12.170 %	6.11									
3a	Are there endowment funds not in the posse organization by	ssion of the organiza	ation	that are held	and	aaministerea	tor t	ne		Yes	No
	(i) unrelated organizations								3a(i)	Yes	
	(ii) related organizations							[	3a(ii)		Νο
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	t VI Investments—Land, Building	s, and Equipme	nt. S	ee Form 99	0, P	art X, line 1	<u>LO.</u>				
	Description of investment			(a) Cost or of basis (investm		( <b>b)</b> Cost or oth basis (other)		(c) Accumu depreciati		( <b>d</b> ) Boo	ok value
1a	Land					2,946,	972				2,946,972
b	Buildings					63,465,4	176	27,41	1,261	36	5,054,215
c	Leasehold improvements					308,	834	2	29,597		279,237
d	Equipment					15,362,8	352	11,93	31,387		3,431,465
e	Other					2,453,	788	-			2,453,788

45,165,677

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	
<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b)Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		Cost of end-of-year market value
Closely-held equity interests		
Other		
CASH AND TEMPORARY INVESTMENTS	3,867,404	F
MARKETABLE ALTERNATIVE ASSETS	15,121,823	F
NOUNA DUCTA DE LA LICENA TIVE A COSTO		_
NONMARKETABLE ALTERNATIVE ASSETS	6,586,015	F
REAL ESTATE/MORTGAGES AND OTHER	3,055,204	F
Total. (Column (b) should equal Form 990. Part X. col (B) line 12 )	20.620.446	
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)  Part VIII Investments—Program Related. See		
		(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )		
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(h) Book value
(	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
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Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15. tion	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X,	e 15. tion	
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip  Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	e 15. tion	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X,	e 15. tion  5.) , line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  ANNUITIES PAYABLE	e 15. tion  5.) , line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  ANNUITIES PAYABLE  POST RETIREMENT BENEFIT LIABILITY	e 15. tion  5.) , line 25. (b) A mount  1,424,644 9,564,259	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  ANNUITIES PAYABLE	e 15. tion  5.) , line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  ANNUITIES PAYABLE  POST RETIREMENT BENEFIT LIABILITY	e 15. tion  5.) , line 25. (b) A mount  1,424,644 9,564,259	
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Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  ANNUITIES PAYABLE  POST RETIREMENT BENEFIT LIABILITY	e 15. tion  5.) , line 25. (b) A mount  1,424,644 9,564,259	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  ANNUITIES PAYABLE  POST RETIREMENT BENEFIT LIABILITY	e 15. tion  5.) , line 25. (b) A mount  1,424,644 9,564,259	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  ANNUITIES PAYABLE  POST RETIREMENT BENEFIT LIABILITY	e 15. tion  5.) , line 25. (b) A mount  1,424,644 9,564,259	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  ANNUITIES PAYABLE  POST RETIREMENT BENEFIT LIABILITY	e 15. tion  5.) , line 25. (b) A mount  1,424,644 9,564,259	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  ANNUITIES PAYABLE  POST RETIREMENT BENEFIT LIABILITY	e 15. tion  5.) , line 25. (b) A mount  1,424,644 9,564,259	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	56,787,011
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	57,246,436
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-459,425
4	Net unrealized gains (losses) on investments	4	9,168,947
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	9,168,947
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	8,709,522
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	50,679,678
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d 970,166		
e	Add lines <b>2a</b> through <b>2d</b>	2e	10,139,113
3	Subtract line <b>2e</b> from line <b>1</b>	3	40,540,565
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		
b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	16,246,446
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	56,787,011
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	41,970,156
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments	1	
С	Other losses	1	
d	Other (Describe in Part XIV) 2d 970,166	1	
e	Add lines <b>2a</b> through <b>2d</b>	2e	970,166
3	Subtract line <b>2e</b> from line <b>1</b>	3	40,999,990
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b   4a		
b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	16,246,446
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	57,246,436
Do.	+ XIV Supplemental Information		

