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DLN: 93493133034291

# $_{\text{Form}}990$

Department of the Treasury Internal Revenue Service

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

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

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

OMB No 1545-0047 2009

Open to Public Inspection

A Fo	r the 2	2009 calend		r, or tax year beginning 0	7-01-2009	and ending 06-30-20	10		
<b>B</b> Che	eck if ap		ase	C Name of organization Lyon College				D Employer i	identification number
— Ada	lress cha	unge	≘IRS elor	Doing Business As				71-02463 E Telephone	
Nar	ne chan		nt or e. See	boiling basiliess vis					
Inıt	ıal returi	n <b>Spe</b>	ecific struc-	Number and street (or P O		not delivered to street add	ress) Room/suite	(501) 793	3-9813 ots \$ 25,735,753
Ter	mınated			PO Box 2317 2300 Highland	Road			d Gloss receip	7.5 \$ 23,733,733
_ Am	ended re	eturn		City or town, state or count Batesville, AR 72501	ry, and ZIP +	4	<b>.</b>	1	
App	lication	pending		batesville, AR 72301					
		l l		ne and address of principa	alofficer		<b>H(a)</b> Is t	his a group reti	
		l l		Weatherman IGHLAND DRIVE			affıl	ıates?	ΓYes <b>Γ</b> No
		l l		VILLE, AR 72503			H(b) Are	all affiliates incl	uded?
			,	. –			If"	No," attach a li	st (see instructions)
I Ta	x-exem <sub>l</sub>	pt status 🖊	501(c)	(3) ◀ (insert no )	7(a)(1) or	527	H(c) Gro	oup exemption	number ►
J W	ebsit e:	: www lyo	on edu						
		anization 🔽	Corporati	on Trust Association	Other ►		<b>L</b> Year of	formation 1872	<b>M</b> State of legal domicile AR
Pa	rt I	Summa		e organization's mission o					
Activities & Governance	2 3 4 5	SOCIAL, ETA CULTURE SERVICE  Check this I Number of v Number of ii Total number	box Modern of the control of the con	TERIAN CHURCH (USAL AND SPIRITUAL GROVEN DNOR, RESPONSIBLE CONCERNMENT OF THE PROPERTY OF THE	ontinued its body (Parthe governinue)	A RICH SCHOLARLY AND LEADERS COMM  operations or dispose VI, line 1a)  ng body (Part VI, line 1	d of more than	OUS HERITA ONTINUED PE	GE, LYON DEVELOPS, IN RSONAL GROWTH AND
		_		ness taxable income from			•		<b>7b</b> 0
							Pr	ior Year	Current Year
_	8	Contributions and grants (Part VIII, line 1h)						4,077,620	2,639,796
an E	9	Program s	ervice r	evenue (Part VIII, line 2	2g)			10,256,928	14,203,341
Rayenue	10			ne (Part VIII, column (A)			•	669,086	<del>                                     </del>
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line						8,833	834,271
	12			ia imes 8 tirrough 11 (mu			nie	15,012,467	19,102,834
	13			r amounts paid (Part IX,				4,414,180	6,426,759
	14	Benefits pa	aıd to o	r for members (Part IX, c	olumn (A),	line 4)			0
Ø	15	Salaries, o 10)	therco	mpensation, employee be	enefits (Pa	rt IX, column (A ), lines	5 –	9,106,791	7,595,376
ž	16a	•	nal fundi	raising fees (Part IX, colu	umn (A ). lır	ne 11e)		2,200,.02	0
Expenses	ь			enses (Part IX, column (D), line					
Ш	17			Part IX, column (A), lines				7,833,658	8,681,292
	18	Total expe	nses A	dd lines 13–17 (must ed	qual Part I	X, column (A), line 25)		21,354,629	22,703,427
	19	Revenue le	ess exp	enses Subtract line 18 f	rom line 12	2		-6,342,162	-3,600,593
Net Assets or Fund Balances							Beginni	ng of Current Year	End of Year
Set See	20	Total asse	ts (Pari	t X, line 16)				65,921,889	65,647,721
A B	21			art X, line 26)				16,416,715	· · ·
žĒ	22			d balances Subtract line				49,505,174	47,941,200
Pai	t II	Signatu	re Blo	ck					
				gury, I declare that I have exa					
			13 (140, 0	onect, and complete becaute	лоп от ргераг	er (other than officer) is but		ation of which pic	
Sign		*****						1-05-13	
Here	=	Signature					Date	2	
		Kenneth F Type or p		ce-President e and title					
	- [	<b>           </b>				Date	Check If	Prenarer's ide	ntifying number
Paid		Preparer's signature	Stephe	n C Smith		2410	self-	(see instruction	
	arer's	Firm's name (	(or voure	Williams-Keepers LLC			empolyed 🕨		
Use (	ابرامد	if self-employ address, and	ved),	<b>)</b>	0.100			EIN Þ	
	- T	auuress, and	Z17 + 4	2005 West Broadway Suite	e 100			Phone no 🕨	(573) 442-6171
				Columbia, MO 65203		•			

### Part III Statement of Program Service Accomplishments

- Briefly describe the organization's mission
- LYON COLLEGE OFFERS A LIBERAL ARTS EDUCATION OF SUPERIOR QUALITY IN A PERSONALIZED SETTING A SELECTIVE, INDEPENDENT, UNDERGRADUATE, RESIDENTIAL TEACHING AND LEARNING COMMUNITY AFFILIATED WITH THE PRESBYTERIAN CHURCH (USA) LYON ENCOURAGES THE FREE INTELLECTUAL INQUIRY ESSENTIAL TO SOCIAL, ETHICAL AND SPIRITUAL GROWTH WITH A RICH SCHOLARLY AND RELIGIOUS HERITAGE, LYON DEVELOPS, IN A CULTURE OF HONOR, RESPONSIBLE CITIZENS AND LEADERS COMMITTED TO CONTINUED PERSONAL GROWTH AND SERVICE

2	Did the organization the prior Form 990		ant program services during t	he year which were not listed on	┌ Yes ┌ No
	If "Yes," describe	these new services on So	chedule O		
3	-		make significant changes in ho	ow it conducts, any program	┌ Yes ┌ No
	If "Yes," describe	these changes on Sched	ule O		
4	Section 501(c)(3)	and 501(c)(4) organizat	<del>_</del>	s three largest program services b trusts are required to report the an rogram service reported	
4a	(Code	) (Expenses \$	11,053,661 including grants	of \$ ) (Revenue \$	10,867,087 )
	instruction & other ac	ademic programs and academ	nic support - undergraduate and non-	-credit classes are provided	
4b	(Code	) (Expenses \$	6,426,759 including grants	of \$ 6,426,759 ) (Revenue \$	)
	student aid and stude	ent loans - scholarships, work	study programs, and loans are made	e available to enable students to continue	their educations
	(Code	) (Expenses \$	2,285,497 including grants	of \$ ) (Revenue \$	3,325,875 )
	,	, , ,		es are provided as a service to those on ca	
4d	Other program se	ervices (Describe in Sch	edule O )		
	(Expenses \$	ıncl	uding grants of \$	) (Revenue \$	)
4e	Total program se	rvice expenses►\$	19,765,917		

Dart TV	Checklist	of Required	Schedules
4 ILT 1/4	CHECKHSL	ui keuulleu	<b>Scheuules</b>

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D,  Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
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	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		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		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? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		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? If "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		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		No

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νo
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		Νο
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		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	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νο
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 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 T	RS Filinas	and Tax	Compliance
	ota to illoito	itegai airig	,	95	and lax	Compilation

			Yes	No
la	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  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		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b		Νο
la	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	
la	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country   See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
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		
а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	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		Νο
	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		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
1	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.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	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			

2300 HIGHLAND DRIVE Batesville, AR 72503 (870) 307-7326

**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						
	ction At Governing body and Planagement		Yes	No			
			103	110			
1a	Enter the number of voting members of the governing body 1a	38					
b	Enter the number of voting members that are independent 1b	37					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with an other officer, director, trustee, or key employee?	ıy <b>2</b>	Yes				
3							
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 w	as 4		No			
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No			
6	Does the organization have members or stockholders?	. 6		No			
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of t	· —		No			
ь	governing body?	. 7a	_	No			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the			1110			
0	year by the following						
a	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 organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No			
	ection B. Policies (This Section B requests information about policies not required by the Intern	al					
ке	evenue Code.)		Yes	l No			
10-	Describe agreement on house local about on humania and fillings 2	10a		No No			
	Does the organization have local chapters, branches, or affiliates?	-	1	I NO			
	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?	101	•				
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the fo	rm <sup>7</sup> <b>11</b>		l No			
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 i						
С	to conflicts?	121	Yes				
	describe in Schedule O how this is done	. 120	:	No			
13	Does the organization have a written whistleblower policy?	. 13		No			
14	Does the organization have a written document retention and destruction policy?	. 14		No			
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	n?					
а	The organization's CEO, Executive Director, or top management official	. 15a	1	Νo			
b	Other officers or key employees of the organization	15l	,	No			
	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 wit			No.			
b	taxable entity during the year?	102	•	NO			
	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?	161	,				
Se	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(d) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply	:)					
19	Own website Another's website V Upon request  Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table						
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the or	ganızatıc	on 🕨			
	KENNETH J RUETER						

# 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	ffice	r, dırector, trustee	or key employee							
<b>(A)</b> Name and Title	(B) Average hours per	<b>(C)</b> Position (check all that apply)						<b>(D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

For	m 990 (2009)				Page	
1b	Total	771,898	0		111,88	
2	Total number of individuals (including but not limited to those listed above) who rece \$100,000 in reportable compensation from the organization▶4	ived more than	Yes 3 Yes			
				Yes	No	
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or high	est compensated employee				
	on line 1a? If "Yes," complete Schedule J for such individual		3	Yes		
4	For any individual listed on line 1a, is the sum of reportable compensation and other organization and related organizations greater than \$150,000? If "Yes," complete Schundividual	•	4		No	
5						
<u>s</u>	ection B. Independent Contractors					
1	Complete this table for your five highest compensated independent contractors that \$100,000 of compensation from the organization	received more than				
	(A) Name and business address	(B) Description of services		(C Compe		
230	EXHO INC & AFFILIATES D HIGHLAND ROAD ESVILLE, AR 72501	DINING HALL SERVICES		1	L,939,371	
725	ommercial Letter 25 North 213rd t Louis, MO 63103  Mailing Service				203,540	
2	Total number of independent contractors (including but not limited to those listed above	/e) who received more than				

Form **990** (2009)

\$100,000 in compensation from the organization 🗠 2

Form 9								Page <b>9</b>
Part \	<b>/1111</b>	Statement of	of Revenue		<b>(A)</b> 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	paigns 1a					
gu	Ь	Membership du	es <b>1b</b>					
its, air	c	-	ents 1c					
<u>a</u>	d e	Government grants	eations 1d s (contributions) 1e	1,380,896				
ons Sin	,	All other contribution	ons, aifts, grants, and 1f	1,258,900				
Contributions, gifts, grants and other similar amounts	g	sımılar amounts no	bt included above					
nt i	9		7,230					
ဝမ	h	Total. Add lines	s 1a-1f	· · · •	2,639,796			
<u> </u>				Business Code				
Program Service Revenue	2a	Tuition & Fees		900,099	14,169,393	14,169,393		
<u>æ</u>	b	INTEREST ON LOAD	NS	900,099	23,569	23,569		
ž	d	dınıng hall		722,320	10,379		10,379	
32	e							
<u>ran</u>	f	All other progra	am service revenue					
နို		Total Add lines	s 2a – 2f		14,203,341			
	g 3		ome (including divident		14,203,341			
			aramounts)	· · · · · · · · · · · · · · · · · · ·	1,021,253			1,021,253
	4	Income from investment of tax-exempt bond p		proceeds				
	5	Royalties	() 5	· · · · •				
	6a	Gross Rents	(ı) Real 49,603	(II) Personal				
	ь	Less rental	127,556					
	c	expenses Rental income	-77,953					
	d	or (loss) Net rental incoi	me or (loss)		-77,953			-77,953
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	6,840,105					
	Ь	Less cost or other basis and sales expenses Gain or (loss)	6,435,932 404,173					
	d		s)		404,173			404,173
	8a	Gross income f						
Other Revenue	ь	See Part IV , lin	reported on line 1c)					
ᅙ	С		loss) from fundraising	events 🕨				
	9a	Gross income fi See Part IV, lin	rom gaming activities le 19 a					
	b c		penses <b>b</b> (loss) from gaming activ	vities				
	10a	Gross sales of returns and allo		75,505				
	ь	Less cost of go	oods sold <b>b</b>	69,431				
	С		(loss) from sales of inve		6,074			6,074
	11a	Miscellaneous		Business Code 900,099	678,269			678,269
	ь	MISCELLANEC		900,099	227,881			227,881
	c	MISCELLANEC		, ]	, -			, ]
	d	All other revenu	ue					
	e	Total. Add lines	s 11a-11d		906,150			
	12	Total revenue.	See Instructions	· .  -	19,102,834	14,192,962	10,379	2,259,697