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

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

Ident if ier	Return Reference	Explanation
Part III, Line 4		Randolph-Macon College maintains a collection of original art which serves as a primary source for research, education and edification Built around a donation of Oriental Art from the estate of Senator Hugh Scott, an alumnus of the college, the present collection has been formed mostly from donations to further the permanent holdings in art for the benefit of faculty and students. No aspect or item from the permanent collection is offered for sale or purchase, the collection remains intact for academic study.
Part X	Description of Uncertain Tax Positions Under FIN 48	The federal Form 990 of the College for fiscal years 2009, 2008, and 2007 are subject to examination by the Internal Revenue Service, generally for three years after they are filed
Part XII, Line 2d - Other Adjustments		BOOK STORE COST OF GOODS SOLD NETTED AGAINST INCOME 933447 RENTAL EXPENSES NETTED AGAINST INCOME 36719
Part XII, Line 4b - Other Adjustments		GRANTS AND FINANCIAL AID PAID 16246446
Part XIII, Line 2d - Other Adjustments		BOOK STORE COST OF GOODS SOLD NETTED AGAINST INCOME 933447 RENTAL EXPENSES NETTED AGAINST INCOME 36719
Part XIII, Line 4b - Other Adjustments		GRANTS AND FINANCIAL AID PAID 16246446

**Employer identification number** 

#### **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization RANDOLPH-MACON COLLEGE

## **Schools**

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2009

Open to Public

54-0505940 YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain 3 Yes THE COLLEGE'S NON-DISCRIMINATORY POLICY IS STATED IN THE COLLEGE CATALOG, ADMISSIONS BROCHURES AND IN RECRUITING MATERIALS 4 Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes 4d d Copies of all material used by the organization or on its behalf to solicit contributions? 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? 5с 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 h 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 C B 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form 7 Yes 990)

As Filed Data -

DLN: 93493136025651

SCHEDULE G (Form 990 or 990-EZ)

# **Supplemental Information Regarding Fundraising or Gaming Activities**

2009

Department of the Treasury Internal Revenue Service

VΑ

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.

Open to Public Inspection

OMB No. 1545-0047

	ne of the organization IDO LPH - MACON COLLE	GF						Employer iden	tification number	
	TO EL TITUTO TO COLLE							54-0505940		
Pa		<b>Activities.</b> Comple lers are not require					to Form	990, Part IV,	, line 17.	
1	Indicate whether the org	ganızatıon raısed fund	s through a	any of the	follo	wing activities Che	eck all th	at apply		
а	Mail solicitations			e	굣	Solicitation of non	ı-govern	ment grants		
b	<b>b</b>					Solicitation of gov	ernment	grants		
c	c F Phone solicitations g F					Special fundraisin	g events			
d	✓ In-person solicitation	ons								
2a b	or key employees listed If "Yes," list the ten high	in Form 990, Part VI nest paid individuals (	I) or entity or entities	, in conne (fundraise	ction ers)p	n with professional foursuant to agreeme	undraisii ents unde	ng activities? er which the fun		No
	(i) Name of individual or entity (fundraiser)	(ii) Activity	fundrais custo conti	er have dy or rol of	(iv	) Gross receipts from activity	(or re fundra	etained by) iser listed in	(vi) A mount paid to (or retained by) organization	_
or entity (fundraiser)  (ii) Activity  control of contributions?  Yes No  CAMPAIGN  CAMPAIGN  FEASIBILITY  FEASIBILITY										
				No		0		24,463		0
Tota	al							24,463		
3	List all states in which	the organization is re	egistered o	rlicense	l d to s	olicit funds or has t	oeen not	<u>, , , , , , , , , , , , , , , , , , , </u>	ot from registration or	_