	990 (2009)				Page <b>10</b>
Pari	IX Statement of Functional Expenses				
Δ	Section 501(c)(3) and 501(c)(4) organizations m Il other organizations must complete column (A) but are not required to			(D)	
Do no	ot include amounts reported on lines 6b, p, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21		скрепзез	general expenses	Скрепосо
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	6,426,759	6,426,759		
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	022.000	212.640	205 446	214 205
6	key employees Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	823,080	313,649	295,146	214,285
7	Other salaries and wages	5,369,633	4,476,675	705,630	187,328
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	1,402,663	1,075,622	327,041	
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
ь	Legal	24,888		24,888	
С	Accounting	57,555		57,555	
d	Lobbying				
е	Professional fundraising See Part IV, line 17				
f	Investment management fees	89,054		89,054	
g	Other	174,035		174,035	
12	Advertising and promotion	97,582	30,470	59,208	7,904
13	Office expenses	1,754,211	635,770	1,041,756	76,685
14	Information technology	7,663	7,663		
15	Royalties				
16	Occupancy	1,717,151	1,358,480	357,022	1,649
17	Travel	451,306	417,704	17,570	16,032
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	13,761	13,747		14
20	Interest	554,171	432,622	121,549	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,389,806	1,188,711	201,095	
23	Insurance	252,399	58,665	193,734	
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 Service and Oth	820,894	820,894		
ь	FOOD SERVICE CONTRACT	714,548	714,548		
С	Allocated Promotion/Mai	0		-68,884	68,884
d	DEFERRED MAINTENANCE RE	111,492		111,492	
e	A llocated O perations/Ma	0	1,477,547	-1,477,547	
f	All other expenses	450,776	316,391	94,915	39,470
25	Total functional expenses. Add lines 1 through 24f	22,703,427	19,765,917	2,325,259	612,251
26	Joint costs. Check here ► ☐ If following SOP 98-2  Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Pa	rt X	Balance Sheet					
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing			1,517,794	1	1,197,366
	2	Savings and temporary cash investments	1,214,776	2	1,628,161		
	3	Pledges and grants receivable, net			6,913,725	3	6,156,570
	4	Accounts receivable, net			667,477	4	842,254
	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		14958(f)(1)) and			
		Schedule L				6	
Assets	7	Notes and loans receivable, net			768,711	7	702,014
SS	8	Inventories for sale or use			85,461	8	58,143
٧	9	Prepaid expenses and deferred charges			737,555	9	831,999
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	49,829,626			
	ь	Less accumulated depreciation	10b	30,783,661	20,210,880	10c	19,045,965
	11	Investments—publicly traded securities			27,060,639	11	29,281,918
	12	Investments—other securities See Part IV, line 11	6,555,134	12	5,768,608		
	13	Investments—program-related See Part IV, line 11		13			
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11	189,737	15	134,723		
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			65,921,889	16	65,647,721
	17	Accounts payable and accrued expenses .			810,806	17	911,590
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities	12,972,270	20	14,430,000		
<u> </u>	21	Escrow or custodial account liability Complete Part IV of Schedul	eD.	•	1,677	21	2,272
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Lie		persons Complete Part II of Schedule L		•		22	
	23	Secured mortgages and notes payable to unrelated third parties		23			
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			2,631,962	25	2,362,659
	26	Total liabilities. Add lines 17 through 25			16,416,715	26	17,706,521
Fund Balances		Organizations that follow SFAS 117, check here ▶	let e I	ines 27			_
อกเ	27	Unrestricted net assets			-890,181	27	-1,160,044
69	28	Temporarily restricted net assets			5,658,458	28	5,060,717
р	29	Permanently restricted net assets	44,736,897	29	44,040,527		
표		Organizations that do not follow SFAS 117, check here ▶ ┌ ar					
<u>-</u>		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other fu	ınds			32	
Net	33	Total net assets or fund balances			49,505,174	33	47,941,200
_	34	Total liabilities and net assets/fund balances			65,921,889	34	65,647,721

			Yes	No
L	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		Νo
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		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separated basis			
За	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		Νo
Ь	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		

Form **990** (2009)

### OMB No 1545-0047

MB NO 1545-004

2009

Open to Public
Inspection

### **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Employer identification number

Lyon College 71-0246213 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches section 170(b)(1)(A)(i).  $\overline{\mathbf{v}}$ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 7 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II ) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III - Functionally integrated Type III - Other ┌ Type I **b** Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No 11g(i) and (III) below, the governing body of the the supported organization? (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizat col (i) lis your gove docume	e ion in ted 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?
		ınstructions))	Yes	No	Yes	No	Yes	No	1
Total									

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	֥ <i>)</i>		
	endar year (or fiscal year beginning	(a) 2005	<b>(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	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						<b>▶</b> ┌
10	Deiveta Farmdation Ifthe averagest	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

**▶**□

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support			<u> </u>	1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(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						
	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 here	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(	us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

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

Schedule A (Form 990 or 990-EZ) 2009

DLN: 93493133034291

OMB No 1545-0047

Open to Public Inspection

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

### **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 n College		Employer identification number
LyU	ii College		71-0246213
Pa	organizations Maintaining Donor A organization answered "Yes" to Form 99		unds or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor adv funds are the organization's property, subject to the		noradvised <b>Yes No</b>
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ber conferring impermissible private benefit		·
Pa	<b>Tt III</b> Conservation Easements. Complete	ıf the organization answered "Yes" t	o Form 990, Part IV, line 7.
2	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreat Protection of natural habitat  Preservation of open space  Complete lines 2a-2d if the organization held a qual easement on the last day of the tax year	on or pleasure) Preservation of an Preservation of a	certified historic structure
	easement on the last day of the tax year		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		2c
d	Number of conservation easements included in (c) a	` ,	2d
3	Number of conservation easements modified, transfe	erred released extinguished or terminate	ed by the organization during
_	the taxable year ►		
4		- to	
<b>4</b> -	Number of states where property subject to conserv		<del></del>
5	Does the organization have a written policy regardin enforcement of the conservation easements it holds		Yes No
6	Staff and volunteer hours devoted to monitoring, ins	pecting and enforcing conservation easem	nents during the year ►
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easement	s during the year ► \$
8	Does each conservation easement reported on line $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$ ?	2(d) above satisfy the requirements of sec	Yes No
9	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation eases	the footnote to the organization's financia	·
Par	<b>TIII</b> Organizations Maintaining Collection 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 file.	116, not to report in its revenue stateme for public exhibition, education or resear	ch 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 item	public exhibition, education, or research i	
	(i) Revenues included in Form 990, Part VIII, line 1		<b>►</b> \$
	(ii) Assets included in Form 990, Part X		<b>▶-</b> \$