Cat No 50083H

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form					report	ted
			(a) Event #1	(b) Event #2	(c) O ther Events (total number)	( <b>d)</b> To	otal Eve ol <b>(a)</b> th ol <b>(c)</b> )	
Revenue	1 2 3	Gross receipts  Less Charitable contributions  Gross income (line 1 minus line 2)	(event type)		(total number)			
	4	Cash prizes						
Ses	5 6	Non-cash prizes				+		
Expenses	7	Food and beverages						
Direct B	8	Entertainment						
ឨ	9	Other direct expenses .				<u> </u>		
	10 11	Direct expense summary Add line Net income summary Combine lii			<b>.</b> 			
Par	t III		ganızatıon answered		irt IV, line 19, or repo	rted mo	re thar	1
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(Add co	otal gam I <b>(a)</b> th ol <b>(c)</b> )	
	1 (	Gross revenue						
Ses	2 (	Cash prizes				<u> </u>		
Expenses	s 1	Non-cash prizes				<u> </u>		
Direct E	4 F	Rent/facility costs						
<u></u>	5 (	Other direct expenses						
	6 \	Volunteer labor	∀es	│	Г Yes			
		Direct expense summary Add lines			<b>.</b>			
	8	Net gaming income summary Com	bine lines 1, column d, a	ind line 7	<u> <del>.</del> .</u>		Yes	No
9 a	Is th	er the state(s) in which the organiza ne organization licensed to operate				· 9a		
b		lo," Explain				_		
10a b		e any of the organization's gaming l es," Explain	ıcenses revoked, suspe	nded or terminated during	the tax year?	10a	3	
11		s the organization operate gaming a					.   _	
12		ne organization a grantor, beneficia ied to administer charitable gaming				.   .,		

		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		
<b>.7</b>	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	

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Grants and Other Assistance to Organizations,

Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990 OMB No 1545-0047

2009

DLN: 93493136025651

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

RANDOLPH-MACON COLLEGE

Employer identification number

54-0505940

Form 990, Part	IV, line 21 for ar	e <b>to Governments and</b> ny recipient that receive 990) if additional space	d more than \$5,000	. Check this box if n	o one recipient receiv	ed more than \$5,00	0. Use
a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of gran or assistance

Part III	Grants and Other Assistance to Individuals in the United State	<b>s.</b> Complete	ıf the organızatıon	answered '	"Yes" to For	m 990,	, Part IV,	, line 22
	Use Schedule I-1 (Form 990) if additional space is needed.							

	-				
(a)Type of grant or assistance	( <b>b)</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
COLLEGE DESIGNATED (UNFUNDED) GRANTS AND SCHOLARSHIPS	1221	14,252,116			
DONOR RESTRICTED (FUNDED) GRANTS AND SCHOLARSHIPS	247	1,902,614			
FEDERAL SUPPLEMENTAL GRANTS	103	91,716			

FAILLY	Suppleme	intal Information. Complete t	ins part to provide the information required in Fart 1, line 2, and any other additional information.
Ident if ier		Return Reference	Explanation
_			

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DLN: 93493136025651

**Employer identification number** 

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

RANDOLPH-MACON COLLEGE 54-0505940 Questions Regarding Compensation Yes Νo Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) 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 Yes 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? Yes 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 Compensation survey or study Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee 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 Receive a severance payment or change-of-control payment? **4**a Νo Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Yes 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. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? 5a Νo 5b Any related organization? Νo If "Yes," to line 5a or 5b, describe in Part III 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 The organization? Νo Any related organization? 6Ь Νo If "Yes," to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Νo 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 ın Part III 8 Νo 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)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	ļ	(B) Breakdown of	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	
		(i) Base compensation	(ii) Bonus & ıncentıve compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
ROBERT R LINDGREN	(ı) (ıı)	260,174 0	0 0	0 0	162,700	33,797	7 456,671 0 0	
JOHN A AHLADAS	(ı) (ıı)	148,799 0	0 0	0 0	13,245	I .	9 163,573	,
WILLIAM W JOHNSTON	(ı) (ıı)	143,769	0	´	13,048	9,580	0 166,397 0 0	
DIANE M LOWDER	(ı) (ıı)	147,638 0	0	0 0	23,301		1 180,320	,
THOMASINGE	(ı) (ıı)	138,126 0	0	0	11,691	I .	2 157,299 0 0	
			<del> </del>	<u> </u>	<u> </u>			1
			<u> </u>					<del> </del>
	'		<b>.</b>			<u> </u>	'	<u> </u>
	'	<u> </u>	4					
	'	<u> </u>	<u> </u>					
	'	<u> </u>	1					
		<u> </u>	1		1			

#### Part III Supplemental Information

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

]	Ident if ier	Ret urn Ref erence	Explanation
]	Ident if ier	Reference	Explanation

Schedule J (Form 990) 2009

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DLN: 93493136025651

OMB No 1545-0047

Schedule K (Form 990)

## **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. Department of the Treasury Internal Revenue Service

Open to Public **Inspection** 

Name of the organization RANDOLPH-MACON COLLEGE Employer identification number

54-0505940

P	art I Bond Issues													
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date	Issued	(e) Issue	Price	(f) Des	cription of	Purpose	( <b>g)</b> Det	eased	(h) Beha Iss	ılfof
											Yes	No	Yes	No
Α	INDUSTRIAL DEVELOPMENT AUTHORITY OF THE TOWN OF ASHLAND VIRGINIA	52-1353936		12-15-	2004	4,9	900,000	RENOVATE REFURBISH HVAC IN G DORMS	I GYM, UPO	GRADE		х		x
Pā	ri III Proceeds											_		
					A	ı	В		С	D			E	
1	Total proceeds of issue				4,900,000									
2	Gross proceeds in reserve funds													
3	Proceeds in refunding or defeasan	ce escrows												
4	Other unspent proceeds													
5	Issuance costs from proceeds				59,895									
6	Working capital expenditures from	proceeds												
7	Capital expenditures from proceed	ds			4,840,105									
8	Year of substantial completion			20	07									
				Yes	No	Yes	No	Yes	No	Yes	No	Yes	1	No
9	Were the bonds issued as part of a	a current refunding is:	sue?		Х									
10	Were the bonds issued as part of a	an advance refunding	ıssue?		Х									
11	Has the final allocation of proceed	Is been made?		х										
12	Does the organization maintain ad the final allocation of proceeds?	lequate books and rec	cords to support	х										
Pa	rt IIII Private Business Use													
				,	Ą	I	В		С	D			E	
				Yes	No	Yes	No	Yes	No	Yes	No	Yes		No
1	Was the organization a partner in a which owned property financed by		ember of an LLC,		х									
2	Are there any lease arrangements which may result in private busine	-	nanced property		Х									
For	Privacy Act and Panerwork Reduction Ac	rt Notice see the Instr	uctions for Form 990			Cat No. 5	0193E				Schedule	K (Form 9	901 20	na

Schedule K (Form 990) 2009

Part III Private Business Use (Continued)

			A	I	В		С	[	)		E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		Х								
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X								
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		х								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0 %								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		0 %								
6	Total of lines 4 and 5		0 %								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	Х									
Pai	t IV Arbitrage										

			4		3		С	I	D		E
		Yes	No								
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		x								
2	Is the bond issue a variable rate issue?		х								
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		x								
Ь	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?		Х								
ь	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?		х								
6	Did the bond issue qualify for an exception to rebate?		х								
i .											

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DLN: 93493136025651

OMB No 1545-0047

Open to Public Inspection

#### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

**Transactions with Interested Persons** ► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,

or Form 990-EZ, Part V lines 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization RANDOLPH-MACON COLLEGE

**Employer identification number** 

54-0505940

Part I Excess Benefit Tran Complete if the organization											e 40b		
1 (a) Name of disqu					(b) Desc					·	(c)		ected?
											<b>-   Y</b>	es	No
			+								+		
											_		
2 Enter the amount of tax impose section 4958									ear under	\$ \$			
Part II Loans to and/or F													
Complete if the organiz  (a) Name of interested person and purpose	(b) Le or fro	oan to m the	(c)Original		(d)Balance due	(-	e) In fault?	<u>0-E</u>	(f) Approv by board	ed d or	(g)W agree		
	То	Fror	n			Yes	s No	_	Yes	No	Yes		No
		<u> </u>	<u> </u>	<u> </u>									
Part III Grants or Assistan Complete if the orga	ce Be	nefi	tting Intereste	ed F		/, lın	e 27.		1		l		
(a) Name of interested perso			( <b>b)</b> Relationship be	etwe	<u> </u>			A m	ount of gr	ant or typ	e of as	sısta	nce
							_						
							+						
Part IV Business Transact	ions 1		lving Intereste	ed I	Persons.								
Complete if the orga						/, lın	e 28a,	28	b, or 28c	<u>.                                    </u>			
(a) Name of interested persor	ı		( <b>b)</b> Relationship etween interested person and the		(c) A mount of transaction		<b>(d)</b> De	scr	ription of t	ransactioi	org		ring of ation's ues?
		TDII	organization STEE	+	22.2	10	14 C V S C	) N I	LUCKIS	^	Y .	es	No No
TACKSON LOCK			3122		23,3		PRINCI A LOCA DEALEF PURCH, CHEVRO DOWN F NEW LE GMAC/F PURCH, LABOR	PAI ALC ASE OLE PAY ASI ALL FRO	L IN LUCH THEVROL HE COLL ED A 200 ET MALIB MENTS C ES WITH	K MOTOR ET EGE 7 U, MADE ON FOUR	S,		
				+							+		