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

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

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

Sche	edule D (Form 990) 2009								Page 🛭
ar	t IIII Organizations Maintaining Co	llections of Art,	Historical	Treas	ures, or Oth	er Similaı	r Asse	ets (co	ntınued
3	Using the organization's accession and other items (check all that apply)	r records, check any	of the followin	g that a	re a sıgnıfıcant	use of its co	ollection	n	
а	Public exhibition		<b>d</b> $\Gamma$ Loa	norex	change program	ns			
b	Scholarly research		<b>e</b>	ner					
c	Preservation for future generations								
ļ	Provide a description of the organization's co Part XIV	ollections and explain	n how they furt	her the	organization's	exempt purp	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t					ımılar	Г	Yes	┌ No
a	rt IV Escrow and Custodial Arrang Part IV, line 9, or reported an an				n answered "	'Yes" to For	rm 990	),	
la	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ıntermed	ıary for contrı	butions	or other assets	s not	Γ	Yes	√ No
b	If "Yes," explain the arrangement in Part XI\	/ and complete the fo	llowing table						
							A mou	ınt	
С	Beginning balance				<b>1</b> c				
d	Additions during the year				1d				
e	Distributions during the year				1e	:			
f	Ending balance				1f				
а	Did the organization include an amount on Fo	orm 990, Part X, line :	21?				Г	Yes	√ No
Ь	If "Yes," explain the arrangement in Part XIV								
Pa	rt V Endowment Funds. Complete	f the organization	answered "	Yes" to	Form 990, Pa	art IV, line	10.		
		(a)Current Year	<b>(b)</b> Prior Year	<del>- + ` `</del>	Two Years Back	( <b>d)</b> Three Years	Back (e	Four Y	ears Bacl
a	Beginning of year balance	32,701,545	39,480						
b	Contributions	1,542,177		,220					
C	Investment earnings or losses	2,491,676	-4,810	,915					
d	Grants or scholarships	562,018	1,762						
e	Other expenditures for facilities and programs	1,270,837	821,	,197					
f	Administrative expenses								
g	End of year balance	34,902,543	32,701	,545					
	Provide the estimated percentage of the yea	r end balance held as							
а	Board designated or quasi-endowment 🕨	3.730 %							
Ь	Permanent endowment F 96.270 %								
С	Term endowment ▶								
a	Are there endowment funds not in the posses	ssion of the organizat	ion that are h	eld and	administered fo	or the			
	organization by							Yes	No
	(i) unrelated organizations						3a(i)	Yes	N o
ь	(ii) related organizations	ne lietod ae roquirod	on Schodulo I				3a(ii) 3b	<u> </u> 	N o
,	Describe in Part XIV the intended uses of th			•			30	<u> </u>	<u> </u>
	rt VI Investments—Land, Buildings			990 F	Part X line 10	<u> </u>			
	<u> </u>	, and Equipmen	(a) Cost		(b)Cost or other		ulated		
	Description of investment		basis (inve		basis (other)	depreciat		<b>(d)</b> Bo	ok value
a	Land				788,80	1			788,80
	Buildings		1	,425,558			19,742	1	6,834,910
	Leasehold improvements			,0,000	23,323,03	21,11	-,,		,,-1
	Equipment				9,014,33	9 7 8	89,612		1,124,72
	Other				2,071,83	•	74,307		297,52
	II. Add lines 1a-1e (Column (d) should equal Fo		n (B), line 10(c	.).) .		· · •	. 1,507	1	9,045,965
	The second secon	,	,=,,5 20(0	,-, -	<u> </u>				90) 200

Part VII Investments—Other Securities. See I	Form 990, Part X, line 12	2.	
<ul><li>(a) Description of security or category (including name of security)</li></ul>	( <b>b)</b> Book value		d of valuation -year market value
Financial derivatives			,
Closely-held equity interests			
O ther funds held in trust by others	5,361,021		F
	3,301,021		<u> </u>
real estate/other investments	407,587		F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	5,768,608		
Part VIII Investments—Program Related. See	Form 990, Part X, line :		4 - 6 1 4
(a) Description of investment type	(b) Book value		d of valuation -year market value
Part IX Other Assets. See Form 990, Part X, col (B) line 13 )	<u> </u> e 15.		
(a) Descript			( <b>b)</b> Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15	5.)		
Part X Other Liabilities. See Form 990, Part X		· · · · · · · · · · · · · · · · · · ·	
1 (a) Description of Liability	( <b>b)</b> A mount		
Federal Income Taxes			
ANNUITIES PAYABLE STUDENT DEPOSITS	462,462		
Conditional Asset Retirement Obliga	235,623 756,948		
Federal Contribution Payable	656,174		
Accrued Interest Payable	251,452		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	2,362,659		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	19,102,834
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	22,703,427
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-3,600,593
4	Net unrealized gains (losses) on investments	4	1,736,819
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	299,800
9	Total adjustments (net) Add lines 4 - 8	9	2,036,619
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-1,563,974
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	14,820,627
2	Amounts 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 196,987		
е	Add lines <b>2a</b> through <b>2d</b>	2e	1,933,806
3	Subtract line <b>2e</b> from line <b>1</b>	3	12,886,821
4	A mounts 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	6,216,013
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	19,102,834
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	16,384,601
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		
c	Other losses	1	
d	Other (Describe in Part XIV) 2d 196,987		
e	Add lines <b>2a</b> through <b>2d</b>	2e	196,987
3	Subtract line <b>2e</b> from line <b>1</b>	3	16,187,614
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	6,515,813
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	22,703,427
Pai	t 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 V, Line 4	Description of Intended Use of Endowment Funds	THE PURPOSE OF THE ENDOWMENT FUNDS ARE ENDOWED FACULTY CHAIRS, CONCERTS AND LECTURES, FELLOWSHIPS, LIBRARY, FACILITY MAINTENANCE, SCHOLARSHIPS, AND GENERAL UNRESTRICTED PURPOSES
Part XI, Line 8 - Other Adjustments		Change in Interest Rate Swap Agreement 326689 LOSS ON EXTINGUISHMENT OF DEBT -26889
Part XII, Line 2d - Other Adjustments		RENTAL EXPENSES NETTED AGAINST INCOME 127556 AMOUNT REPORTED AS COST OF GOODS SOLD 69431
Part XII, Line 4b - Other Adjustments		STUDENT FINANCIAL AID 6426759 Change in Interest Rate Swap -326689 INVESTMENT FEES 89054 LOSS ON EXTINGUISHMENT OF DEBT 26889
Part XIII, Line 2d - Other Adjustments		RENTAL EXPENSES NETTED AGAINST INCOME 127556 AMOUNT REPORTED AS COST OF GOODS SOLD 69431
Part XIII, Line 4b - Other Adjustments		STUDENT FINANCIAL AID 6426759 INVESTMENT FEES 89054

**Employer identification number** 

#### **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Lyon College

Name of the organization

## **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

	71-0246213			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during 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 all college releases and solicitations include a nondiscrimination policy statement	3	Yes	
4	Does the organization maintain the following?	1		
	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Schedule O (Form 990)			
	Does the organization discriminate by race in any way with respect to			
а	Students' rights or privileges?	5a		Νo
b	Admissions policies?	5b		Νo
С	Employment of faculty or administrative staff?	5c		Νο
d	Scholarships or other financial assistance?	5d		Νo
е	Educational policies?	5e		Νo
f	Use of facilities?	5f		Νo
g	Athletic programs?	5g		Νo
h	Other extracurricular activities?	5h		Νo
6a	If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990)  Does the organization receive any financial aid or assistance from a governmental agency?	- - - 6a	Yes	
	. Has the organization's right to such aid ever been revoked or suspended?	6b		Νo
7	If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990)  Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05			
	of Rev Proc 75-50, 1975-2 CB 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form 990)	7	Yes	

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DLN: 93493133034291 OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

**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

**Grants and Other Assistance to Organizations,** 

Open to Public

lame of the organization						Employer identifica	ition number
yon College						71-0246213	
Part I General Info						•	
the selection criteria us  Describe in Part IV the	sed to award the gra organization's proc	substantiate the amount of t nts or assistance? edures for monitoring the us	e of grant funds in the	United States			F Yes Γ
Form 990, Par	t IV, line 21 for ai	e to Governments and 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) 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)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Enter total number of se	ection 501(c)(3) and	d government organizations					
2 Enter total number of of		<del>-</del>					

Part III	Grants and Other Assistance to Individuals in the United States	<ul> <li>Complete if the organization answered "Yes" to Form</li> </ul>	ı 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	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
student financial aid	605	6,426,759			
See Additional Data Table					

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

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S		Schedule I, Part I, Line 2 Each academic year the Office of Institutional Advancement provides the Office of Financial Aid a detailed list of the College's Endowed Scholarships, along with the current market value of each scholarship, and stated criteria restrictions, if any, required for recipients of those scholarships. The Office of Financial Aid, from that list provided by the Office of Institutional Aid, matches students who receive Institutional Aid with those Endowed Scholarships to which they are eligible. The list of matches is then returned to the Office of Institutional Advancement.

DLN: 93493133034291

**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

Lyo	n College		. ,			
			71-0246213			
Pa	rt I Questions Regarding Compensation	n				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III					
	First-class or charter travel	굣	Housing allowance or residence for personal use			
	Travel for companions		Payments for business use of personal residence			
	Tax idemnification and gross-up payments	굣	Health or social club dues or initiation fees			
	□ Discretionary spending account	<u> </u>	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the or reimbursement orprovision of all the expenses desc			1b		No
2	Did the organization require substantiation prior to r officers, directors, trustees, and the CEO/Executive			2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all the		y			
	Compensation committee	<u> </u>	Written employment contract			
	Independent compensation consultant		Compensation survey or study			
	Form 990 of other organizations	<u>  -                                   </u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII	I, Section A, line $f 1a$ with respect to the filing organization			
а	Receive a severance payment or change-of-control	paymen	nt?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ntal non	qualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide th	ne applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mu	ıst comp	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a,	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	,			5b		Νo
_	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a,	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes," of			7		No
8	Were any amounts reported in Form 990, Part VII, p subject to the initial contract exception described in in Part III			8		No
9	If "Yes" to line 8, did the organization also follow the	e rebutta	able presumption procedure described in Regulations			"
	CACTION BY AUBY-6/CV2					

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

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

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI		(C) Retirement and	(D) Nontaxable	(E) Total of columns	( <b>F</b> ) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Walter B Roettger	(1) (11)	130,839 0	0		- /	19,078	156,823 0	0 0
	,		0	0		0		0

### 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
	,	THE CEO/PRESIDENT OF LYON COLLEGE HAS A WRITTEN CONTRACT WHICH IS RENEWED ON AN ANNUAL BASIS THIS CONTRACT PROVIDES FOR THE PROVISIONS THAT ARE CHECKED IN PART I, 1A (DISCRETIONARY SPENDING ACCOUNT, PERSONAL RESIDENCE, health or social club dues, AND A HOUSEKEEPER FOR PERSONAL SERVICES) THE CONTRACT REQUIRES THE CEO/PRESIDENT TO LIVE ON CAMPUS AND TO OPEN THE RESIDENCE TO STUDENTS, FACULTY, STAFF AND COMMUNITY AS NEEDED TO FURTHER THE COLLEGE'S MISSION THE COLLEGE FOLLOWS THE PROVISIONS THAT ARE IN THE CONTRACT ALTHOUGH THERE IS NO FORMAL WRITTEN POLICY REGARDING PAYMENT OR REIMBURSEMENT

Schedule J (Form 990) 2009

DLN: 93493133034291 OMB No 1545-0047

Open to Public

**Inspection** 

### 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.

Internal Revenue Service Name of the organization Lyon College

Department of the Treasury

Employer identification number

71-0246213

-, -	an Contege									71-024	46213			
P	art I Bond Issues									I				
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	( <b>d)</b> Dat	te Issued	<b>(e)</b> Issu	e Price	<b>(f)</b> Des	cription of F	Purpose	<b>(g)</b> Def	eased	Beh	)On nalf of suer
											Yes	No	Yes	No
A	INDEPENDENCE COUNTY AR PUBLIC HEALTH EDUCATION & HOUSING FACILITIES BOARD	71-0576691	453430BG4	10-23	3-2006	5,	,000,000	Educationa expenses	Facilities a	and		x	x	
В	INDEPENDENCE COUNTY AR PUBLIC HEALTH EDUCATION & HOUSING FACILITIES BOARD	71-0576691	453430BG6	10-07	7-2003	5,	,000,000	Educationa expenses	Facilities a	and		х	х	
c	INDEPENDENCE COUNTY AR PUBLIC HEALTH EDUCATION & HOUSING FACILITIES BOARD	71-0576691	453430BH2	09-29	9-2009	2,	,930,000	Refund Prio Issue 12/0		te of Prior		х	Х	
D	INDEPENDENCE COUNTY AR PUBLIC HEALTH EDUCATION & HOUSING FACILITIES BOARD	71-0576691	453430BJ8	06-16	5-2010	1,	,500,000	Educationa expenses	Facilities a	and		Х	Х	
P	art III Proceeds				1						<u> </u>			
					A	E	3	(	C	D			Е	
1	Total proceeds of issue				5,000,000		5,000,000	0	2,930,000	1	.,500,000			
2	Gross proceeds in reserve funds													
_3	Proceeds in refunding or defeasan	ce escrows			2,930,000				2,930,000					
4	Other unspent proceeds													
5	Issuance costs from proceeds				28,500				39,649		28,700	ו		
6	Working capital expenditures from	proceeds			4,971,500		5,000,000	0		1	.,471,300			
7	Capital expenditures from proceed	is												
8	Year of substantial completion			20	09	20	06	20	09					
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No
9	Were the bonds issued as part of a	a current refunding is	sue?		Х		Х	X			X			
10	Were the bonds issued as part of a	an advance refunding	ıssue?		X		×		x		X			
11	Has the final allocation of proceed	s been made?		Х		Х		Х			Х			
12	Does the organization maintain ad the final allocation of proceeds?	equate books and re	cords to support	Х		Х		х		х				
Pa	rt IIII Private Business Use													
				<u></u>	Α		<u>B</u>	+	C	D			E	
_	Mag the engage to a section of			Yes	No	Yes	No	Yes	No	Yes	No	Ye	-	No
1	Was the organization a partner in a	a partnersnip, or a me	ember of an LLC,		X		X		X					

Χ

Are there any lease arrangements with respect to the financed property

which owned property financed by tax-exempt bonds?

which may result in private business use?

Χ

Χ

Schedule K (Form 990) 2009

Part III Private Business Use (Continued)

			A		3		С	ı	D		E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		Х		х		Х				
3b	Are there any research agreements with respect to the financed property which may result in private business use?		х		х		Х				
Зс	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		x		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 %		0 %		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 %		0 %		0 %				
6	Total of lines 4 and 5		0 %		0 %		0 %				
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	х		х		х					

Part IV Arbitrage

			4	ı	В		С	ı	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		×		x		
2	Is the bond issue a variable rate issue?		х		x		х		Х		
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		х		х		х		х		
b	Name of provider						•				
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?		Х		Х		Х		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		х		х		х		
6	Did the bond issue qualify for an exception to rebate?		х		Х		х		Х		

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DLN: 93493133034291

OMB No 1545-0047

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#### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

### **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.

Internal Revenue Service

Name of the organization **Employer identification number** Lyon College 71-0246213