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DLN: 93493136025651

OMB No 1545-0047

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** 

Open to Public Inspection

Name of the organization RANDOLPH-MACON COLLEGE

**Employer identification number** 

54-0505940

Pa	rt I Types of Property				54-0505940			
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	<b>(d</b> Method of d reven	etermı	nıng	
1	Art—Works of art	прр		- 9				
	Art—Historical treasures .							
	Art—Fractional interests							
	Books and publications	X		1 331	donor value			
	Clothing and household			1,331	uonor varae			
_	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	71	829,431	ave high/low at tran	sfer		
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 .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxıdermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
	EQUIPMENT							
25	& Other►( <u>FURNITURE</u> )	х	7	25,985	DONOR VALUE			
26	ATHLETIC Other►(SUPPLIES )	×	1	1 500	DONOR VALUE			
20	OTHER			1,300	DONOR VALUE			
27	Other ► (SUPPLIES )	l x	9	9,638	dONOR VALUE			
	Other • (HOSPITALITIY)	Х	21	· ·	dONOR VALUE			
	Other ► (OTHER)	Х	1		dONOR VALUE			
29	Number of Forms 8283 received for which the organization compl			ar for contributions	29			
							Yes	No
30a	<ul><li>During the year, did the organization</li></ul>	ition receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it			
	must hold for at least three year for exempt purposes for the enti			on, and which is not require	d to be used	30a		No
Ŀ	If "Yes," describe the arrangem	ent in Part 1	II					
31	Does the organization have a gif			review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us contributions?	e third part • • •	es or related organizations	to solicit, process, or sell i	non-cash	32a		Νo
Ŀ	If "Yes," describe in Part II							
33	If the organization did not report	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

Software ID: **Software Version:** 

**EIN:** 54-0505940

Name: RANDOLPH-MACON COLLEGE

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Inspection

**SCHEDULE 0** (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

RANDOLPH-MACON COLLEGE

 $\label{lem:complete} \textbf{Complete to provide information for responses to specific questions on } \\$ Form 990 or to provide any additional information.

Supplemental Information to Form 990

► Attach to Form 990.

54-0505940

**Employer identification number** 

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		Process for review ing 990 THE TREASURER, CONTROLLER AND PRESIDENT CONSULT TO DETERMINE THAT A DRAFT OF THE 990 FORM IS ACCURATE TO THE BEST OF THEIR KNOWLEDGE THE DRAFT IS THEN MADE AVAILABLE TO ALL MEMBERS OF THE BOARD OF TRUSTEES (BOT) ELECTRONICALLY CORRECTIONS, COMMENTS AND SUGGESTIONS FROM ALL MEMBERS ARE COMPILED AND, AS APPROPRIATE, INCORPORATED INTO THE RETURN, AND, BY CHARTER MANADATE, THE AUDIT COMMITTEE OF THE BOT REVIEWS THE DRAFT FOR ACCURACY BEFORE FINAL FILING