1 (a) Name of disqu	Jalified	person			(h) Doco	rint	on of trans	action		<b>(c)</b> Co	rrected
(4) (10)		<b>F</b> 0.00			(b) Desc	.iipti	on or trains	action		Yes	No
Enter the amount of tax impose section 4958								. •	<b>*</b> \$	•	·
B Enter the amount of tax, If any,	on line	2, abo	ve, reimbursed b	y the	e organization .	•		•	<b>*</b> \$		
Loans to and/or F Complete if the organiz					Part IV June 26	orl	Form 990-	E7 Dart \	/ line 38a		
Complete if the organiz			i res on roini	330	, raitiv, ille 20	, 01	01111 990-	(f)			
Name of interested person and		oan to m the	(c)O rıgınal			(	<b>e)</b> In	Appro	ved	<b>(g)</b> Writte	
purpose		zation?	principal amou	ınt	(d)Balance due	d∈	fault?	by boa	I .	greemer	ıt?
F 3. F 3. 5		ı	F				1.	commit		<del>,</del> 1	
	То	From				Ye	s No	Yes	No	Yes	No
										+	
al			<b>&gt;</b>	<u> </u>							
rt IIII Grants or Assistan				•	Persons						
Complete if the orga						/. lır	ne 27.				
<u> </u>					en interested per					_	
(a) Name of Interested pers	on				janization		1 A( <b>2</b> )	nount of g	rant or type	ofassis	tance
art IV Business Transact	ions I	involv	ing Intereste	ed F	Persons.						
Complete if the orga	nızatıc			1 For	m 990, Part IV	, lır	ie 28a, 28	3b, or 28	Sc.		
			Relationship							(e) Shorgani	_
(a) Name of interested persor	ו	1	een interested rson and the		(c) A mount of transaction		(d) Desc	rıptıon of	transaction	-	nues?
		1 '	rganization		transaction					Yes	No
NK LYON JR		TRUST		+	550.7	48	INTEREST	T ON BON	IDS issued	† <del></del>	Νο
					•		by Indepe		• •		
							Arkansas			_	
							Education Board Solo		ing Facilitie	s	
							placement	•			
				+							
				+							
				1							1
							i				

DLN: 93493133034291

OMB No 1545-0047

Open to Public Inspection

### **SCHEDULE M** (Form 990)

Department of the Treasury Internal Revenue Service

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

**NonCash Contributions** 

Name of the organization Lyon College

**Employer identification number** 

71-0246213

Pa	TTI Types of Property							
		(a) Check If applicable	<b>(b)</b> Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1 g	<b>(d</b> ) Method of de reven	etermı	nıng	
1	Art—Works of art	аррисави		- 9				
	Art—Historical treasures .							
3	Art—Fractional Interests							
_	Books and publications							
	Clothing and household							
-	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	6	97,230	AVERAGE PRICE, [	DATE	OFG	
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							
25	O ther ► ()							
26	O ther ►()							
27	O ther ►()							
28	O ther ► ()							
29	Number of Forms 8283 received for which the organization comple		= -		29		Yes	No.
30a	During the year, did the organiza	tion receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it			
	must hold for at least three year:							
	for exempt purposes for the entir					30a		No
b	If "Yes," describe the arrangeme					300		
31	Does the organization have a gift	t acceptano	ce policy that requires the r	eview of any non-standard	contributions?	31		No
32a	Does the organization hire or use contributions?	third parti	es or related organizations	to solicit, process, or sell r	non-cash	32a		Νο
33 	If "Yes," describe in Part II If the organization did not report describe in Part II	revenues i	n column (c) for a type of p	roperty for which column (a	ıs 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:** 71-0246213

**Supplemental Information to Form 990** 

Name: Lyon College

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As Filed Data -

DLN: 93493133034291

OMB No 1545-0047

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

Attach to Form 990.

Relationship

Open to Public Inspection

Name of the organization Lyon College

**SCHEDULE 0** 

Department of the Treasury

Internal Revenue Service

(Form 990)

2

Employer identification number

71-0246213

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line		BOARD MEMBERS DOYLE ROGERS, JR AND BARBARA HOOVER - Family

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		THE FORM 990 IS REVIEWED BY THE VICE PRESIDENT OF BUSINESS AND FINANCE AND THE CONTROLLER

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST

Software ID: Software Version:

**EIN:** 71-0246213 **Name:** Lyon College

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

Compensated Employees, and Independent Contractors												
(B) (C) Average Position (check all hours that apply)							(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other compensation			
week	individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations			
50	Х						0	0	0			
50	×						0	0	0			
50	х						0	0	0			
50	Х						0	0	0			
50	х						0	0	0			
50	х						0	0	0			
50	Х						0	0	0			
50	Х						0	0	0			
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50	Х						0	0	0			
50	Х						0	0	0			
50	Х						0	0	0			
50	Х						0	0	0			
	(B) A verage hours per week  50 50 50 50 50 50 50 50 50 50 50 50 50	(B)         Position           Average hours per week         Individual trustee           50         X           50 <td>(B)         Continuo de la construcción de la construcció</td> <td>(B) Average hours per week         Position (chert land)           50 X         Individual trustee           50 X         50 X           50 X         6 A A A A A A A A A A A A A A A A A A A</td> <td>  C</td> <td>  C</td> <td>  C</td> <td>  CD</td> <td>  Compensation   Comp</td>	(B)         Continuo de la construcción de la construcció	(B) Average hours per week         Position (chert land)           50 X         Individual trustee           50 X         50 X           50 X         6 A A A A A A A A A A A A A A A A A A A	C	C	C	CD	Compensation   Comp			

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		(C tion ( hat a:	che		II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other compensation			
	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)	from the organization and related organizations			
Mr James L Skip Rutherford III BOARD OF TRUSTEES	50	х						0	0	0			
Mr JD Simpson III BOARD OF TRUSTEES	50	Х						0	0	0			
Dr Shane smith Board OF TRUSTEES	50	х						0	0	0			
Mrs Mollie Smith BOARD OF TRUSTEES	50	х						0	0	0			
Dr Bill L Tranum BO ARD OF TRUSTEES	50	х						0	0	0			
Mr Bill H Walmsley '63 BOARD OF TRUSTEES	50	х						0	0	0			
Mr Charles B Whiteside III Treasurer of the Board	50	х						0	0	0			
Dr Donald V Weatherman Board OF TRUSTEES	50	х						0	0	0			
MsDeborah Willhite BOARD OF TRUSTEES	50	х						0	0	0			
Dr R Sloan Wilson BOARD OF TRUSTEES	50	х						0	0	0			
Mr Robert A Young III BOARD OF TRUSTEES	50	х						0	0	0			
Mr Stephen P Williams Board of TRUSTEES	50	х						0	0	0			
Mr Perry Wilson Board of Trustees	50	х						0	0	0			
Donald Weatherman President	40 00			Х				98,771	0	5,893			
Kenneth Rueter VP for Business & Finance	40 00			х				111,135	0	19,220			
Timothy Bruner VP for Institutional Advancement	40 00			х				132,112	0	17,650			
F Bruce Johnston VP for Student Life	40 00			Х				98,378	0	21,027			
John Peek VP For A cademic Services	40 00			Х				98,375	0	22,214			
David Heringer VP for Enrollment Services	40 00			х				102,288	0	7,096			
Walter B Roettger Former President	40 00						х	130,839	0	18,784			

### 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 Service and Oth	820,894	820,894		
FOOD SERVICE CONTRACT	714,548	714,548		
Allocated Promotion/Mai	0		-68,884	68,884
DEFERRED MAINTENANCE RE	111,492		111,492	
A llocated O perations/M a	0	1,477,547	-1,477,547	

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**Depreciation and Amortization** 

(Including Information on Listed Property)