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, Ine 12c		Annually each fall the Assistant Secretary to the Board of Trustees distributes the conflict of interest disclosure statements to the trustees and to covered employees. He is responsible for ensuring that all distributed statements are completed and returned and reviewed for potential conflicts. The Vice President for Finance and Administration reports the results of the questionnaires to the Audit Committee of the Board. The Audit Committee reports conflicts to the full Board for appropriate resolution.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15a		Yes Initially, a Board committee appointed to hire a President works with professional search consultants for hiring. The Compensation Committee of the Board uses multiple benchmarks to determine an employment package, the results of such deliberation are borne out by the salary letter signed by the Chair of the Board. These steps were followed in hiring a new President in early 2006. The Presidential Evaluation/Compensation. Committee meets annually to evaluate the performance of the President and to determine compensation adjustments based on current benchmarking information.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 18		UPON REQUEST

ldentifier	Return Reference	Explanation	
Form 990, Part VI, Section C, line 19		UPON REQUEST	

ldentifier Return Reference		Explanation
FORM 990, PART XI, LINE2C		THE AUDIT COMMITTEE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

ldentifier	Return Reference	Explanation
FORM 990, PART IX, LINE 12	LINE 12 ADVERTISING	Advertising and promotion expenses include, but are not limited to, the printing and publication of materials to make potential students aware of the College's programs and opportunities. This line also includes the expenses of publicizing events and activities sponsored by Alumni Relations, Office of Advancement, Athletics and other departments on campus to students, faculty, staff, alumni and the general public

ldentifier	Return Reference	Explanation
FORM 990, PART III, LINE 1	CONTINUATION OF MISSION STATEMENT	At Randolph-Macon the maturation and testing of the skills, values, and character required for a lifetime of challenges extends beyond the classroom Students are encouraged to meet with faculty both socially and intellectually, and they have the opportunity to participate in a variety of extra-curricular activities. Interaction within the college community is assured by residential environment and an enrollment of approximately twielve hundred. Located in Ashland, Virginia Randolph-Macon College offers a curriculum and a cultural life enriched by the close proximity of Metropolitan Richmond and Washington, D.C. A Randolph-Macon education conveys a sense of life defined by historical continuity and ethical responsibility. Founded by Methodists in 1830, Randolph-Macon is an independent college that retains a relationship with the United Methodist Church. Through this living tie the College draw's strength from a religious tradition that nurtures creative social change and personal accountability. Randolph-Macon believes that a liberal arts education challenges the intellect, imagination, and character. Graduates of the College have the capacity to realize their potential as professionals, leaders, and lifelong learners. The comprehensive nature of a liberal arts education at Randolph-Macon College prepares students to respond to the changing career opportunities and to meet life's challenges with confidence, enthusiasm, and ethical awareness.

ldentifier	Return Reference	Explanation
FORM 990, PART IX, LINE 24A	LINE 24A OTHER SUPPLIES AND SERVICES	This amount includes purchases of supplies, equipment and maintenance expense as well as activities related to classrooms, laboratories, athletics programs and other departments

ldentifier	Return Reference	Explanation
SCHEDULE K	SCHEDULE K, SUPPLEMENTAL INFORMATION ON TAX-EXEMPT BONDS	General Form 8038 filed by Industrial Development Authority of the Town of Ashland, Virginia, was prepared using employer identification number 56-6001129 before receiving notification that their correct FEIN is 52-1353936. We have used this correct identifier in completing our Schedule K. Further, the Form 8038 reports on Educational Facilities Revenue Note (Randolph-Macon College Project), Series 2004A and B, our Schedule K reports on Series 2004A only. The period covered by Schedule K is the fiscal year, July 1, 2009-June 30, 2010. Part I line A, column (e) Issue price of Educational Facilities Revenue Note (Randolph-Macon College Project), Series 2004A and B is shown on Form 8038 as \$6,500,000. The issue price of Series 2004A alone was \$4,900,000. Part II line 5 Amount shown in column A is 100% issuance cost, no credit enhancement fees have been paid.

Software ID: Software Version:

**EIN:** 54-0505940

Name: RANDOLPH-MACON COLLEGE

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

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per		tion ( that a	che				(D) Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> 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
S ANDREW BANKS TRUSTEE	1 00	Х						0	0	0
J W WHITING CHISMAN JR TRUSTEE	1 00	Х						0	0	0
JOHN P CLARKE MD TRUSTEE	1 00	×						0	0	0
JOHN P COUGILL TRUSTEE	1 00	Х						0	0	0
RALPH R CROSBY JR TRUSTEE	1 00	Х						0	0	0
JAMES A DAVIS PHD TRUSTEE	1 00	Х						0	0	0
PARKER O DILLARD TRUSTEE	1 00	Х						0	0	0
JACK M ENOCH JR TRUSTEE	1 00	Х						0	0	0
ROBIN ANN FLOYD TRUSTEE	1 00	Х						0	0	0
DOUGLAS W FOARD PHD TRUSTEE	1 00	Х						0	0	0
WHITNEY K FORSTNER TRUSTEE	1 00	Х						0	0	0
MICHAEL A JESSE PHD TRUSTEE	1 00	Х						0	0	0
CHARLENE P KAMMERER BISHOP TRUSTEE	1 00	Х						0	0	0
WILLIAM B KILDUFF ESQUIRE TRUSTEE	1 00	Х						0	0	0
CHARLES B KING REVEREND TRUSTEE	1 00	X						0	0	0
FRANK E LAUGHON JR TRUSTEE	1 00	X						0	0	0
STEPHEN P LONG MD TRUSTEE	1 00	Х						0	0	0
E JACKSON LUCK TRUSTEE	1 00	X						0	0	0
ANNE DERBY MCDOUGALL ESQUIRE TRUSTEE	1 00	Х						0	0	0
CHARLES P MONCURE JR TRUSTEE	1 00	Х						0	0	0
ANNE NELSON MORCK TRUSTEE	1 00	Х						0	0	0
FRANK J MURPHY III TRUSTEE	1 00	Х						0	0	0
ALLISON M O'BRIEN TRUSTEE	1 00	Х						0	0	0
MARK V O GREN REVEREND TRUSTEE	1 00	Х						0	0	0
STEVEN M PARKER TRUSTEE	1 00	Х						0	0	0

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

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) A verage hours		(( tion ( hat a	che	')			(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	organization (W- c		from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations		
DONALD E PERRY TRUSTEE	1 00	Х						0	0	0
ALAN B RASHKIND ESQUIRE TRUSTEE	1 00	Х						0	0	0
DIANNE L REYNOLDS-CANE TRUSTEE	1 00	Х						0	0	0
ROBERT EARL RILEY TRUSTEE	1 00	Х						0	0	0
JAMES L SANDERLIN ESQUIRE TRUSTEE	1 00	Х						0	0	0
BENJAMIN S SCHAPIRO TRUSTEE	1 00	Х						0	0	0
THOMAS G SHAFRAN TRUSTEE	1 00	Х						0	0	0
LEE B SPENCER JR ESQUIRE TRUSTEE	1 00	Х						0	0	0
HAROLD E STARKE JR ESQUIRE TRUSTEE	1 00	Х						0	0	0
GEORGE A TRIVETTE MD TRUSTEE	1 00	Х						0	0	0
R DOUGLAS WHITE TRUSTEE	1 00	Х						0	0	0
CHARLES S WILSON JR MD TRUSTEE	1 00	Х						0	0	0
CHARLES W WORNOM TRUSTEE	1 00	Х						0	0	0
DAVID E YAWARS TRUSTEE	1 00	Х						0	0	0
ROBERT R LINDGREN PRESIDENT	40 00			х				260,174	0	196,497
JOHN A AHLADAS TREASURER	40 00			х				148,799	0	14,774
JOHN CONKRIGHT EXECUTIVE ASSISTANT TO PRESIDENT	40 00			х				110,938	0	20,047
WILLIAM W JOHNSTON PROVOST	40 00					х		143,769	0	22,628
DIANE M LOWDER VP FOR COLLEGE ADVANCEMENT	40 00					х		147,638	0	32,682
GRANT AZDELL VP FOR STUDENT AFFAIRS	40 00					х		105,143	0	19,530
THOMAS INGE FACULTY	40 00					х		138,126	0	19,173
JOHN RABUNG FACULTY	40 00					х		115,944	0	18,014

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

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
studENT FOOD SERVICE	2,488,498	2,488,498		
POST RETIREMENT BENEFIT	1,887,676	1,472,387	226,521	188,768
INTERCOLLEGIATE ATHLETI	826,419	826,419		
OTHER SUPPLIES, SERVICE	565,264	161,180	185,233	218,851
LIBRARY & LIBRARY SERVI	363,466	363,466		