DLN: 93493133034291

OMB No 1545-0172

Department of the Treasury Internal Revenue Service	•	See separate instruction	s. 🕨 Attach	to your tax retu	ırn.			Sequence No <b>67</b>	
Name(s) shown on return Lyon College	1	Business or a	ctivity to which	this form relate	es	Identi	fying	number	•
		Form 990 Pa	<del>-</del>			71-02	4621	. 3	
	•	Certain Property Un			1-1- 0-				
		sted property, comple			iete Pari	<i>t 1.</i>	<u>.</u> T	250.000	-
		for a higher limit for cert				·  -	1	250,000	
		ced in service (see instru	-			·  -	2		
		/ before reduction in limit	•	uctions) .		·  -	3	800,000	
4 Reduction in limitation	on Subtract line 3	from line 2 If zero or les	s, enter -0-			·	4		
<b>5</b> Dollar limitation for t	ax year Subtract	line 4 from line 1 If zero	or less, enter - (	O- If married fil	ıng				
separately, see instr	uctions						5		_
			42.6	<i>,</i> ,				I	
6 (a)	<b>)</b> Description of pr	operty		(business use only)	( <b>c)</b> Ele	cted co	st		
6				.,					
<b>7</b> Listed property Ente	r the amount from	line 29		. 7					
8 Total elected cost of	section 179 prop	erty Add amounts in coli	umn (c), lines 6	and 7			8		
<b>9</b> Tentative deduction	Enter the smaller	of line 5 or line 8 .					9		
10 Carryover of disallow	ed deduction from	line 13 of your 2008 Fo	rm 4562 .			Ի	10		
·		business income (not less tha		ee instructions)		-	11		
		nes 9 and 10, but do not				-	12		
·		010 Add lines 9 and 10,		. 13					
·		pelow for listed proper							=
		Allowance and Othe			nclude lis	ted proi	pertv	) (See instructions )	-
	allowance for qual	ified property (other than				g the	14	, (0 00 ,	-
	•	Jackson				-			
15 Property subject to s		riection				-	15	1 210 067	
16 Other depreciation (i		On material substant a	· · · · ·		• •	•	16	1,340,867	-
Part IIII MACRS D	epreciation (i	ر <u>Do not</u> ınclude lısted Se	ction A	ee mstructions	».)				-
17 MACRS deductions for	or assets placed u	n service in tax years be		009		_ [	17		<u>-</u>
	•	ssets placed in servic	-		ne or m	<b>⊢</b>			
general asset acco						<u>-</u>			
	•	Service During 200					ciat	ion System	=
		(c) Basis for						,	•
(a) Classification of property	(b) Month and year placed in service	depreciation (business/investment use	(d) Recovery period	(e) Convention	n <b>(f)</b> i	Method		<b>(g)</b> Depreciation deduction	
		only—see instructions)					$\perp$		
19a 3 - year property							_		-
<b>b</b> 5-year property							+		
c 7-year property							+		-
d 10-year property e 15-year property							+		-
f 20-year property							+		-
g 25-year property			25 yrs		-	5/L	+		-
<b>h</b> Residential rental			27 5 yrs	мм	_	5/L	$\dashv$		-
property			27 5 yrs	мм	_	5/L	$\dashv$		-
i Nonresidential real			39 yrs	MM		5/L			-
property				мм		 5/L			•
Sect	ion C—Assets Plac	ed in Service During 200	9 Tax Year Using	g the Alternativ	e Deprec	iat ion S	yste	m	_
<b>20a</b> Class life					9	5/L			-
<b>b</b> 12-year			12 yrs		9	5/L			
<b>c</b> 40-year			40 yrs	MM	9	5/L			
Non-Res Prop Type 1 co	unt O Non-Poc P	on Type 2 count 0 Non	Res Pron Total	s count O					
	ary (see instruc		Res Flop Foldis	S COUNT O					<b>21</b> Listed p
22 Total. Add amounts f	rom line 12, lines	14 through 17, lines 19 urn Partnerships and So			21 Enter		22	1,340,867	p
23 For assets shown abo	ove and placed in	service during the curren	t year, enter the			<u> </u>	$\dashv$	,,,	
portion of the basis a	ttiibutable to seci	tion 263A costs		· ·					

Part V
Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense,

comp	lete only	24a, 24b, colui	mns (a	a) thro	ugh (c)	of Sec	ction	A, al	ll of .	Sectio	n B, a	nd Se	ction (	C if ap	oplicat	ile.
Section A—Depre																
<b>24a</b> Do you have eviden	ce to support	the business/investi	ment us	e claimed	d? ┌ Yes	. □ <sub>No</sub>			24b lf	"Yes."	s the ev	/ idence	written?	Tye	sГNo	)
										,						-
(a) Type of property (list vehicles first)	<b>(b)</b> Date placed II service	(c) Business/ In investment use percentage	(d) Cost or o	r other   basis for depreciation   basis for depreciation   basis for depreciation				<b>(f)</b> Recove period		<b>(g)</b> Method/ Convention		<b>(h)</b> Depreciation/ deduction			(i) Elected section 1 cost	
25Special depreciation allow 50% in a qualified busir	•	lified listed property i	placed in	service (	l during the	tax year	and u	sed mo	re tha	in 25						
26 Property used more	•	•	inacci	15.0						20						
Lot roperty asea more	thun 50 70	% %	111033	450			П				$\top$			$\Box$		
		%														
	orlessin	%   %	ee 1160											—		
27 Floperty used 50 %	01 1633 111	%	35 USE				П		S/L	-	Т			$\Box$		
		%							S/L							
		%			L				S/L		_			+		
28 Add amounts in co		_				ne 21,	page	1 .		2	8					
29 Add amounts in co	ılumn (ı), lır							•		•			29			
Complete this section	forvobiclo				mation						r rolat	ad nar	con			
if you provided vehicles to	your employe	es, first answer the q	uestions	in Section	on C to see	e if you n	neet a	n exce	otion t	o comple	ting this	section	for thos	e vehic	les	
<b>30</b> Total business/inv	estment m	ıles driven diirina	the	-	a)		<b>o</b> )		(c)			d)	(6	-		
year ( <b>do not</b> includ		-		Vehi	cle 1	Vehi	hicle 2 Vehic			le 3	Vehi	cle 4	Vehi	cle 5   Veh		cle 6
<b>31</b> Total commuting n	niles driver	during the year	F													
32 Total other person			,,, <u> </u>													
·	•		<b>⊢</b>			<u> </u>		+								
<b>33</b> Total miles driven through 32	· · ·	year Add lines 3	٠. ا													
34 Was the vehicle av	allable for	personal use		Yes	No	Yes	No	Ye	s	No	Yes	No	Yes	No	Yes	No
during off-duty hou	ırs?		.													
35 Was the vehicle us owner or related pe	•	y by a more than	5%													
36 Is another vehicle		or personal use?	` .` -													
		estions for Em	volar	ers W	ho Pro	vide \	/ehi	cles	for	Use b	v The	ir Er	nplov	ees	<u> </u>	<u> </u>
Answer these question 5% owners or related	ns to deterr	nine if you meet a									-				<b>not</b> moi	re tha
<b>37</b> Do you maintain a employees?	written poli	cy statement tha	t prohil	bits all	personal •	use of	vehic	les, ı	nc lud	ling cor	nmutır	ıg, by y	our.	Y	es	No
<b>38</b> Do you maintain a employees? See th																
39 Do you treat all us								,, 01 1	, o o i		-					
<b>40</b> Do you provide mo	re than five	vehicles to your	•			- ormatio	n fron	n you	emp	loyees	- about	the us	e of the	a -		
vehicles, and retai			العامل ما		la damar				•			•	•	$\vdash$		
Note: If your answ																
Part VI Amortiz		5, 39, 40, 01 41 1	5 165,	40 110	Comple	te seci	.1011 6	101 11	ie co	vereu v	emcie	<u> </u>				
Part VI Amortiz		(b)	<u> </u>			I				(6	.,					
(a)		Date		(c	-			(d)		A morti	-		۸ ۵	(f)	an far	
Description of c	osts	amortization		A mort amo				ode ction		perio				rtızatı hıs yea		
		begins 								perce	ntage					
<b>42</b> A mortization of co	sts that be	gins during your 2	2009 ta	ax year	(see ins	truction	ıs)									
42 A months = 1 - 1		ann hafar	000 +-	V 146 - 5							43					
<b>43</b> A mortization of co	sis that be	gan before your 2	UUY ta	x year		•	•		•	•	43					

44 Total. Add amounts in column (f) See the instructions for where to report . .

44

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**Depreciation and Amortization** 

(Including Information on Listed Property)

DLN: 93493133034291

OMB No 1545-0172

Department of the Treasury See separate instructions. ► Attach to your tax return. Sequence No 67 Internal Revenue Service Name(s) shown on return Business or activity to which this form relates Identifying number Lvon College 71-0246213 Rental Properties **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount. See the instructions for a higher limit for certain businesses. 250.000 1 2 Total cost of section 179 property placed in service (see instructions) 2 3 800.000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-4 5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (b) Cost (business use (a) Description of property 6 (c) Elected cost only) 6 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property ) (See instructions ) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 15 **15** Property subject to section 168(f)(1) election 16 Other depreciation (including ACRS) 16 54,734 MACRS Depreciation (Do not include listed property.) (See instructions.) **Section A** 17 17 MACRS deductions for assets placed in service in tax years beginning before 2009 18 If you are electing to group any assets placed in service during the tax year into one or more Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (a)Depreciation year placed in (e) Convention (f) Method (business/investment property period deduction service use only—see instructions) 19a 3-year property **b** 5-year property c7-year property d 10-year property e 15-year property f 20-year property g 25-year property 25 yrs S/L h Residential rental 27 5 yrs ΜМ S/L property 27 5 yrs ММ S/L 39 yrs MMS/L i Nonresidential real property MMS/L Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life S/L **b** 12-year 12 yrs S/L S/L c 40-vear 40 vrs ММ Non-Res Prop Type 1 count 0 Non-Res Prop Type 2 count 0 Non-Res Prop Totals count 0 **Summary** (see instructions) 21 Listed proper 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here 22 54.734 and on the appropriate lines of your return Partnerships and S corporations—see instructions 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

Form 4562 (2009) Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depre	ciation ar	nd Other I	nforma	tion (C	aution	: See	the i	nstruct	ions fo	r limi	s fo	r pa	ssenge	er au	tomol	oiles.)
<b>24a</b> Do you have evidence	e to support	the business/in	vestment ι	use claimed	d? ┌Yes	Гпо		24	<b>lb</b> If "Yes	," is the	e ev id	lence	written?	Гүе	s I N	0
(a) Type of property (list vehicles first)	<b>(b)</b> Date placed in service	placed in investment Cost or			r other (business/investment)				(f) (g) Recovery Method/ period Convention			(h) Depreciation/ deduction			(i) Elected section 179 cost	
25Special depreciation allow	· ·		erty placed	ın service (	during the	tax year	and u	ısed more		25						
50% in a qualified busing	•									25						
<b>26</b> Property used more	than 50%	in a qualified %	business	use	<u> </u>			l	1	1				1		
		%														
		%														
<b>27</b> Property used 50%	or less in a		siness us	е										_		
		%							S/L - S/L -					4		
		%							S/L -					┥		
28 Add amounts in col	lumn (h) lir	l	ıh 27 En	ter here a	and on lu	ne 21	nage	1 -		28						
29 Add amounts in col		•				, ,	5-		L				29			
29 Add amounts in co	iuiiiii (1), iiiii		ction B			·		f Vah	· ·				29			
Complete this section i	for vehicles									or re	lated	d pers	son			
If you provided vehicles to y														e vehic	es	
30 Total business/inv	estment mi	les driven du	rına the		a)		b)		(c)		(d)		(е	•	1	f)
year (do not includ				Vehi	cle 1	Vehi	Vehicle 2		hicle 3	V	ehicl	e 4	Vehic	le 5	2 5 Vehicle 6	
						1				_						
<b>31</b> Total commuting m						-				_						
<b>32</b> Total other persona	al(noncomm	nuting) miles	drıven													
33 Total miles driven of through 32	during the y · · ·	ear Add line	s 30													
<b>34</b> Was the vehicle av	aılable for p	ersonal use		Yes	No	Yes	Yes No		es No Y		es No Yes		Yes	No	Yes	No
during off-duty hou	rs? .															
<b>35</b> Was the vehicle us owner or related pe		by a more t	han 5%													
<b>36</b> Is another vehicle		r personal us	se? .													
Sectio	n C—Oue	stions for	Emplo	vers W	ho Pro	vide \	/ehi	cles f	or Use	bv T	hei	r En	volar	ees	l	
Answer these question 5% owners or related p	s to determ	iine if you me	et an exc												not mo	re thar
<b>37</b> Do you maintain a vemployees?	written polic	y statement	that prof	nibits all	personal	use of	vehi	cles, inc	luding c	ommı •	iting,	, by y	our •	Y	es	No
														-		
<b>38</b> Do you maintain a vemployees? See th		•	•	•												
39 Do you treat all use	of vehicles	s by employe	es as pei	rsonal us	e? .											
<b>40</b> Do you provide mor				oyees, ol	btaın ınfo	rmatio •	n froi	m your e	employe	es abo	ut th	ne us	e of the			
<b>41</b> Do you meet the re				automobi	le demor	nstratio	n us	e? (See	ınstruct	ions )						
<b>Note:</b> If your answe	er to 37, 38	, 39, 40, or 4	11 is "Ye	s," do no	t comple	te Sect	ion E	3 for the	covered	lvehid	les					
Part VI Amortiz																
		(b)						(4)		(e)				/4\		
(a) Date Description of costs amortization					<b>(c)</b> A mortizable amount			<b>(d)</b> Code ection	A mo	A mortiza			tızatı	( <b>f )</b> zatıon for ; year		
<b>42</b> A mortization of cos	te that has	begins	Ur 2000	tay year	(see inc	truction	٦ς١		I Per	entag	-					
TE A INCIDIZATION OF COS	, is that bey	inis during ye	1	can year	(366 1115		13)									
						-+			_		-					
		1.6	2555								_					
<b>43</b> A mortization of cos	_					•	•			4:	_					
44 Total. Add amounts	s ın column	(f) See the I	nstructio	ns for wh	ere to re	port				4	4					